

Using Evidence to Change Child Health: Moving from Research to Impact

Wednesday 18th June 2025

10.00	Foyer: Registration, refreshments, and networking	
10.30	Piggott Theatre: Welcome - Professor Marian Knight MBE, Professor of Maternal and Child Population Health at the National Perinatal Epidemiology Unit and Scientific Director for NIHR Infrastructure	
10.45	Piggott Theatre: Keynote - Baroness Anne Longfield CBE, Executive Chair of the Centre for Young Lives	
11:05	Parallel sessions - 11.05 - 12.20	
	Eliot Room: Innovations in care during pregnancy and birth	Piggott Theatre: Innovations in paediatric and mental health care
	Expanding group care into the postnatal period: an evaluation of Pregnancy and Parenting Circles – Octavia Wiseman	Neonatal Oral Antibiotics at Home (NOAH) – Harriet Aughey
	Evaluating models of health based maternity Violence Advisor (RIVA) provision in maternity Services – Kylee Trevillion	The Pharmacogenetics to Avoid Loss of Hearing (PALOH) Study – John McDermott
	Improving quality of antenatal care in preterm births: implementation and impact of the National PReCePT Programme in England – Hannah Edwards	Looking after sick children at home – the Bradford ACE service (Hospitals at Home model and Enhanced Paediatric Nursing Skills (EPNS) – Ben Hughes, Mathew Mathai
	The effectiveness and Implementation of Maternal Mental Health Services (ESMI-III) - Abigail Easter	Y-Health: a mixed-methods prospective study looking at the physical health of young people admitted to CAMHS inpatient units in the UK – Rebekah Carney
		Getting best-evidenced mental health support to care-experienced young people: the ADaPT Project - Rachel Hiller
Foyer: Lunch and poster viewing		
13.30	Piggott theatre: Public involvement in research session <ul style="list-style-type: none"> Exploring experiences of public involvement in research on sensitive topics <ul style="list-style-type: none"> Naomi Morley, Shafiq Ahmed, Dorcas Akeju, OBE, and Saiqa Ahmed Using creative public and patient involvement and engagement to improve children's dental health <ul style="list-style-type: none"> Hina Qureshi and Kara Gray-Burrows The poetic power of patient and public voices <ul style="list-style-type: none"> Beccy Summers, Saiqa Ahmed, Shafiq Ahmed, Heather Boulton, Abi Gay, Abigail Mensah, Vita Moltedo, Tania Sutedja, Vicky Watts, Jane Whitehurst and Hina Qureshi 	
14.10	Piggott Theatre: Panel session and Q&A <ul style="list-style-type: none"> Ruth Gilbert, Professor of Clinical Epidemiology, UCL Great Ormond Street Institute of Child Health Monica Lakhanpaul, Professor of Integrated Community Child Health, UCL Great Ormond Street Institute of Child Health John McDermott, NIHR Academic Clinical Lecturer & Clinical Genetics SpR, Manchester Centre for Genomic Medicine Donna Molloy, Deputy Chief Executive, Foundations - What works Centre for Children and Families Sarah Robinson, Implementation Lead, NIHR ARC East of England; Director of Delivery, Health Innovation East 	
15.00	Foyer: Coffee and poster viewing	
16.00	Event Close	

Posters

1: VoiceIn: enhancing patient and public involvement in research

- Dr Heidi Tranter and Charlotte Stockton-Powdrell - heidi.tranter@manchester.ac.uk

2: Understanding the health and education needs and experiences of children with Down syndrome in England: a multipronged approach to public engagement and involvement - Julia Shumway - julia.shumway.22@ucl.ac.uk

3: Trauma informed approach using theatre to support inclusion of migrants in research

- Monica Lakhanpaul - m.lakhanpaul@ucl.ac.uk

4: Developing, implementing and evaluating an integrated model of care for children with complex needs and their families

- Adejoke Oluyase, Eleanor Wylie, and Ingrid Wolfe - ingrid.wolfe@kcl.ac.uk

5: To explore children, young people, families and wider stakeholders' views, of attending nurse-led Attention Deficit Hyperactivity Disorder (ADHD) medication clinics in the school setting. - Gill Middleditch - Gill.Middleditch@nhs.net

6: Mainstream vs. special school: Inequalities in primary school trajectories for children with Down syndrome in England

- Julia Shumway - julia.shumway.22@ucl.ac.uk

7: Maximising the Impact of Speech and Language Therapy for children with Speech Sound Disorders (SSD) (The MISLToe_SSD Study)

- Dr Sam Burr - sam.burr@nbt.nhs.uk

8: A feasibility study of a novel home-based complex intervention for children with ataxia telangiectasia

- Munira Khan - munira.khan@plymouth.ac.uk

9: "Deep breath, hold, huff and cough!" Redesigning the active cycle of breathing technique for use with children with ataxia telangiectasia

- Lisa Bunn - lisa.bunn@plymouth.ac.uk

10: The Cleft Collective Cohort Study – a global resource for research into the causes and best treatments for cleft

- Yvonne Wren - yvonne.wren@bristol.ac.uk

11: The effectiveness and Implementation of Maternal Mental Health Services - ESMI III - Abigail Easter

12: Evaluating models of health based maternal Violence Advisor (RIVA) provision in maternity Services - Kylee Trevillion

13: Getting best-evidenced mental health treatments to care-experienced young people: Lessons learned from the implementation of cognitive therapy for PTSD - Rachel Hiller and Rosie McGuire

14: Wellbeing While Waiting: Evaluating Social Prescribing Implementation and Effectiveness for Children and Young People on CAMHS Waiting Lists - Joely Wright and India Stuttard - joely.wright@ucl.ac.uk

15: Exploring mid-term implementation: The 2-year Implementation and Impacts of Creating Active Schools in Bradford

- Dr Anna Chalkley - a.chalkley@bradford.ac.uk

16: The Health and Activity of Pupils in the Primary Years (HAPPY) study: assessing the impact of active school environments on pupil's physical activity, mental health, and educational performance in Greater London primary schools

- Amina Benkhelfa - a.benkhelfa@imperial.ac.uk

17: BRUSH - Optimising toothBrushing programmes in nurseries and schools - Peter Day, Zoe Marshman, and Kara Gray-Burrows

18: Linking Health and Education Data to Explore Health Outcomes and School Readiness Amongst Children Born to Migrant Mothers in England (2010-2022): A National Cohort Study using the Education & Child Health Insights from Linked Data (ECHILD) Database

- Dr Kerrie Stevenson (Study Lead), Ms Kemi Ogunlana (Expert by Experience Lead) - k.stevenson@ucl.ac.uk

19: "CIRCLE by the Sea Integrated Community Service Models for Children and Young People Living in Deprived Coastal Communities: A Realist Evaluation - Lucy Cartwright - lucy.cartwright@plymouth.ac.uk

20: Five ways that primary care services can better support vulnerable children and young people

- Dr Lauren Herlitz - l.herlitz@ucl.ac.uk

21: Improving timely access to preventative primary care for children - Kimberley Foley and Helen Skirrow - k.foley@imperial.ac.uk

22: Theory of change and evaluation capacity building for a GP drop-in clinic model providing holistic community care in family hubs

- Sarah Blower and Joseph Whitney - sarah.blower@york.ac.uk

Session abstracts

Innovations in care during pregnancy and birth

Expanding group care into the postnatal period: an evaluation of Pregnancy and Parenting Circles

Octavia Wiseman - octavia.wiseman@citystgeorges.ac.uk

Group antenatal care ('Pregnancy Circles' in the UK) combines clinical care, information-sharing and community-building. In Pregnancy Circles 6-12 women/birthing people due around the same time receive all their care in a group which meets for 2-hour sessions, following NICE guidelines, facilitated by two midwives providing continuity. Participants are taught to check their own blood pressure and participate in facilitated discussions. Brief one-to-one checks happen in the group space. Group antenatal care, which has been trialled across 14 NHS Trusts in England, is clinically safe, enhances satisfaction with care and can improve outcomes high-risk groups. Building on this research, an extended model called Pregnancy and Parenting Circles (PPC) was developed and implemented as part of normal care across Herts and West Essex. In this model, midwives work alongside health visitors and family support workers to deliver antenatal and three postnatal sessions (at 8, 12 and 16 weeks post-birth). PPC integrates the statutory 6-8 week check and covers topics such as safe sleeping, baby care, relationships, mental health, immunisations, preconception care and family planning. The model offers a rare opportunity for inter-disciplinary working as well as enhanced postnatal support. We will present our evaluation of the implementation of PPC, exploring the barriers and opportunities as well as stakeholder's perceptions of how the model might benefit families, professionals and services.

Evaluating models of healthcare-based Independent Domestic Violence Advisor (IDVA) provision within maternity services – the RIVA study

Kylee Trevillion - kylee.trevillion@kcl.ac.uk

Background and Aims: Healthcare-based Independent Domestic Violence Advisors (hIDVAs) are evidence-based programmes that provide emotional and practical support to service users experiencing domestic abuse. hIDVAs are found to improve health outcomes for service users and are increasingly delivered across a range of healthcare settings. However, it is unclear where and how hIDVAs are implemented across maternity services and the key facilitators and barriers to their implementation. The RIVA research programme addresses these evidence gaps by identifying ongoing learnings across NHS Trusts which implement hIDVAs, and evidencing how hIDVA programmes achieve positive service changes to staff practice and service user outcomes. The RIVA programme comprised 3 studies: 1) national mapping of hIDVA programmes across English NHS Trusts; 2) world café event to generate evidence for the successful implementation of hIDVA models, 3) case study evaluations of 5 NHS Trusts with hIDVA programmes to examine their implementation strategies and to generate good practice guidance on successful implementation of hIDVAs.

Findings: This presentation will outline key implementation research findings from the research studies. Findings summarised include describing key facilitators and barriers to implementation of hIDVAs, such as: (1) hIDVA staff working directly from the Trust; (2) clear governance and middle- and senior-management support; (3) emotional support for hIDVAs and staff; (4) insecure funding, and (4) issues tracking outcomes of hIDVA interventions.

Improving quality of antenatal care in preterm births: implementation and impact of the National PReCePT Programme in England

Hannah Edwards - hannah.edwards@bristol.ac.uk

We evaluated the effectiveness and cost-effectiveness of the National PReCePT Programme (NPP) in improving use of antenatal magnesium sulphate (MgSO₄) for neuroprotection in preterm births.

Since 2015, UK guidelines have recommended MgSO₄ for mothers in preterm labour to reduce cerebral palsy risk, but uptake was slow. In 2018, the NPP aimed to improve this, with earlier evaluations showing positive results. We aimed to find out if these improvements had sustained over time.

This quasi-experimental longitudinal study used data from the National Neonatal Research Database for babies born <30 weeks' gestation. Results showed MgSO₄ uptake increasing from 65.8% in 2017 to 85.5% in 2022, with the NPP linked to a 5.8 percentage point improvement in MgSO₄ uptake (95%CI 2.69 to 8.86, p<0.001). It had a Net Monetary Benefit of £597,000 and was 89% likely to be cost-effective. The NPP improved care, likely benefitting babies, their families, and society.

ESMI-III (The Effectiveness and Implementation of Maternal Mental Health Services) Study: Findings from a national Realist Evaluation of Early Implementer and Fast Follower sites

Abigail Easter - abigail.easter@kcl.ac.uk

Background: Maternal Mental Health Services (MMHS) were introduced in 33 Early Implementer and Fast Follower sites across England to improve access to psychological support for women experiencing post-traumatic stress disorder (PTSD) following birth trauma, perinatal loss (including parent-infant separation due to safeguarding), and tokophobia.

Methods: The ESMI-III (Effectiveness and Implementation of Maternal Mental Health Services) is a realist-informed evaluation aiming to: 1) Identify early barriers and facilitators to implementation, 2) Understand what works, for whom, and under what circumstances, and 3) Develop and pilot workforce development interventions

The study was undertaken in three phases:

1. Mapping service provision and challenges: Organisational mapping and focus groups with 25 multidisciplinary professionals across sites.
2. Organisational case studies: Realist interviews with service users (n=47), staff (n=15), and stakeholders (n=6) in four selected MMHS.
3. Development and implementation of training:
 - o Giving HOPE: Cross-sector training for staff supporting women at risk of separation at birth. Piloted in three MMHS and local partnerships.
 - o INDIGO-POPPY: A programme to prevent work-related PTSD in maternity staff, implemented in one MMHS with 101 midwives.

Results: Phase 1 revealed significant variation in service models and challenges such as lack of national consensus, logistical challenges in providing integrated care, and demand exceeding capacity. Phase 2 identified enablers of access and outcomes, including flexible stepped care and single points of access. Phase 3 showed that Giving HOPE improved staff knowledge, skills, and confidence in providing care for women at risk of separation from their baby close to birth due to safeguarding concerns.

Conclusion: ESMI-III enhanced understanding of effective MMHS delivery. Recommendations include the need for local investment, national guidance and oversight to ensure equitable, sustainable services for women affected by birth trauma, perinatal loss, and bereavement.

Innovations in paediatric and mental health care

Neonatal Oral Antibiotics at Home (NOAH)

Harriet Aughey - harriet.aughey2@nhs.net

NOAH (Neonatal Oral Antibiotics at Home): From Evidence to Impact in Managing Suspected Early-Onset Infection in Newborns

NOAH is an innovative, evidence-based care pathway enabling term newborns with suspected early-onset infection (EOI) to complete antibiotic treatment at home with oral medication after initial IV therapy. Developed by the Royal Devon neonatal team in partnership with Health Innovation South West and PenARC, NOAH responds to growing evidence supporting early switch to oral antibiotics in selected well infants.

The pilot launched in June 2024 at the Royal Devon and Exeter Hospital with strict clinical criteria guide eligibility. Parents are trained to administer oral antibiotics, with structured follow-up to ensure safety and adherence.

Over six months, 27 babies were managed through NOAH, saving an estimated 145 bed days and £66,500 annually. There were no increased readmissions versus a matched cohort. Parent feedback highlighted improved bonding, reduced stress, and better breastfeeding outcomes and staff reported confidence in the pathway.

Now adopted as standard care in Exeter, NOAH is being scaled across the South West Neonatal Network, supported by a shared dataset and ongoing evaluation. A systematic evidence review and economic analysis are underway to support national implementation. NOAH exemplifies the translation of research into impactful, family-centred, and scalable innovation in neonatal care.

The Pharmacogenetics to Avoid Loss of Hearing (PALOH) Study

Dr John McDermott - john.mcdermott@mft.nhs.uk

Background: Aminoglycosides are commonly prescribed antibiotics used for the treatment of neonatal sepsis. The MT-RNR1 m.1555A>G variant predisposes to profound aminoglycoside-induced ototoxicity (AIO). Current genotyping approaches take several days, which is unfeasible in acute settings.

Objective: We aimed to develop a rapid point-of-care test (POCT) for the m.1555A>G variant before implementation of this technology in the acute neonatal setting to guide antibiotic prescribing and avoid AIO.

Design, Setting, and Participants: A pragmatic prospective implementation trial recruited neonates admitted to 2 large neonatal intensive care units in the UK. Neonates were tested for the m.1555A>G variant via the rapid POCT on admission to the neonatal intensive care unit.

Results: The rapid MT-RNR1 POCT was able to genotype the m.1555A>G variant in 26 minutes. Over a 11-month recruitment window, recruiting 751 babies, three participants with the m.1555A>G variant were identified, all of whom avoided aminoglycoside antibiotics and the need for cochlear implantation.

Conclusion: The MT-RNR1 POCT was integrated into routine care without disrupting normal clinical practice. This approach identified the m.1555A>G variant in a practice-changing time frame, and wide adoption could significantly reduce the burden of AIO. The system underwent the first NICE Early Value Assessment (EVA), and is currently being tested further across the UK at 14 sites as part of PALOH-UK.

Looking after sick children at home – the Bradford ACE service (Hospitals at Home model and Enhanced Paediatric Nursing Skills (EPNS))

Ben Hughes, Mathew Mathai - ben.hughes7@nhs.net

The Ambulatory Care Experience (ACE) service in Bradford demonstrates how Hospital at Home models can transform paediatric care delivery. Despite evidence suggesting 90% of children's urgent care could be managed in community settings, adoption remains inconsistent, partly due to limited effectiveness data.

Bradford's ACE service has collected robust data over seven years, demonstrating significant safety and outcome benefits. The service saves approximately 1,000 bed days annually with increasing year-on-year efficiency, while maintaining zero serious adverse events across nine pathways, with expansion into complex respiratory care through pilot programs.

Central to ACE's success is the Enhanced Paediatric Nursing Skills (EPNS) course, developed with the University of Bradford. This RCN-accredited, Masters-level course upskills nurses in enhanced assessments within robust escalation structures. Since 2020, EPNS has been oversubscribed and has now merged with Bradford Improvement Academy, incorporating coaching mentality and research methodology. The freely-available sister course, EPNS4Surge, has attracted over 11,000 healthcare professional enrolments.

NIHR Applied Research Collaboration Yorkshire & Humber supports this work through three approaches: facilitating knowledge mobilisation to spread the Bradford model to other organisations; utilising ACE's extensive dataset for research on effectiveness, safety, and cost-efficiency; and developing EPNS into a sustainable gold-standard training program through licensing agreements with other deaneries.

Benefits span multiple stakeholders: families receive high-quality care at home, reducing trauma; healthcare providers access evidence-based training; NHS Trusts experience reduced bed occupancy; and the wider system benefits from lower readmission rates and improved efficiency.

Key implementation lessons include establishing rigorous data collection, prioritising safety protocols, developing standardised training alongside service development, and engaging stakeholders across care boundaries.

Future plans encompass comprehensive dataset analysis for research publications, developing implementation resources for NHS trusts, expanding training partnerships, and conducting health economic analysis to strengthen wider adoption business cases. The ACE model and EPNS course demonstrate exceptional potential to transform paediatric healthcare delivery across the NHS.

Y-Health: a mixed-methods prospective study looking at the physical health of young people admitted to CAMHS inpatient units in the UK.

Rebekah Carney - rebekah.carney@gmmh.nhs.uk

People with serious mental illness experience physical health inequalities leading to poor physical health outcomes and a 15–20-year premature mortality rate. Young people on inpatient units are more at risk, for reasons such as environmental restrictions, and increased likelihood of receiving psychotropic medication. However, little is known about the onset and trajectory of poor physical health. We aimed to recruit young people upon admission to a CAMHS inpatient unit and assess them over 6-months. We aimed to gather information about physical health, mental health, and adverse health behaviours. We planned to assess people at baseline (within 6-weeks of admission), 3-months and 6-months post admission. The study took place in CAMHS inpatient units at Greater Manchester Mental Health NHS Foundation Trust, Leeds York Partnership NHS Foundation Trust, and Humber Teaching NHS Foundation Trust. Admissions were screened for eligibility by a researcher or their clinical teams. People younger than 14, who had severe anorexia, who were unable to provide informed consent or had been on the unit for longer than 6 weeks were ineligible. A range of physical health assessments, mental health questionnaires and behavioural assessments were asked at baseline, after 3-months and after 6-months. Participants were also invited to a separate interview about their experiences of physical health care and monitoring whilst in hospital.

Getting best-evidenced mental health support to care-experienced young people: the ADaPT Project **Rachel Hiller and Rosie Mguire - r.hiller@ucl.ac.uk**

Rates of PTSD are up to 12 times higher in care-experienced young people (CEYP) compared to their peers. Trauma-focused CBTs (tf-CBTs) are the best-evidenced treatment for youth with PTSD, yet, in practice, CEYP often struggle to access this treatment.

We worked alongside services to understand barriers and facilitators of implementing best-evidenced psychotherapies, specifically tf-CBTs, for CEYP. This was an active, open implementation trial that recruited 28 mental health teams across England, including general CAMHS, targeted CAMHS for CEYP and social care-based teams. From these teams, participants were 243 mental health professionals, from a wide variety of professional backgrounds. Following recruitment and training in Cognitive Therapy for PTSD (a specific type of tf-CBTs), teams participated in rolling three monthly focus groups and individual interviews, to understand what helped and hindered implementation. The research team also developed and provided additional trainings and resources in response to the needs identified by services in their discussion of barriers to implementation – these are now freely available on our website (childtraumaresources.com). Data were analysed using a framework analysis conducted using CFIR 2.0 to better understand the key factors affecting implementation.

Results showed that almost half of the teams were able to implement, but only one quarter with CEYP, specifically. Universal barriers that were discussed by almost all teams highlighted the complexities of the young person and their network. However, unique factors that differentiated teams who did and did not implement included commissioning practices, the culture of the team, leadership engagement and style, and the development of supervision structures.

Findings offer key considerations for mental health teams, service leads, commissioners and policy-makers to enhance delivery of best-evidenced mental health treatments, like tf-CBTs, for CEYP. Particularly as CEYP seem to face additional barriers which vastly vary between regions, potentially resulting from biases at various stages within the system.

Innovations in public health and special educational needs

Health Outcomes for Young People in Education - the HOPE study: evaluation of provision for special educational needs in English primary schools on health and education outcomes.

Ruth Gilbert - r.gilbert@ucl.ac.uk

Background. Rising demand and costs of provision for special educational needs and disability (SEND) requires evidence on inequalities and effectiveness of provision.

Methods. We followed children from birth to age 11 and analysed risk factors for SEND. Using target trial emulation, we estimated impacts of SEND within health subgroups on hospital admissions, school absences and attainment.

Results: We analysed sub cohorts drawn from 3.8 million children born 2004 to 2013, of whom 30% had SEND by age 11. Male gender, having a health condition, social disadvantage, and low attainment at age 5, increased the likelihood of SEND, but few health subgroups were highly predictive for SEND. Gradual increase in SEND through primary school was associated with delayed provision for children in deprived neighbourhoods and under provision by voluntary schools. Impact analyses found that SEND reduced unauthorised absences, made no difference to hospital admissions, and reduced attainment. Qualitative findings indicated benefits of early and responsive SEN provision and harms of delays.

Discussion: Health conditions only partially predict SEND provision. Other social, behavioural and severity factors affect selective assignment of SEND, but are not measured in administrative data. The weak or no evidence of benefits of SEND provision is consistent with other observational studies and contrasts with randomised controlled trials of positive effects on reading and maths.

Self-harm incidence among children and young people 2019-2023: Time series analysis of electronic health records in Greater Manchester

Louise Hussey - louise.hussey@manchester.ac.uk

Objectives

We aimed to examine trends in self-harm incidence amongst 10-24-year-olds between Jan 2019-Dec 2023.

Methods

We conducted time-series analyses of all incident episodes of self-harm among 10-24-year-olds using electronic health records. The observation period was split into four phases: pre-pandemic (1/2019-2/2020); pandemic phase 1 (3/2020-6/2021); pandemic phase 2 (7/2021- 12/2022) and post-pandemic (1-/2023-12/2023). Rate ratios by sex, age, ethnicity, and deprivation were modelled using negative binomial regression.

Findings

Self-harm incidence rates decreased significantly in the post-pandemic phase, compared to the pre-pandemic period (males-IRR 0.72; females-IRR 0.85). In females, this followed increased rates, rising by 18% in pandemic phase 2 (IRR 1.18). In males, rates decreased throughout the study period. Incidence rates were lowest for 10-12-year-olds. However, the greatest increase was observed in this age group, with rates in pandemic phase 2 being almost twice that seen pre-pandemic for females (IRR 1.91). The change in rates among females was also most marked in the least deprived neighbourhoods, rising by more than fifty percent (IRR 1.54) in pandemic phase 2.

Conclusions

Our results indicate a decrease in self-harm incidence during 2023. Analysis by age group showed the greatest increase in rates in 10-12-year-olds. Further research is needed to confirm these findings, and to identify the mechanisms driving these trends.

Optimising toothBrushing pRogrammes in nUrseries and scHools – BRUSH

Peter Day and Zoe Marshman - p.f.day@leeds.ac.uk

A quarter of five-year-old children in England have tooth decay, increasing to 50% in deprived areas. Decay causes pain, affecting what children eat, their speech, quality of life and educational attendance. In England, treatment of decay is the most common reason why young children are admitted to hospital, costing the NHS over £40 million every year.

One key behaviour for preventing tooth decay is toothbrushing with a fluoride toothpaste. To supplement behaviours at home, early years toothbrushing programmes have been recommended. These supervised daily toothbrushing programmes are effective in reducing tooth decay and are cost effective. However, there is considerable variation in how they are implemented.

What have we done?

This project is working with a range of stakeholders to learn how best to implement these programmes and how to increase their uptake and success in the longer term. We are using a variety of methods underpinned by implementation science to undertake this work, including:

- A series of three surveys with Local Authorities across England to investigate the provision of supervised toothbrushing programmes in nurseries and schools.
- Geographical mapping of toothbrushing programmes with variables including deprivation, levels of tooth decay in children, hospital admissions for tooth extraction, dental access and early-years education data.
- Qualitative interviews with 159 key stakeholders - policymakers, oral health providers, nursery/school staff, parents and children - to explore in-depth the barriers and facilitators to implementing supervised toothbrushing programmes.
- Co-design of an implementation toolkit for supervised toothbrushing programmes. The toolkit has been published online and the resources included are freely available (www.supervisedtoothbrushing.com).
- Case studies involving interviews with high level stakeholders engaged in the commissioning of supervised toothbrushing programmes.

The findings are informing the roll out of the government's national supervised toothbrushing programme.

Stay One Step Ahead (SOSA): An Effective and Cost-Effective Home Safety Programme

Denise Kendrick - Denise.Kendrick@nottingham.ac.uk

Background: Unintentional injuries at home are common in 0-5 year-olds, with steep social gradients. Home safety education and home safety equipment can reduce injuries but are not systematically provided in the UK.

Methods: Controlled before-and-after study and economic evaluation of an evidence-based multicomponent home safety programme, provided by health visiting teams, children's centres and family support workers.

Participants were families with 0-3 year-olds living in four disadvantaged areas of Nottingham, UK and five matched control areas. Primary outcome: having a working smoke alarm, safety gate and storing poisons safely. Secondary outcomes: other safety practices, medically-attended injuries, cost-effectiveness.

Results: 762 (intervention=361, control=401) families participated. Primary outcome: odds ratio (OR) 1.58 (95%CI 0.98-2.55), multiple imputation OR 1.75 (1.12-2.73). More intervention parents reported safe poison storage (OR 1.81 (1.06-3.07)), fire escape planning (OR 1.81 (1.06-3.08)) and fireguard use (OR 3.17 (1.63-6.16)). Intervention parents reported more safety practices (difference between means 0.46 (0.13-0.79)). No difference in injury rates was observed (incidence rate ratio 0.89 (0.51-1.56)). Intervention cost/child=£30; short-term healthcare savings/child=£42. Return on investment=£1.39 for every £1 spent.

Conclusions: Systematic evidence-based home safety promotion in disadvantaged areas improves home safety and is cost-effective.

Public involvement in research

Exploring experiences of Public Involvement in research on sensitive topics

Naomi Morley, Shafiq Ahmed, Dorcas Akeju, OBE, and Saiqa Ahmed - N.Morley@exeter.ac.uk

Health and social care research often addresses sensitive topics, touching on personal experiences, values, and circumstances. Effective Patient and Public Involvement and Engagement (PPIE) is vital for making research more relevant and equitable but involving public contributors in sensitive areas requires particular care. This project, supported by the NIHR Children's Health and Maternity programme, explores how to create safe and meaningful spaces for public involvement when research topics may evoke emotional or traumatic experiences. Working closely with public partners with lived experience, we have gathered learning through interviews and a narrative review of the literature to identify what helps or hinders effective public involvement in sensitive research. Insights from this work are now being shaped into practical guidance to support researchers and public collaborators.

In this presentation, we will share key findings on creating safe shared spaces, navigating sensitivity, and ensuring that public partners' voices are heard and respected. We will also discuss practical principles emerging from our study that can support others working in similar areas and outline our next steps in co-developing resources for wider use.

Using creative public and patient involvement and engagement to improve children's dental health

Kara Gray-Burrows and Hina Qureshi - K.Gray-Burrows@leeds.ac.uk

In England, nearly 25% of 5-year-olds suffer from dental decay, with tooth extractions being the leading cause of hospital admissions, costing the NHS over £40 million annually. Furthermore, there are stark health inequalities in prevalence and severity, with children from the most deprived areas experiencing more than double the decay levels compared to those from the least deprived areas.

Toothbrushing with fluoride toothpaste is a key preventive measure. Supervised toothbrushing programmes in early-years settings (schools, nurseries, childminders) complement home-based toothbrushing by families and are a cost-effective intervention that successfully reduces the level of decay in children.

Starting in 2021, the BRUSH project aims to support the implementation of supervised toothbrushing programmes across England. Creative methods were employed to ensure children's voices were heard as the ultimate beneficiaries of these programmes. This included interactive storytelling and activity sessions with age-appropriate questions and discussions.

This presentation will detail the development of these creative methods, the outcomes achieved, lessons learned, and future directions for this work.

The poetic power of patient and public voices

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The use of creative approaches, such as theatre and drawing, within patient and public involvement (PPI) has slowly been increasing. Creative approaches enable involvement opportunities to be inclusive of people that find more traditional approaches more challenging to engage with. In addition, creative approaches can support complex messages to be conveyed in an accessible way to a broad range of people. Within the Children's Health and Maternity programme, we co-produced a set of poems to share the learning related to PPI from the programme. This talk will highlight the approach we took and what the experience was like for public members that co-produced the poetry.

This event and programme of work has been led by the South West Peninsula and Yorkshire and Humber Applied Research Collaborations (ARCs) in collaboration with North East and North Cumbria, North Thames, North West Coast, Northwest London, South London, West and West Midlands ARCs.