Durham Infancy & Sleep Centre

Eyes on the Baby

Multi-agency SUDI Prevention for Northumberland

Final Report

2024

Northumbria Healthcare NHS Foundation Trust | Family Hubs Here for everyone | Durham University Infancy & Sleep Centre

Northumberland County Council

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Executive Summary

Background
In the UK, Sudden Unexpected Death in Infancy (SUDI) is clustered in priority families (those with multiple vulnerabilities) for whom universal infant sleep safety guidance is not effective. Recent reports have highlighted the need for multi-agency working approaches. This project aimed to implement and evaluate a multi-agency SUDI prevention programme in Northumberland, one of England's largest and most rural counties.

Implementation
A Steering Group was identified to oversee the project representing a broad range of staff groups whose work brought them into contact with priority families in different ways in Northumberland. The Steering Group decided which members of the multi-agency workforce should be invited to take part in the project. Job roles were grouped into 3 strands based on the frequency and type of contact with priority families. Training was delivered via an online learning platform provided by the Durham Infancy & Sleep Centre team. Normalisation Process Theory was used to support user engagement and embed SUDI prevention into everyday practice. Pre-and post-training surveys assessed staff knowledge and confidence with SUDI prevention, and follow-up surveys captured staff feedback and engagement. Interviews with Steering Group members added a qualitative dimension to the evaluation.

Outcomes
Staff in 187 roles across 25 services* were invited to take part, and 1007 staff registered for training. Strand 3 staff were most likely to complete the training, whilst Strand 2 were least likely, but the greatest uptake was also from Strand 2 who were the largest staff group. *Eyes on the Baby* training increased SUDI prevention knowledge and confidence across all strands; knowledge remained high two months after completion. Staff commitment to SUDI prevention was sustained over time, however, some Strand 1 staff were initially dubious about their role in SUDI prevention, while others expressed strong enthusiasm. SUDI Champions played an active role in embedding SUDI prevention into everyday practice and Family Hubs were extremely active in parent engagement. Health Professionals were strongly in favour of the multi-agency approach to SUDI prevention and partnership working on SUDI prevention in priority families with colleagues across services.

Discussion
Key stakeholders in relevant services with diverse experiences of SUDI prevention served on the Steering Committee. Multiple stakeholders expressed commitment to multi-agency SUDI prevention, locally or nationally, beyond the end of the project. *Eyes on the Baby* will be made available via the Northumberland Learning Together training platform to ensure SUDI prevention training continues to spread across the workforce. Feedback from families is now needed to assess what information is reaching them, and via which channels. *Eyes on the Baby* will be rolled out to other local authorities and services regionally, then nationally with a centralised oversight plan for governance and quality assurance.

*Full list of Services and Job Roles invited to take part can be found on the Eyes on the Baby website

Background

In the UK Sudden Unexpected Death in Infancy (SUDI) clusters in the most vulnerable of families for whom the universal provision of infant sleep safety guidance appears to be ineffective. The Child Safeguarding Practice Review Panel (2020) reported that "in spite of substantial reductions in the incidence of sudden unexpected death in infancy (SUDI) in the 1990s, at least 300 infants die suddenly and unexpectedly each year in England & Wales".[1]

The report summarised evidence from 40 infant death cases reported in 2018, highlighting that not only do these deaths now cluster among families from deprived socioeconomic circumstances, increasingly many of the families at risk for SUDI were also at risk for a host of other adverse outcomes, including child abuse and neglect. The authors noted that although universal SUDI prevention information is rigorously delivered by health professionals, many of the families most at-risk of SUDI are unwilling or unable to receive or act on this information, and that "something needs to change in the way we work with these most vulnerable families" to prevent avoidable SUDI. Likewise the 2022 National Child Mortality Database (NCMD) report emphasised that 42% of unexplained deaths of infants occurred in the most socioeconomically deprived neighbourhoods.[2]

The Practice Review report authors recommended SUDI prevention should be understood as safeguarding work to include partnership working within local areas for responding to issues of neglect, social and economic deprivation, domestic violence, parental mental health concerns and substance misuse, as well as disruptions to everyday life known as 'out of routine'. This work, they noted, "needs to be embedded in multi-agency working and not just seen as the responsibility of health professionals". Local authorities and safeguarding partnerships were encouraged to implement targeted multi-agency workforce approaches for these families.

SUDI now clusters among families from deprived socio-economic circumstances also at risk for a host of other adverse outcomes.

Although multi-agency working has been implemented for investigation of infant deaths since the Kennedy Report in 2004,[3] it has only recently been applied to SUDI prevention. There is no guidance for stakeholders wishing to implement multi-agency SUDI prevention strategies, and no examples of good practice exist in the public domain.

This project aimed to implement and evaluate a multi-agency workforce training programme for SUDI prevention among priority families in Northumberland, working with the local authority Public Health leads, Family Hubs, and Northumbria NHS Trust.

1. The Child Safeguarding Practice Review Panel (2020) Out of routine: a review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm. London: The Child Safeguarding Practice Review Panel. DfE Death in Infancy Report
2. Williams, T., Sleap, V., Pease, A., Fleming, P., Blair, P. S., Stoianova, S., Ward, J., Speed, N., Kerslake, A., Cohen, M., & Luyt, K. (2021). Sudden and Unexpected Deaths in Infancy and Childhood National Child Mortality Database Programme Thematic Report. www.ncmd.info
3. Royal College of Pathologists. Sudden unexpected death in infancy: a multi-agency protocol for care and investigation. London: Royal College of Pathologists, 2004.

Steering Group

Members of the Steering Group (SG) were stakeholders in relevant services from across Northumberland and cross-boundary services. Throughout the project the Steering Group met monthly to discuss progress, trouble-shoot problems, and to receive updates for dissemination to their staff.

Project Leads & Steering Group Memberss


Ms Carla Anderson, Public Health Matron, Northumbria NHS Foundation Trust


Mr Jon Lawler, Consultant in Public Health, Northumberland County Council


Ms Lesley Grieve, Family Hub Locality Manager, Northumberland Family Hubs

Durham University Project Team


Professor Helen Ball Steering Group Chair, Durham Infancy & Sleep Centre,


Ms Margaret Randall, Project Manager, Durham Infancy & Sleep Centre


Ms Sophie Lovell-Kennedy, Project Support, Durham Infancy & Sleep Centre


Mrs Laura Grieve, Project Support, Durham Infancy & Sleep Centre

Steering Group Members


Ms Sam Anderson, Service Manager, Growing Healthy 0-19 Service Northumberland


Mrs Karen Bewick, Culture and Workforce Development Coordinator, Family Hubs


Ms Jan Rigby, Advanced Nurse Practitioner, Perinatal Community Mental Health Team


Ms Connie Reardon, Stop Smoking Nurse Public Health, Northumberland County Council


Ms Jill Harland, Consultant in Public Health, Northumbria NHS Foundation Trust


Mr Daniel Cooper, North East Ambulance Service Education Development Lead


Ms Ashley Iceton, General Manager Growing Healthy 0-19 Service Northumberland & Gateshead


Ms Andrea Redpath - Housing Services Safeguarding Coordinator


Ms Christine Talbot-Brown - Prevention & Partnership Manager, Fire Brigade


Mr William Court - Community Safety Support Officer, Fire Brigade


Ms Claire Malone - Communications Business Partner, Northumberland County Council


Dr. Katharine Peterson, Clinical Lead for Mental Health, Children, Autism & Learning Disability


Ms Nadia Conway - Northumbria Healthcare Trust Paediatric Lead


Mr Paul Brooks - Northumberland Communities Together


Ms Victoria Manser - Northumberland County Council Children's Services Lead


Ms Jill Wood, Northumbria Healthcare Trust Named Midwife for Safeguarding

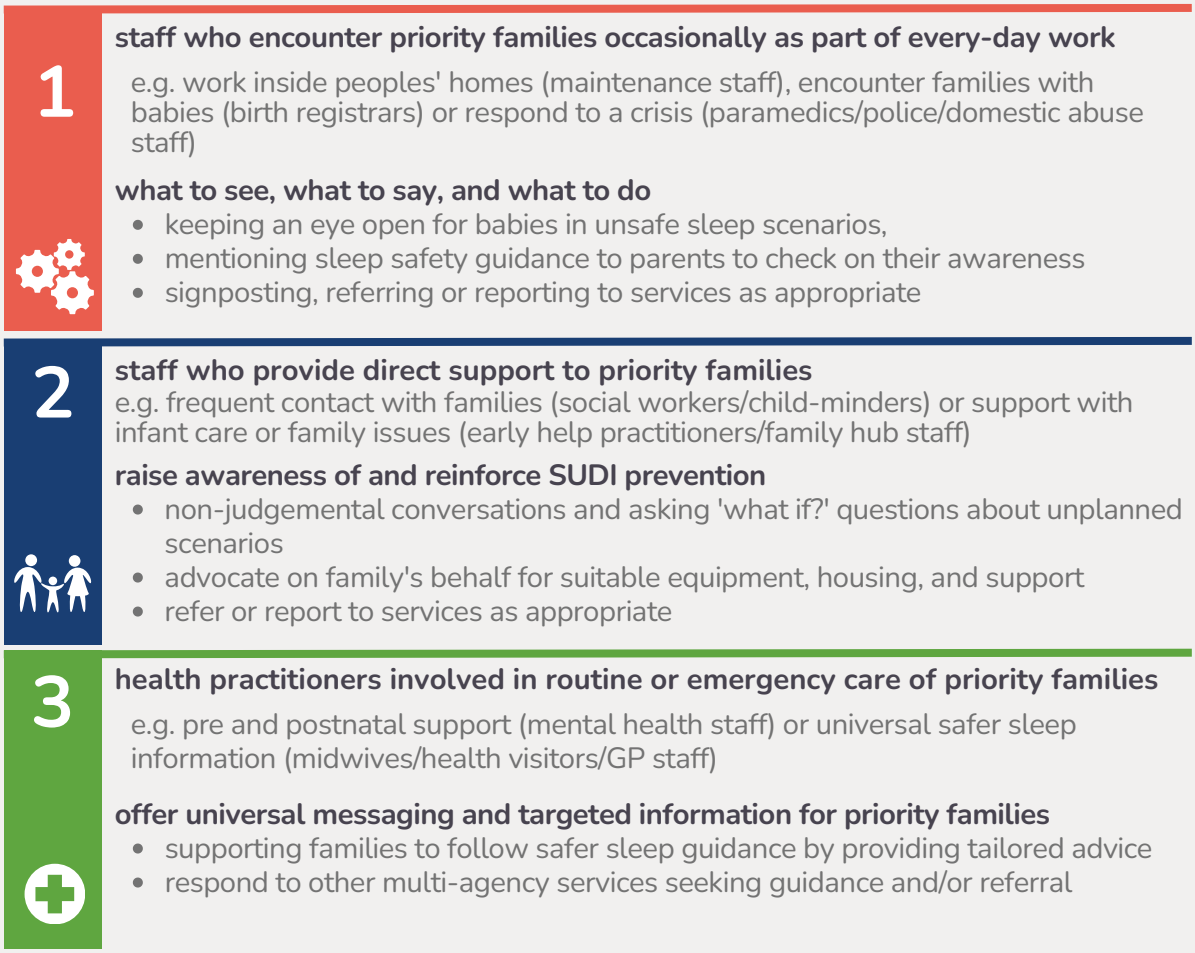
Defining the multi-agency workforce

The project Steering Group was tasked with determining the scope of the multi-agency workforce to support SUDI prevention in Northumberland. A broad role-based approach was taken across the entire county to include the following key groups:

- Staff whose work takes them inside homes of priority families
- Staff who encounter families with babies, or who provide help in a crisis
- Staff who work directly with priority families in any setting
- Healthcare and allied professionals working with adults with vulnerabilities who have babies
- Healthcare professionals who support universal SUDI prevention

A list of potential job roles to be included was compiled and organised into three core strands reflecting differences in training needs and implementation. Given the rural and geographically dispersed nature of Northumberland, a decision was made to include Librarians and Birth Registrars in the SUDI training so they could offer resources and signpost families to sources of information.

Figure 1. Workforce training strands



Training Programme

The *Eyes on the Baby* training package was designed and created by the Durham Infancy & Sleep Centre team in collaboration with County Durham *Eyes on the Baby* project group in 2022. This involved training video talks, quizzes and resources that were uploaded to a customised online learning platform.

All three strands of training contain common information about the definition of SUDI, the purpose for infant sleep safety guidance, and the core messaging in the '*Safer Sleep for Babies*' guidance produced by Lullaby Trust and partners, and endorsed by Public Health England. The three graded training strands (1-3) offer increasingly more detailed evidence underpinning safer sleep guidance (Strands 2 & 3) and the inequities in SUDI outcomes and the need for a multi-agency approach (Strand 3).

Figure 2. Training content by strand

Strand	Video talks	Content
1	1. Protecting Priority Families	SUDI risks, Key safety messages, Talking about bed-sharing, What to see, to say, to do
2	1. Understanding SUDI 2. Safer Sleep Guidance 3. Talking to Families	How SUDI has changed, and is explained; Universal messages; What to look out for; Tailoring messages; Planning ahead
3	1. Safer Sleep for all Babies 2. Understanding Co-sleeping 3. Targeted Prevention for Priority Families	Universal provision and evidence; New safer sleep discussion tools; Why and how guidance has changed; Risk minimisation & tailored guidance; Priority families & SUDI; Referrals & interventions

Staff groups were invited sequentially to register for training via managers and team leaders who allocated them to the relevant training strand. The project manager enrolled all staff and confirmed their enrolment by email. Where possible staff were assigned protected time to complete the training and discuss implementation within their teams. The *Eyes on the Baby* website served as a portal to access the sign-up process for training, the online training platform, and the resources created to support the multi-agency workforce in implementing SUDI prevention.

Resources relevant to each strand were provided: Strands 1 & 2 received a Decision Tree Tool to help them decide what to do in a particular scenario. Strands 2 & 3 received a list of 'What if?' prompts to help them support a family in planning for unexpected events that might mean they are out of routine. Being 'out of routine' indicates a disruption to normal life that decreases parental vigilance and increases risk to a baby.

Assessing engagement

We used Normalisation Process Theory (NPT) to foster the engagement of staff and encourage embedding of SUDI prevention in the everyday work of the various staff teams. NPT is an action theory that supports the analysis of what people do to change their existing practice to include SUDI prevention rather than focusing on their attitudes or what they believe (Table 1). NPT principles encourage cognitive participation and coherence by supporting the development of communities of practice, encouraging reflexive monitoring and supporting individual and collective sense-making.

Table 1. The four domains of Normalisation Process Theory

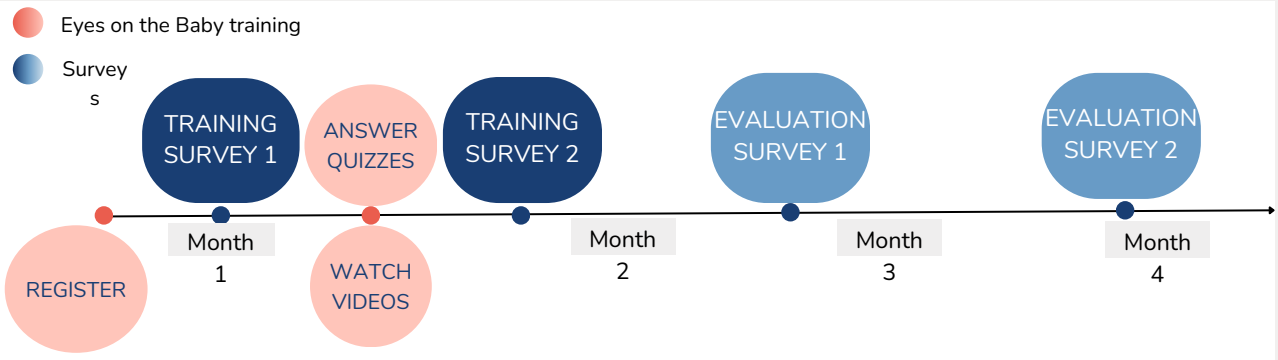
COGNITIVE PARTICIPATION	REFLEXIVE MONITORING	COHERENCE	COLLECTIVE ACTION
Relational work that is done to build and sustain a community of practice around SUDI prevention	Appraising the worth and usefulness of SUDI prevention in the context of the workplace	Individual and collective sense making work to incorporate SUDI prevention in the workforce	The operational work people do to enact SUDI prevention

SUDI discussions were held for several groups of Stage 1 staff to encourage reflexive monitoring and coherence. These discussions were intended for staff to ask questions about the training they had received or a situation they had encountered.

SUDI champions volunteered from among the multi-agency workforce to support their teams in taking collective action. They were encouraged to raise awareness of SUDI prevention and the *Eyes on the Baby* training and connect their colleagues with the newsletters and resources. SUDI Champions were offered regular support and guidance via online meetings with the project team and members of the Steering Group.

Eyes on the Baby newsletters were sent to all trainees monthly to encourage cognitive participation. These contained short articles exploring SUDI risks in the context of the job roles from Strands 1 and 2, such as the role of drugs and alcohol in SUDI, mental health issues and SUDI prevention, and the links between domestic abuse and SUDI-risk when families are 'out of routine'.

Figure 3. Evaluation timepoints



Evaluation

During the project staff were asked to complete two surveys about the training, and two about implementing SUDI prevention in practice. The short pre-course survey assessed knowledge prior to training, and the post-course survey captured trainees' feedback, knowledge and confidence after completing the training. Training uptake and completion rates were collected and analysed by the project team who tracked completion progress over the course of the project.

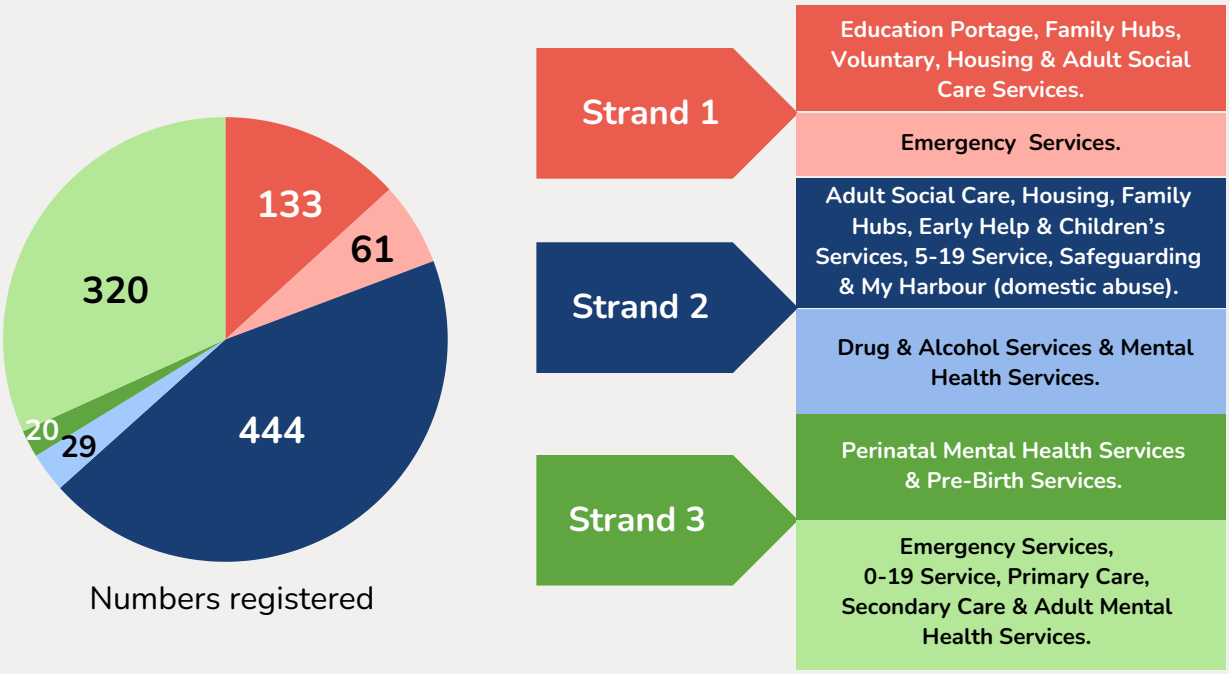
As shown in Figure 3 staff were invited to complete two identical evaluation surveys spaced several weeks apart to assess how SUDI prevention was embedded in workplaces over time. Based on the validated NPT NoMAD survey, these evaluation surveys were designed to identify individual cognitive processes and collective implementation processes. SUDI champions were asked to complete a separate survey to capture details of the activities they had initiated as part of their role.

The project team conducted semi-structured interviews with members of the Steering Group during March 2024 as the project drew to a close. Consent was sought verbally and in writing. The interviews were recorded and transcribed, and comparative analysis was used to identify commonalities and differences in their thoughts and experiences.

Training Uptake

Staff (n=1007) from a wide array of services across Northumberland were registered by managers for *Eyes on the Baby* training (see Table 2). After reviewing the training Northumberland GP Practices withdrew and opted to create their own staff training for SUDI prevention. Despite interest from the Police Force they were unable to take part due to the regional restrictions on the programme.

Figure 4. Registrations for *Eyes on the Baby* training by service.



Registrations by Job Roles

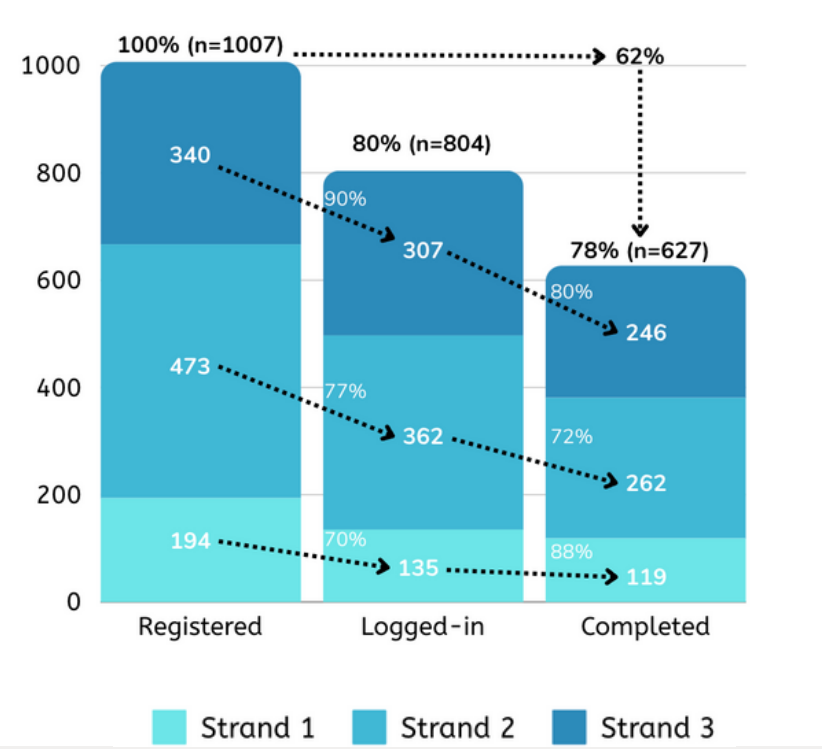
Table 2. The Northumberland *Eyes on the Baby* Multi-agency Workforce

Strand	Category	Job Role	n Registered
Strand 1: For workforce members who access homes, who speak to new families, or who provide support in a crisis.	Education Portage, Family Hubs, Voluntary, Housing & Adult Social Care Services.	Education Portage Workers, Virtual School Teachers, Advisors, Intervention workers, ESLAC Advisors, Education Welfare Officers, Customer Services Advisors, Administration Staff, Communications Officers, Senior & Lead Project Managers, Safeguarding Specialist Practitioners (Adult), Caseworkers, Library Staff, Birth Registrars, Locality Co-ordinators, Support Planners, Smoking Cessation Advisors/Nurses, Receptionists & Housing Maintenance Staff.	**133**
	Emergency Services.	Fire Brigade - Prevention & Partnership Managers, Community Safety: Delivery Officers, Firefighter Safe & Wellbeing Champions, Team Leaders & Support Officers, NEAS - Emergency Operations Advisors & Call Handlers.	**61**
Strand 2: For workforce members who provide support to vulnerable families.	Adult Social Care, Housing, Family Hubs, Early Help & Children's Services, 5-19 Service, Safeguarding & My Harbour Services.	All Housing Officers, Family Help Staff, Family Hub Managers, Advisors, Co-ordinators & Practitioners, Support Workers, Independent Domestic Violence Advisors, Team Leaders, Adult Social Workers, Safeguarding Team Staff, Care Managers, Children's Service Support Workers & Services Staff, NCC Children's Services Social Workers, NCC Occupational Therapists, Early Help Co-ordinators, Workers & Managers, Education Early Help Assessment Workers, Support Workers Pre-Birth, Nursery Staff & Childminders.	**444**
	Drug & Alcohol Services & Mental Health Services.	Drug and Alcohol Service Staff, Business Managers, Activity Workers & Registered Nurses.	**29**
Strand 3: For healthcare professionals who are involved in the routine or emergency care of pregnant and post-partum women and babies.	Perinatal Mental Health Services & Pre-Birth Services.	Advanced Nurse Practitioners, Nursing Staff, Occupational Therapists, Social Workers, Nursery Nurses, Nurse Specialists, Clinical Leads, Peer Supporters, Psychiatrists, Psychiatric Nurses & Psychologists, PAMS Pre-birth Team (Parenting Assessment) Pre-Birth Team & Early Help Pre-Birth Staff.	**20**
	Emergency Services, 0-19 Service, Primary Care, Secondary Care & Adult Mental Health Services.	NEAS Paramedics, Clinical Educators & Clinical Care Assistants, Family Health Practitioners, Health Visitors, Infant Feeding Leads & Peer Supporters/Co-ordinators, Public Health Staff, Staff Nurses, Best Start In Life Advisors, Lead Safeguarding Midwives, Maternity Support Workers, All Midwives, Mental Health Link Workers, Neonatal Staff, General Practitioner & Early Years Consultants.	**320**

Training outcomes

Of the 1007 staff that managers registered for the training, 804 (80%) created an account and logged-in to the learning platform, and 627 (78%) of these completed the training (62% of the total registered).

Figure 5. Engagement with training by strand.



In terms of strands, the largest group of staff to be registered were Strand 2 (n=473),of whom 362 (77%) logged-in to the learning platform, and 262 (55%) completed training.

Strand 3 (n=340) were the second largest staff group to be registered, 307 (90%) of whom logged-in and 246 (72%) completed the training.

There were 194 initial registrations for Strand 1, of which 135 (70%) logged in and 119 (61%) completed training.

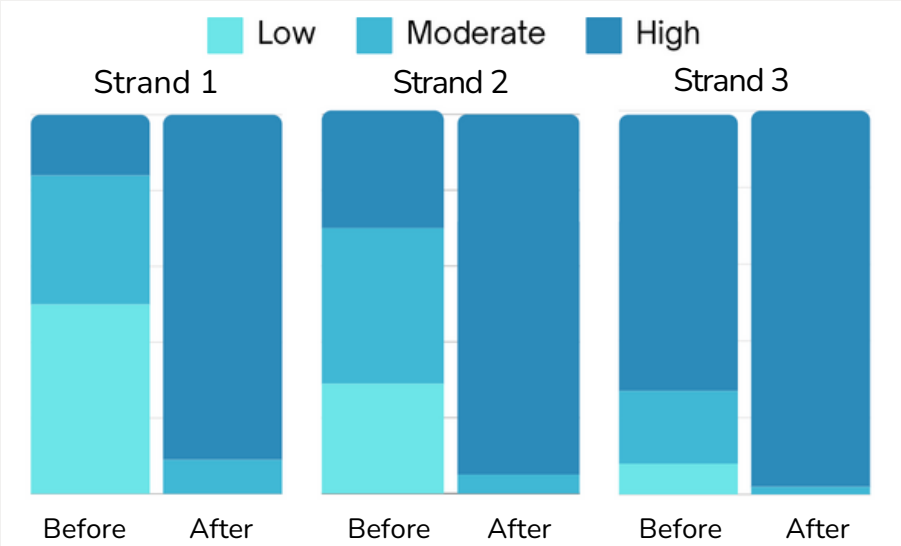
The most prevalent job roles represented in each training strand in Northumberland *Eyes on the Baby* are shown in Figure 6. For Strand 1 the highest frequency job roles were Administrative staff, Customer Services staff and Birth Registrars. For Strand 2 Family Hub staff and Early Help Practitioners were the roles with the greastest frequency, and unsurprisingly Strand 3 was dominated by Midwives and Health Visitors.

Figure 6. Top job roles represented in each training strand

Staff knowledge

Before and after completing the training staff were asked to rate their knowledge of SUDI, ability to discuss SUDI with a family, ability to spot SUDI risks, and ability to take appropriate action using a 5-point score. In Figure 7, scores across all four domains are totalled and compared before and after training completion in each Strand. It is expectable that Strand 3 staff would rate their knowledge and abilities higher before training than Strand 1 and Strand 2 staff given that many had previous experience with SUDI prevention. There was a substantial increase in scores after the training was completed across all three strands.

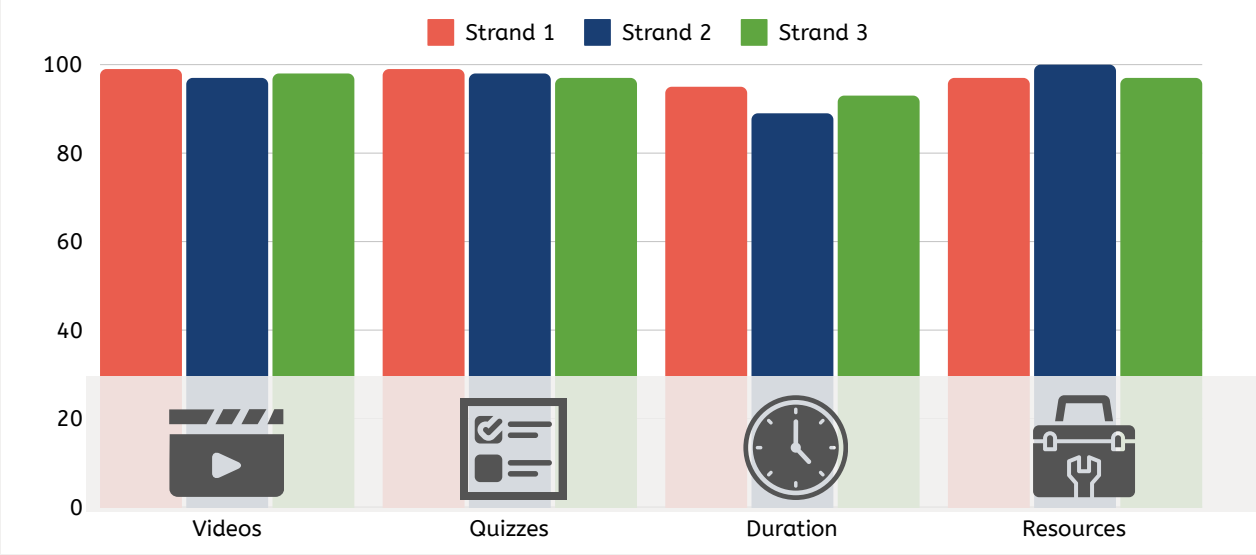
Figure 7. Staff self-report scores re. SUDI knowledge, confidence and ability



Rating of training

Training was available for staff to complete over 4-months from September to December 2023, followed by a 3-month evaluation period from January to March 2024. Immediately on completion of the training staff evaluated the learning content. Over 90% of staff across all 3 strands rated the training components as excellent or good, although a small proportion of staff found the training to be too long. Training for Strand 1 staff lasted 50 minutes, and 90 minutes for Strands 2 and 3.

Figure 8. Proportion of staff rating training components as 'Excellent' or 'Good'



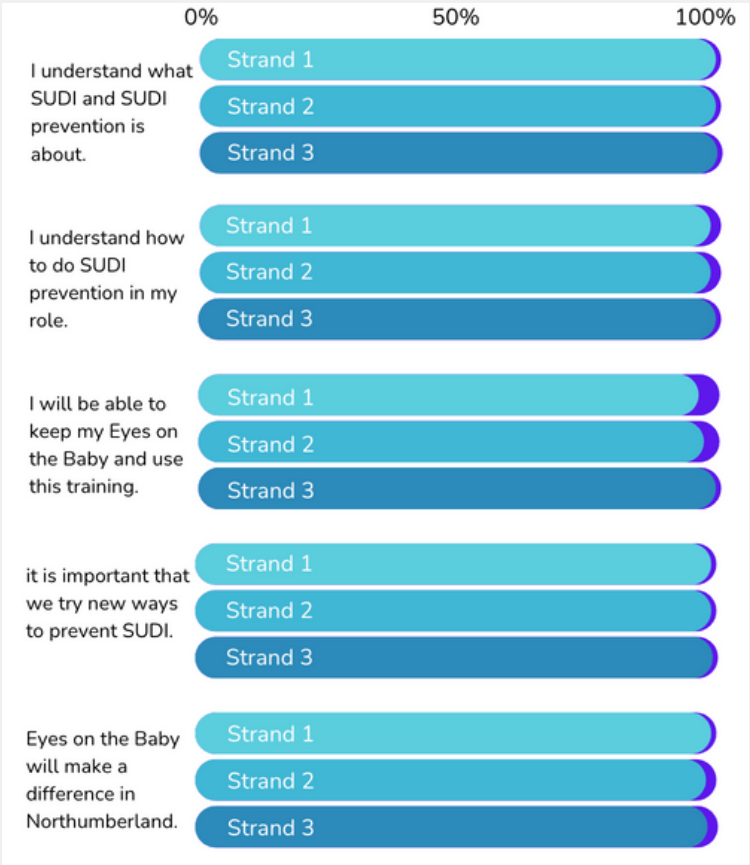
Staff intentions for embedding the *Eyes on the Baby* training into practice were captured in the post-training survey (Figure 9). Of 479 staff completing the survey across all three strands, the majority felt they would give out the *Safer Sleep for Babies* leaflets and cards, suggest that their colleagues complete the training, and use the safer sleep checklist to remind themselves of the key risks when supporting families.

Figure 9. Frequency of staff (by strand) intending to embed training in specific ways

Doing SUDI prevention

Trainees were asked how they viewed their role in SUDI prevention. Although SUDI prevention was new to a significant proportion of the Strand 1 workforce, 98% of respondents indicated they understood their role within *Eyes on the Baby*, and 96% felt they would be able to use their SUDI prevention training.

Figure 10. Staff understanding of SUDI prevention and their role.



Given the large geographic area and rural nature of much of Northumberland one group of staff trained in Strand 1 were Librarians in outlying towns and villages. This group of staff were particularly positive about being involved in SUDI prevention.

> Training was spot on. Very hopeful that this programme will be able to make the difference in Northumberland that it hopes to achieve. I will certainly Keep my Eyes on the Baby! (Librarian)

Staff across all three strands responded to questions about their role in SUDI prevention and their understanding of what the *Eyes on the Baby* project aimed to achieve (Figure 10). No differences emerged across strands and staff were overwhelmingly positive.

Making a difference

Staff completed two sets of follow-up surveys, at least 4 weeks and 8 weeks after completion of training. These followed the NOMAD NPT survey format for assessing whether reflexive monitoring, coherence and collective action were emerging around SUDI prevention in different teams. The results displayed below illustrate that reflexive monitoring and coherence varied by strand and ease of engaging with SUDI prevention, while collective action was rated highly across all strands, indicating staff felt they and management were working together. Strand 1 found integration more difficult over time.

Figure 11. Staff responses to NPT engagement surveys

SUDI prevention in practice

All staff were asked about their experiences of supporting families with SUDI prevention during the follow-up surveys. In Strand 1 only a few staff had encountered situations where they could put their training into practice so far. Several mentioned speaking to family members and friends who had small babies, but not yet sharing the information in a professional capacity. Those who had found opportunities to share information with the wider community felt they had been able to do so confidently and effectively.

> I overheard a conversation of parents after a group, sitting having a coffee talking about the sleeping pods, and I carefully and respectfully joined in the conversation as I sit at an open desk in reception where they were sitting, and asked them did they know about the hazards of these pods and they are not recommended for a baby sleeping. Then all had a general discussion around keeping the cots clear, not using bumpers around the cot and baby sleeping flat in the cot on their back. (Admin staff)

> Although I work on a reception and SUDI is not part of my normal role, I remain vigilant when families bring babies in for different groups and would feel confident to have a conversation if I saw any situations which could endanger the baby. (Admin staff)

The majority of responses from staff in Strands 2 included examples where staff had taken the time to share resources and have open conversations about safe bed-sharing, supporting families to make informed decisions.

> When delivering our prevention programme Brilliant Babies we discuss safe sleeping in a non judgmental way. Parents have felt comfortable to share if they do co-sleep so we always share the guidelines for every parent. (Family Practitioner)

Contextual factors affecting safer infant sleep, particularly proximity to parents, was something that staff reported the *Eyes on the Baby* training helped them take into account. One 5-19 Family Health Practitioner had encountered a family with mental and physical health difficulties where the baby was sleeping in a separate room, and a second member of staff discussed the risk factors around drinking and bed-sharing.

> [I had an] informal discussion with a parent on coping with disturbed sleep and bringing the baby into bed and looking at alternatives for the husband who had consumed alcohol and using the spare bedroom. (Public Health Nurse)

Others had not had an opportunity to use the training directly with families, but were eager to do so. There were three staff in Strand 2 who reported that they had used the training to support their colleagues, including the following Family Hub Manager.

> As a senior manager I have used SUDI learning to support a member of my team in clinical supervision. We discussed the families circumstances and the parenting capacity the mother had [a]long with family member influences. The parent was very responsive to the advice given. (Family hub manager)

As well as supervisory support, one member of staff in Strand 2 was pleased to hear that other members of the multi-agency workforce were sharing consistent messages about SUDI prevention.

When I first did the training I had a young baby on my caseload. I discussed it with them as a 'new piece of research' and they told me the dangers and advice they'd already been given from the health visitor! It's reassuring to know that we are all giving the same messages as multi agency support for these families. (Family Help Worker)

It was anticipated that staff in Strand 3 would have frequent opportunities to use the training to support families and this was borne out in the survey responses. Two Health Visitors, for whom SUDI prevention was an 'extremely familiar' part of their job, shared examples of how the *Eyes on the Baby* training had enhanced their knowledge.

A couple were placing their newborn in a baby seat to sleep during the day. They had received the safer sleeping information but had thought this was only meant at night. I explained why it is not safe for baby to sleep in that position and we discussed whether the cot could be brought out to the sitting room in the day. The baby's father went to get the cot and at subsequent visits baby was placed in this. It reminded me that I need to be clearer about safe positioning during the day and night when I speak about it. (Health Visitor)

[I] supported a breastfeeding mum around co-sleeping safely as this was her choice, there was no identified risk factors and therefore safe to do so. Before the training I misunderstood the guidance so would advise co-sleeping was not safe at all, thank you for clearing up my misconceptions. (Health Visitor)

There were two examples from Community Psychiatric Nurses and another from a Health Visitor where the training had also helped staff to correct parental misconceptions. In each case, staff advised against prone sleeping, giving the reasoning behind this guidance which helped the families to make informed decisions.

Guidance and information was given to a mum of premature twins who had been thinking about placing one of their babies to sleep on their tummy. She knew this was not advised but did not have an understanding of why. She responded really well to information being shared and this enabled her to come to decision for baby to sleep on their back. (Community Psychiatric Nurse)

A lady had thought of putting their young baby on their front to sleep as they thought this would reduce the choking risk. She responded really well to an explanation on the reality that this was not what the evidence had demonstrated and was clear that being given access to all of this information enabled her to rethink and place the baby flat on their back. (Community Psychiatric Nurse)

Vulnerable young couple, dad told mum it was fine to let baby sleep on her front on her, SUDI advice shared again with both parents and rationale for this. (Health Visitor)

Overall, the survey responses demonstrated numerous examples of how staff across the multi-agency workforce were able to implement the *Eyes on the Baby* training and support families with safer infant sleep. They embraced opportunities to have meaningful conversations and give up-to-date, evidence-based information on SUDI prevention, including reaching vulnerable (priority) families.

SUDI Champions

Seventeen members of the multi-agency workforce (Figure 12) volunteered to be SUDI Champions, in addition to the Chairperson of the group (Strand 3). SUDI Champions ensured that the *Eyes on the Baby* resources and newsletters were distributed to staff. They are now integrating the *Eyes on the Baby* principles into every-day practice. Collaborative work is underway to develop family orientated resources, to maintain and expand connections between organisations, to develop consistent SUDI prevention messaging across services, to anticipate and react to SUDI issues as they arise in the region whilst sharing their knowledge and supporting their colleagues in practice.

Figure 12. Roles & strands of SUDI Champions

1	**Librarian, Stop Smoking Advisor.**
2	**Senior Specialist Safeguarding Practitioner x2, Infant Feeding Co-ordinator, Family Help Locality Manager, Family Help Worker, Culture & Workforce Development Co-ordinator.**
3	**Public Health Matron, Health Visitor x 6, Infant Feeding Peer Supporter, Advanced Nurse Practitioner, Advanced Neonatal Nurse Practitioner.**

SUDI Champions participated in an online survey about how they used the training in practice and their experiences of the SUDI Champion Role. Seven respondents included a Family Hub Infant Feeding Coordinator, an Infant Feeding Peer Supporter, three Health Visitors, a Librarian and a Stop Smoking Practitioner. Example responses are below.

I encountered a parent with a young infant who disclosed to me that she bed-shares with her baby but she had also mentioned to me that her husband smoked. I ... was able to share non-biased, factual information... around safer bed-sharing... Myself and my team all felt comfortable to challenge misinformation on the BBC and NHS websites regarding bedsharing and alcohol consumption. (Infant Feeding Peer Supporter)

The *Eyes on the Baby* training has really helped staff to understand all aspects of safer sleep. It has also given a lot of staff confidence to share how to co-sleep safely with families as we know a number of families will end up in that situation unplanned. (Family Hub Infant Feeding Coordinator)

The training has been very accessible, my team and manager supportive of my undertaking this role and I am able to carve out protected time in my work ledger to allow me time to do this. (Infant Feeding Peer Supporter)

My line manager is also a champion so understands what is expected and is supportive of me. Simply knowing where to access the information and resources is great as I always know where to check for up to date information. I really like the newsletter with current information on as well. (Family Hub Infant Feeding Co-ordinator)

[I] raised awareness of the importance SUDI prevention in relation to smoking risks antenatally and postnatally. Updated team at team meetings answered any questions. Created a folder, hard copy and on computer, with info re safe sleeping resources. Recommended using MECC during consultations. Circulated Newsletters and reminded team to complete surveys. Attended monthly SUDI champion meetings. (Stop Smoking Practitioner)

The training was outstanding, so clear and through and specific to our role, it made the training very enjoyable. (Health Visitor)

More protected time would be beneficial as this has not happened thus far. (Health Visitor)

I have attended all of the SUDI meetings and fed back about discussions to my team at our weekly huddles, disseminated the newsletters to my team and encouraged a lot of discussion around the resources. My team were particularly interested in the research paper regarding breastfeeding and bed-sharing. My team have all challenged misinformation they have come across and we have facilitated an open dialogue about this among our group. (Infant Feeding Peer Supporter)

Steering Group Reflections

Six members of the Steering Group (SG) took part in online interviews conducted by the project team. Interviews aimed to capture the reflections of the participants on their own SUDI prevention journey during the project, their observations of successes and challenges encountered, and their insights into how the Northumberland multi-agency workforce responded to *Eyes on the Baby*.

For half (3/6) of the SG members interviewed this was their first experience of actively working in SUDI prevention, while the remainder had previous involvement in infant sleep safety, but some had not appreciated how challenging SUDI prevention was for priority families. SG members identified the value of the multi-agency approach to SUDI prevention in different ways.

For health leads the project offered staff more in-depth knowledge around SUDI and encouraged them to think more broadly about the context of their role, while services operating in the community such as Family Hubs and the Ambulance service could see a clear role for their staff.

> We think it's amazing that it is multi-agency, that's the way it should be. But I think certainly from our service and from me, I've never thought of it from that perspective. (0-19 Service SG Member).

> Rather than valuable, I think it's essential,... because it's proven that it doesn't matter how many interactions across different agencies we have with parents, this is the kind of message that we have to keep repeating. Even if more than one professional is to have the conversation with a family that's better than none at all. So I think the multi-agency approach is valuable, it's correct and it's relevant because we've all got an opportunity to have those conversations. So yeah, I think it's valuable and essential. (Family Hub SG Member)

> The ambulance service is the gateway to healthcare for an awful lot of people, and we get to see them in unfiltered circumstances, and so we're much more likely to capture evidence of how people genuinely live their lives.... So for us, we fit into that space really well and anything that we can do as an organisation to protect the most vulnerable service users ... and infants are service users ... anything we can do to protect them is time well spent. So yeah, it's an easy space for us to fill, I think. (Ambulance Service SG Member)

Project successes identified in interviews included that effective collaborations had been established between the NHS Trust, Council and Family Hubs, and the multi-agency SUDI Champions group was a real success (see page 17), as was the standardised approach to training. Interviewees felt more partners had engaged than they had anticipated at the outset. Strand 1 participants were reported to be confident in their SUDI prevention roles with clear boundaries for signposting to Strands 2 and 3.

Interviewees also considered challenges the project had encountered, and who the SG had not managed to engage in the project, mentioning Police, Primary Care, Education, especially Early Years, and Social Care, with greater SG representation from Children's Services and Safeguarding mentioned. As noted Primary Care had opted out of the project as they preferred a different training model. Hospital midwifery also noted that offering staff hours off-rota to do individual training wasn't a model clinicians were used to, and required follow-up of staff who didn't complete the training. This highlighted the challenge of devising a training model applicable to all multi-agency services. The sign-up process for training was noted to be cumbersome for some teams, particularly those without frequent email access; trying to persuade staff to complete the evaluations was also mentioned as a frustration.

SG interviewees were asked whether they had any evidence that indicated to them that the project was effective, that SUDI prevention was being implemented by staff and information was reaching families. All examples given pertained to activities taking place in Family Hubs where staff had clearly seized the opportunities available to them to raise SUDI prevention with families.

> One of our admin staff mentioned parents coming into the the hub in the winter months, and baby comes in in a car seat, not looking particularly comfortable and with numerous blankets. And she said those are the types of things we would have probably noticed in the past but not known how to have the conversation with the parent without it coming across as critical or challenging. And now they know how to bring it up and what to say (Family Hub SG member)

> I think the levels of buy-in we got from staff without any fuss is an indicator of effectiveness (Family Hub SG Member).

> It was really refreshing when we went to the family hubs and there was a conversation on going around SUDI prevention. (0-19 Service SG Member)

> Within Family Hub baby groups staff have noted they now try to raise SUDI prevention as part of general group conversations. One staff member reported she'd had two individuals come to her after the session and say. You know, I'm just gonna be a little bit more vigilant (about sleep safety). My partner's a little bit lax when baby's sleeping. So this gives confidence the information is reaching families who need it. (Family Hub SG Member)

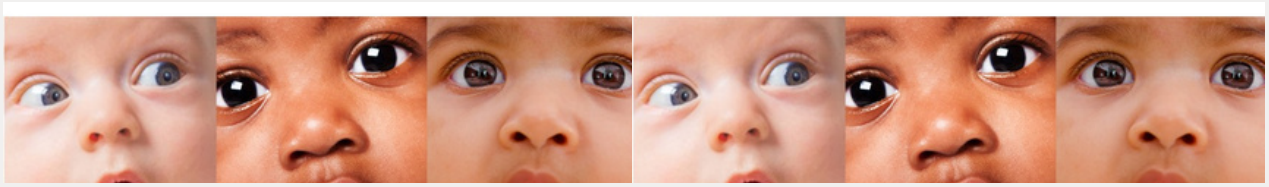
Next steps

SG interviewees were asked to reflect on what they would like to see happen with the *Eyes on the Baby* programme, and with SUDI prevention in Northumberland in the future. Several commented that they would like to see a regional organisation such as the Integrated Care Board provide funding for *Eyes on the Baby* to be established on a sustainable footing and rolled out across the NENC footprint. Another suggestion was to get it adopted into an existing national training programme such as 'Skills for Health'.

In Northumberland the training package will now be hosted on the County Council's Learning Together platform for continued access by staff from all organisations, and the SUDI Champion group will continue to operate under the leadership of the Public Health Matron. Material for displays in Family Hubs, Libraries and Birth Registration offices have been purchased, to keep SUDI prevention at the forefront of conversations.

In the near term the North East Ambulance Service aims to adopt Eyes on the Baby across their entire service. The Eyes on the Baby project team have secured funding to support Darlington Council's public health and safeguarding teams implement the programme. NHS England have provided funding to run workshops on multi-agency SUDI prevention with the NENC ICB strategic leadership over the coming months.

> One key measure of success will be in a year's time. Are we still talking about SUDI prevention once the intensive project period and the evaluation has settled down? Is it embedded (in the day-to-day work of the multi-agency workforce) then? (Public Health Consultant)



Eyes on the Baby

Multi-agency SUDI Prevention for Northumberland 2024

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