Eyes on the Baby

Multi-agency SUDI prevention for County Durham

Durham University Infancy & Sleep Centre

NHS County Durham and Darlington NHS Foundation Trust

Durham County Council

Durham Safeguarding Children Partnership

Teesside University

the lullaby trust

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Eyes on the Baby: multi-agency SUDI prevention for County Durham

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Executive Summary

Background: In the UK, Sudden Unexpected Death in Infancy (SUDI) is clustered in vulnerable families for whom universal infant sleep safety guidance is not effective. Recent reports have highlighted the need for multi-agency working (MAW) approaches. This project aimed to co-produce, pilot, implement and evaluate a multi-agency SUDI prevention programme in County Durham.

Review: A policy review of local authorities explored MAW SUDI prevention approaches nationally. 19 of 152 local authority SUDI prevention guidance involved MAW. Most guidance lacked specificity about how MAW approaches we implemented, who was involved, and how MAW staff were trained. The review highlighted a need for clear guidance on which MAW teams to involve, their responsibilities, the training needed, and which families are considered vulnerable for SUDI prevention.

Mapping Exercise: SUDI Prevention in County Durham was mapped to identify key contact points where safer sleep information was shared and by whom. This highlighted the infrequency of universal safer sleep discussions antenatally and postnatally. Staff felt they lacked knowledge and confidence regarding safer sleep guidance. Consequently, we expanded the project to include health practitioners.

Implementation: The Steering Committee identified a broad range of staff groups whose work brought them into contact with vulnerable families in County Durham. Job roles were grouped into 3 strands based on the frequency and degree of contact with vulnerable families. Training was co-produced and delivered via an online learning platform. Pre-and post-training surveys assessed staff knowledge and confidence, and follow-up surveys captured staff feedback and engagement. Normalisation Process Theory (NPT) was used to support user engagement and embed SUDI prevention into everyday practice. We evaluated the initial phase of the project qualitatively and quantitatively using surveys, interviews, and group discussions.

Evaluation: Staff in 47 MAW roles were invited, and 993 staff registered for training. Strand 1 staff were most likely to complete the training, whilst Strand 3 were least likely, but the greatest uptake was from Stand 2. Eyes on the Baby training increased SUDI prevention knowledge and confidence across all strands; knowledge remained high two months after completion. Team leaders' commitment was high. MAW staff commitment to SUDI prevention increased over time, however, some Strand 3 staff were initially dubious about involving MAW in SUDI prevention. SUDI Champions played an active role in embedding SUDI prevention into everyday practice.

Discussion: Key stakeholders in relevant services with diverse experiences of SUDI prevention served on the Steering Committee. All engaged effectively in co-production, and promoted engagement in this project to their staff. All stakeholders expressed commitment to MAW SUDI prevention, locally or nationally, beyond the end of the project. Eyes on the Baby will be made available via the Durham Safeguarding Children Partnership training website to ensure SUDI prevention training continues to spread across the workforce. Following further evaluation we plan to expand Eyes on the Baby to other local authorities regionally, then nationally with a centralised oversight plan for quality assurance.

Recommendations: Recommendations for those devising multi-agency approaches for SUDI prevention are offered at the close of this report based on our experiences of developing, implementing and evaluating Eyes on the Baby.

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Background & Aims

In the UK Sudden Unexpected Death in Infancy (SUDI) clusters in the most vulnerable 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 report 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.[2] Likewise the 2022 National Child Mortality Database (NCMD) report emphasised that 42% of unexplained deaths of infants occurred in the most socioeconomically deprived neighbourhoods.[3]

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

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. 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 (MAW) approaches for these families.

Although MAW has been implemented for investigation of infant deaths since the Kennedy Report in 2004,[4] 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 co-produce, pilot, and evaluate a multi-agency workforce training and implementation programme for SUDI prevention among vulnerable families in County Durham, working with the local authority public health leads,family facing adult and child services, members of the local Child Death Overview Panel, key NHS staff, and third sector partners.

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Policy Review

Aim of the review

To explore and appraise the evidence of implementation of multi-agency SUDI prevention by English local authorities to understand local variations and evaluate strengths and weaknesses.

Methods

SUDI prevention policies or guidance were obtained from local authority (LA) websites and via FOI requests to councils. PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines were followed to ensure rigour and consistency.

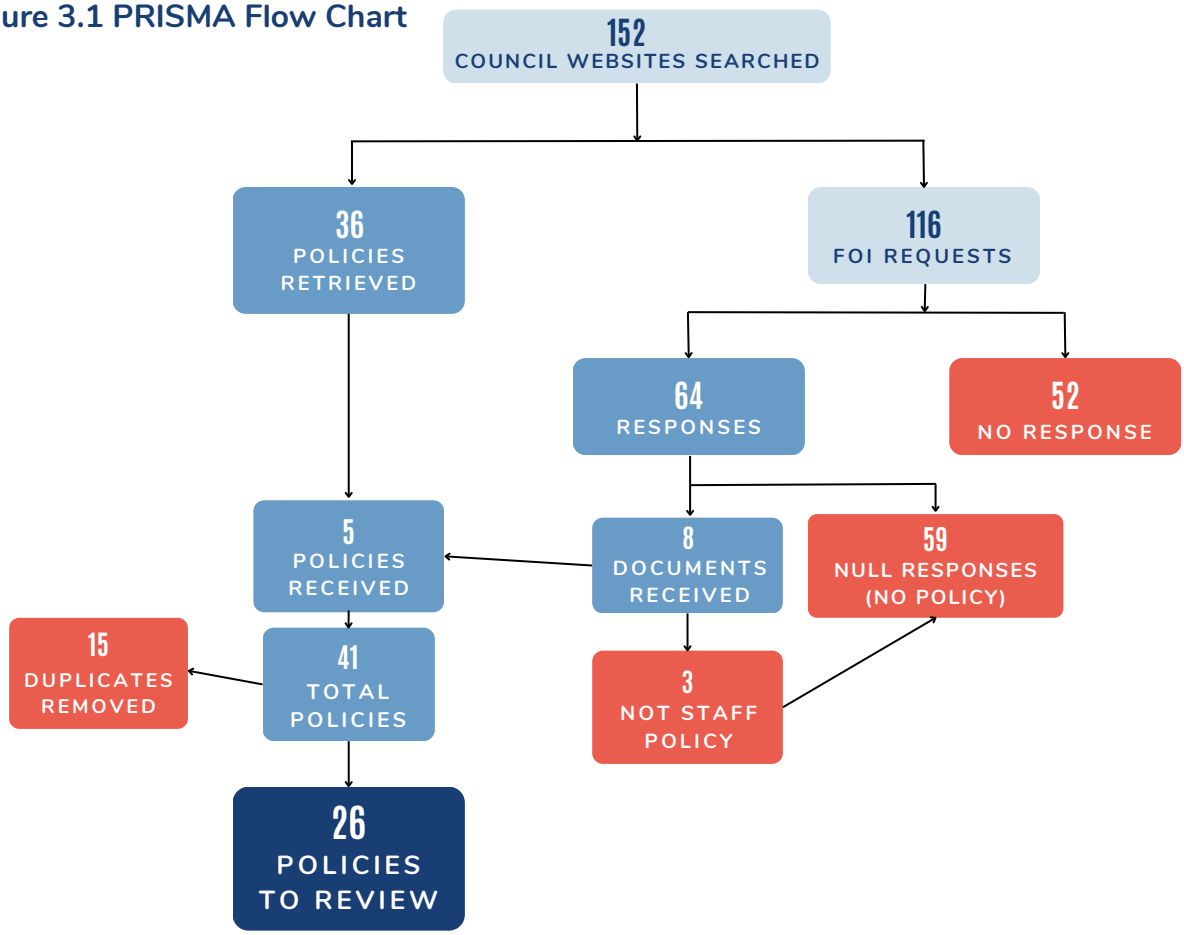
Inclusion criteria

We focused on English policies and guidelines intended for use by members of the workforce. We excluded documents that i) were targeted primarily to parents or the public rather than staff; ii) addressed clinical settings exclusively; iii) were versions of policies that had since been updated.

Screening

All eligible policies were screened for duplicates resulting from multiple councils in one local safeguarding partnership (LSCP) using the same policy. Members of LSCPs were easily identified as documents carried the logos and names of all affiliated organisations.

Figure 3.1 PRISMA Flow Chart



Data extraction

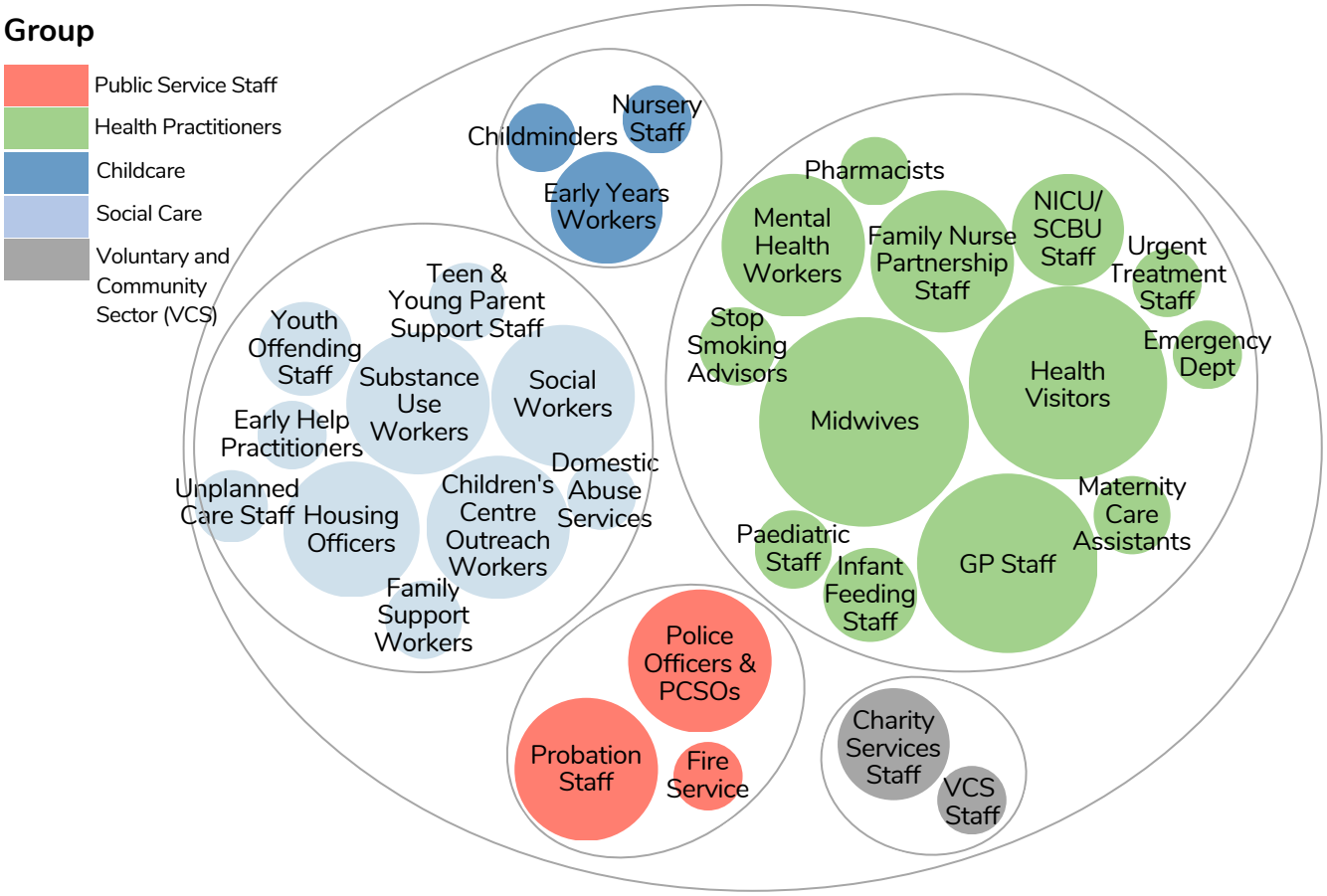
Data was extracted using a set of questions to capture information on multi-agency training, implementation, evaluation, and staff involved, as well as how 'vulnerable families' were identified. After conducting a standardisation exercise each reader reviewed the documents and compiled the results of the data extraction form into a single spreadsheet.

Results

The document identification and screening process is summarised in Figure 3.1. SUDI policy/guidance documents for staff were obtained for 41/152 (27%) of local authorities (LA). When duplicates and non-staff guidance was removed 26 documents were included in the final review. 19 of the 26 policies reviewed explicitly mentioned multi-agency or multi-disciplinary working (MAW or MDW) as a strategy for reducing unexpected infant deaths, however only 4 of the documents discussed multi-agency working in detail. The remainder either mentioned MAW but did not provide details, or did not mention it at all. No clear model of MAW for SUDI prevention emerged from this review and none of the documents indicated that implementation feasibility or outcome efficacy had been evaluated.

Thirty-one job roles that were included within the policies under the umbrella of 'multi-agency workforce' are shown in Figure 3.2. As indicated by the size of the bubbles midwives and health visitors were included most often; multiple policies specified the inclusion of non-health professional staff.

Figure 3.2 Make-up of MAW engaged in SUDI prevention



Strengths & weaknesses of identified approaches

Engagement of the multi-agency workforce varied substantially across locations, and in many guidance documents MAW responsibilities lacked specificity. In the most detailed examples role-specific guidance was provided for a range of staff groups such as probation staff, housing officers, police officers and more. However, only two documents mentioned training provision and none described the pathways, procedures or systems required for effective MAW SUDI prevention.

Discussion

The review found most policies expected that relevant MAW staff would read the document(s), recognise their role, and engage in this work. However, the more detailed policies suggested that role-specific responsibilities and support should be carefully considered, and training provided.

Policymakers must consider how to balance the needs of communities with staff workload. Systems for identifying and addressing issues faced by families, as well as referral and reporting pathways need modifying or integrating to accommodate MAW involvement, and record-keeping processes need to be considered. Definitions of 'vulnerable families' varied widely between the policies reviewed. Clear definitions of characteristics contributing to 'vulnerability' may help staff recognise their role in a MAW approach but also risks stigmatising families.

Limitations

We were unable to evaluate the impact of the policies reviewed or the extent to which they are implemented or read by MAW staff. We are also aware that there could be policies or guidelines that we did not capture, though we have evidence from the null FOI returns that 37% of LAs had not produced one. It was disappointing that 45% of LAs contacted failed to respond to our freedom of information request. We did not contact councils for whom we found out of date policies to request whether they had an updated one which was an oversight in our methods.

Implications of review outcomes for policy, practice and future research

The strengths of the policy and guidance documents reviewed included a clear understanding of how the MAW approach could enhance the reach of SUDI prevention information to families whose babies are most at-risk for SUDI and offered the opportunity to move beyond information provision to supporting families with, and removing barriers to, implementation. In several cases there was clear articulation of which MAW roles could be effectively engaged, with well-defined role-specific guidance. Some guidance documents also indicated that training for the workforce had been designed and was available, and/or that MAW involvement in SUDI prevention was embedded within a local campaign around infant sleep safety.

MAW involvement in SUDI prevention is still in the early phase of implementation and it is therefore unsurprising that there were numerous weaknesses in the documents produced to date. Key among these was lack of evaluation of either the implementation process or the proximate outcomes of this relatively new initiative.

Conclusions

There are inconsistent SUDI prevention approaches across England, with few policies explicitly mentioning a MAW approach, and considerable variation in the degree to which this is planned and executed. To develop effective MAW policies there must be clear and comprehensive guidance on which staff are involved, what their responsibilities are, and who is included within the category of 'vulnerable families'. Guidance on implementing and evaluating the policies, processes and training that are developed is also needed. All professionals who work with at-risk and vulnerable families should be trained to develop knowledge, skills, and confidence to help remove barriers to safe infant sleep and thereby prevent SUDI.

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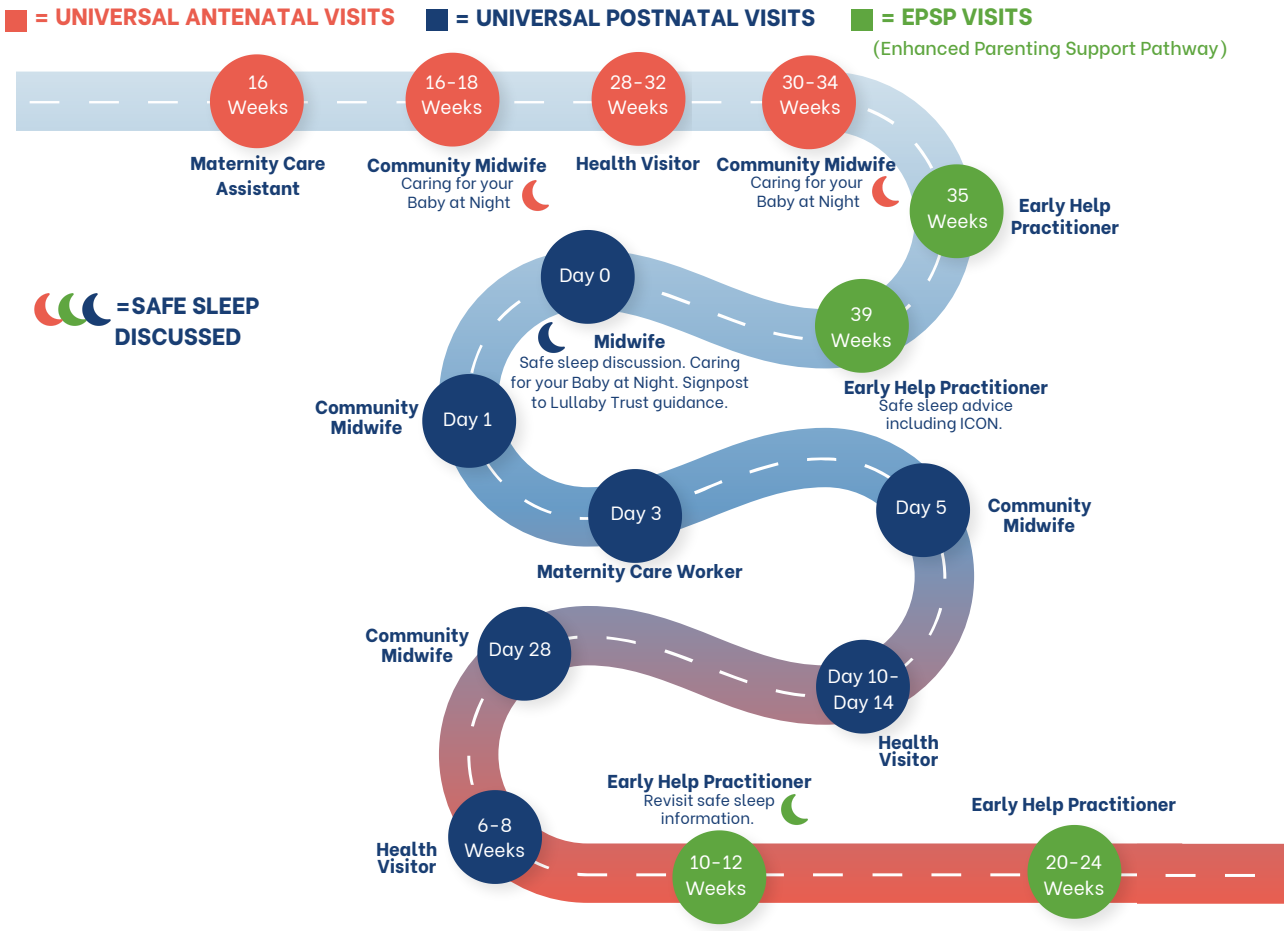
SUDI Prevention Mapping

At the project outset we conducted a mapping exercise to understand SUDI prevention in County Durham prior to the implementation of the MAW approach. Hospital and Community Midwifery, Health Visiting and Social Care Leads were contacted for information on both Universal and Targeted SUDI prevention delivery by midwives, health visitors, and family support practitioners, and for the Enhanced Parenting Pathway supported by Early Help Practitioners. NHS Antenatal and Postnatal policy documents were obtained via FOI requests. Practitioners in Family Centres were also consulted. Key contact points were identified, and contacts where safer sleep information was shared are illustrated in Figure 4.1.

Figure 4.1 SUDI Prevention prior to MAW project



We found that universal safer sleep discussions during antenatal and postnatal contacts with midwives and health visitors were infrequent, and primarily involved signposting parents to Unicef Baby Friendly Initiative's 'Caring for your baby at night' leaflet, or to the Lullaby Trust website via the NHS patient app. Paper copies of leaflets were no longer used. Community midwives were expected to include safer sleep in one of two antenatal contacts. The routine Health Visitor antenatal contact (at 28-32 weeks) involved completion of the Home Environment Assessment Tool (HEAT) and Health Assessment Tool (HAT). Hospital midwives included safer sleep in the hospital discharge discussion (day 0). A previous internal audit reported that 80% of singleton mothers and 54% of mothers with multiples were receiving this information.

Community midwives were tasked with assessing health and safety at every postnatal visit, but no mention was specifically made of safer sleep in the postnatal policy. Families designated as 'vulnerable' (based on receiving Children's Services support) were not discharged from the care of the Community Midwife until 28 days post-delivery.

The Solihull Antenatal programme was available to all expectant parents providing advice and support in the antenatal period and in preparation of birth of their baby. This was a face-to-face programme also available as an online course covering physical and emotional changes during pregnancy, labour, birth and caring for baby in the postnatal period.

Enhanced Parenting Support

In addition to the antenatal visits provided by Community Midwives and Health Visitors, families identified for the Enhanced Parenting Support Pathway received further visits at 35 and 39 weeks of pregnancy from Early Help Practitioners. At one of these visits safer sleep and ICON (infant crying) were discussed. At one of the two additional postnatal visits from Early Help practitioners reinforced safer sleep information. Early Help Practitioners within Family Centres offered weekly one-hour Baby Group sessions where parents with babies 0-12 months received additional help in supporting their child's health, wellbeing and development.

Resumption of Services post-Covid

It was clear from discussions with staff that the schedule of in-person antenatal and postnatal contacts established pre-pandemic had not resumed by Spring 2022 when the current project began.

Training for Health Practitioners

During stakeholder meetings with staff and service leads it became clear that both midwifery and health visiting staff would benefit from up-to-date training on SUDI prevention, particularly for vulnerable families. Many staff commented they lacked confidence in discussing the latest guidance (issued 2019) or were unaware it had been updated. We therefore expanded the Eyes on the Baby training programme to include 'Strand 3' for health practitioners working with working within .

5

Implementing Eyes on the Baby

Methods

We used an academic-stakeholder co-production approach to design and implement the Eyes on the Baby programme.

The objectives were to:

- define the scope of the multi-agency workforce
- develop a training programme for MAW to understand their role in preventing SUDI
- provide training to upskill MAW to address modifiable SUDI risks and offer support
- foster effective multi-agency working and promote SUDI prevention in vulnerable families

We used a mixed methods research approach to evaluate the implementation of the Eyes on the Baby programme due to the complexities of implementation across a variety of contexts.

The objectives were to:

- evaluate the training and its uptake
- capture the views of parents with babies on a MAW approach to SUDI prevention
- evaluate the implementation of Eyes on the Baby in County Durham from multiple perspectives including the workforce, team leaders and strategic stakeholders

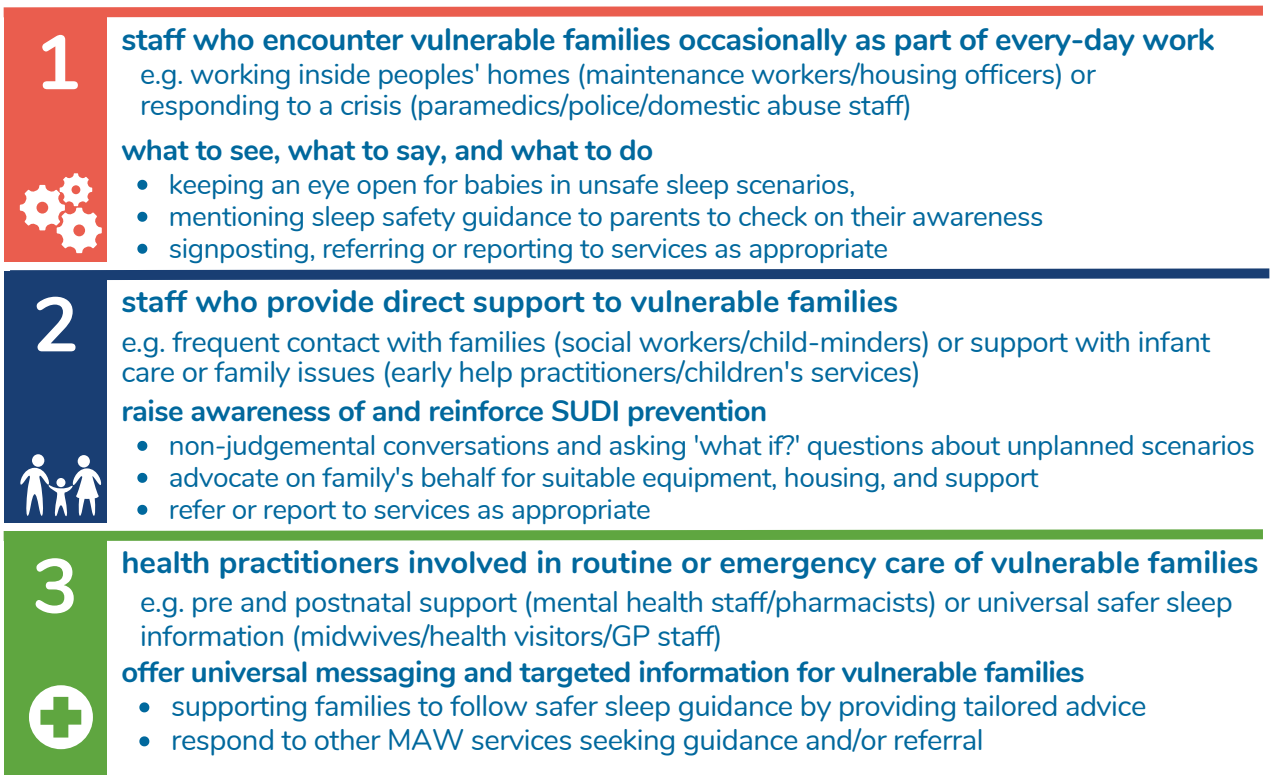
Defining the scope of the multi-agency workforce.

The project Steering Committee was tasked with determining the scope of the multi-agency workforce to support SUDI prevention in County Durham informed by the policy review report (Section 3). There was unanimous support for taking a broad role-based approach across the entire county to include the following key groups:

- Staff whose work takes them inside homes of vulnerable families
- Staff who provide help in a crisis
- Staff who work directly with vulnerable families in any setting
- Healthcare and allied professionals who encounter vulnerable families with babies
- Healthcare professionals who are tasked with 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.

Figure 5.1 Workforce training strands



Designing a training programme to help MAW prevent SUDI

Training packages were designed by the academic team in collaboration with a working group of the Steering Committee who reviewed the materials and provided feedback. Training videos, quizzes and resources were uploaded to a customised online learning platform for delivery. All three strands of training contain common information about the definition of SIDS and 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.

Strand	Video talks	Content
1	1. Protecting vulnerable 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 vulnerable families	Universal provision and evidence; New safer sleep discussion tools; Why and how guidance has changed; Risk minimisation & tailored guidance; Vulnerable families & SUDI; Referrals & interventions

Engaging and upskilling the multi-agency workforce

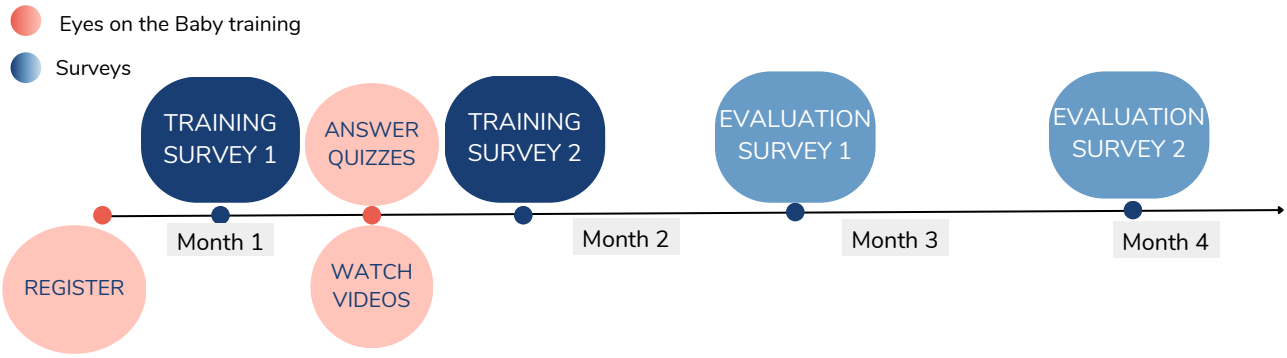
Staff groups were invited sequentially via managers and team leaders to register for training. Where possible staff were assigned protected time to complete the training and discuss implementation within their teams. The Eyes on the Baby website served as a portal to access the sign-up process for training, the online training platform, and the resources created to support the MAW in implementing SUDI prevention. When staff entered their name, job role and email address they were allocated to the relevant training strand.

Resources relevant to each strand were devised or sourced: Strands 1 and 2 received a Decision Tree Tool to help them decide what to do in a particular scenario. Strands 2 and 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. 'Safer Sleep for Babies' Quick Reference cards were sourced from the Lullaby Trust and made available for all staff in Strands 1 and 2 to give to parents as needed.

Evaluating training and uptake

During the project staff were asked to complete two surveys about the training, and two about implementing SUDI prevention in practice (Figure 5.2). The short pre-training survey assessed knowledge prior to training, and post-training survey captured trainees' feedback, knowledge and confidence after completing the course. Two identical follow-up surveys spaced 4-6 weeks apart assessed how SUDI prevention was embedded in workplaces over time. Training uptake and completion rates were collected and analysed by the project team who tracked completion progress over the course of the project.

Figure 5.2 Evaluation timepoints



Fostering multi-agency working for SUDI prevention in vulnerable families

We used Normalisation Process Theory (NPT) to foster the engagement of MAW 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 5.1). NPT principles encourage cognitive participation and reflexive monitoring by supporting the development of communities of practice, encouraging reflexive monitoring and supporting individual and collective sense-making [5].

Table 5.1 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

To support the development of a community of practice several initiatives were used:

SUDI discussion forums were held every 6-8 weeks to encourage reflexive monitoring and coherence. These drop-in online 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 SUDI forums and resources. SUDI Champions were offered regular support and guidance from the programme team.

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'.

Capturing the views of parents with babies in County Durham

To ensure the local relevance of the programme, guidance and feedback was gathered from local families. Public Involvement & Community Engagement (PICE) is frequently sought to 'improve the quality and relevance of research' [6]. In this project PICE involved attending seven Parent & Baby groups run by Family Hubs in County Durham, and engaging caregivers in a discussion about the Eyes on the Baby MAW approach. We asked participants to conduct a card-sorting exercise to determine sources of trusted information about sleep safety, and asked attendees to share their opinions on current and planned SUDI prevention efforts in the UK.

As shown in Figure 5.2 MAW staff were invited to complete two follow-up surveys. Based on the validated NPT NoMAD survey, three evaluation surveys were designed to assess implementation processes [7], with separate surveys for the workforce and for team leaders.

Members of the project team conducted semi-structured online interviews with SUDI champions, Team Leaders, and members of the Steering Committee during April and May 2023. Consent was sought verbally and in writing. The interviews were recorded and transcribed, and thematic content analysis was used to identify commonalities in the thoughts and experiences of each of the groups. SUDI champions were offered a £20 gift voucher as a gratuity for participation. Table 5.2 shows the topic outline for interviews with each group.

Table 5.2 Key topics addressed in project interviews

SUDI Champion	Team Leader	Steering Committee
• Job role and details of team • Supporting SUDI prevention and key facilitators • Challenges and barriers	• Job role and experience of SUDI prevention/MAW • How team has implemented *Eyes on the Baby* • Strengths and weaknesses of *Eyes on the Baby*	• Job role and experience of SUDI prevention/MAW • Strengths and weaknesses of *Eyes on the Baby* • The future of local and national MAW SUDI prevention

6

Evaluating Eyes on the Baby

Who engaged with Eyes on the Baby?

A wide range of staff indicated their willingness to incorporate SUDI prevention into their normal roles by accepting the offer of Eyes on the Baby training,

Forty-one job roles were initially identified by the Steering Committee as eligible to include in training. During the project this list was expanded and refined using feedback from services and discussion with the Steering Committee. Table 6.1 shows the final forty-seven job roles included, with some roles (such as Midwife and Maternity Care Assistant) collapsed together. The corresponding training strand, and job category for each role are shown. Job categories were devised by the project team to facilitate analysis and were informed by the policy review job-clusters (Figure 3.4).

Registration for training

Key contacts within each service who recognised the relevance and value of Eyes on the Baby for their staff were instrumental in promoting uptake and engagement. Where the number of staff registered in a certain job role are low, we failed to engage them in MAW SUDI prevention training. Lack of engagement occurred for multiple reasons that are discussed in section 7.

Training was offered to MAW staff in County Durham over a six-month period between October 2022 and March 2023. 993 individuals across all three strands were registered on the Eyes on the Baby learning platform and sent details explaining how to log in to access the training. The breakdown of registrants by job role and by training strand are shown in Figure 6.1.

Figure 6.1 Registrations for Eyes on the Baby training by job role

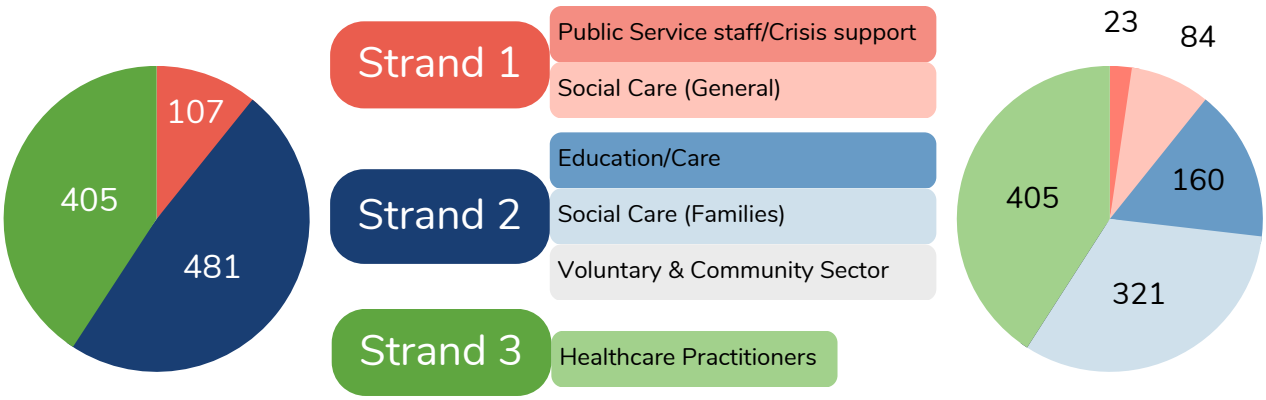


Table 6.1 Job roles in County Durham included in MAW for SUDI prevention

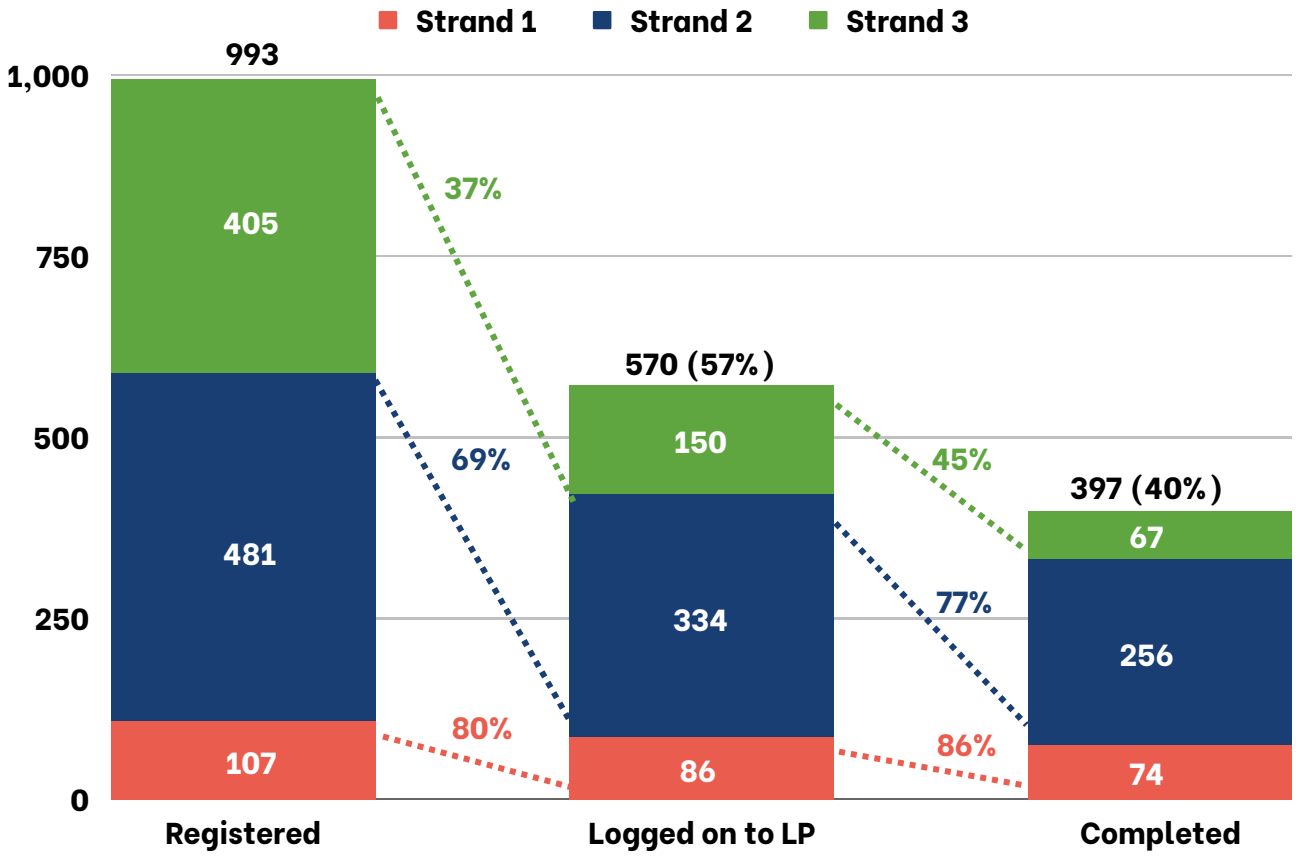
Strand	Category	Job Role	n Registered
Strand 1: workforce members who access homes to provide routine services, or support in crisis situations	Public Service staff/Crisis support	Police Officers, Firefighters, Police Community Support Officers, Paramedics, Urgent Treatment Centre Staff, Youth Offending Officers, Food bank / Milk Bank / Baby Bank staff, Fire Service, Community Support Officers, Probation Officers	23
	Social Care (General)	Housing Officers, Temporary Housing Staff, Shelter/Supported Housing Staff, Refugee Services, Domestic Abuse Teams, Other Strand 1	84
Strand 2: workforce members who provide direct support to vulnerable families	Education/ Care	Foster Carers / Connected Carers, Early Years / Nursery Staff, Childminders	160
	Social Care (Families)	Children's Services Staff, Early Help Practitioners, One Point Key Workers/Families First Staff, Family/Social Workers Children and Families Social Prescriber, Complex Key Worker, Floating/Support Worker, Peer Supporter (Strand 2), Pharmacy Staff, Mental Health Support Staff, Drugs & Alcohol Support Staff, Breastfeeding Support Staff, Gypsy & Roma Support Staff	321
	VCS	Voluntary & Community Sector/Charity Services	0
Strand 3: health practitioners involved in routine or emergency care of pregnant and post-partum people and babies	Healthcare Practitioners	Perinatal Mental Health, Midwives & Maternity Care Assistants, Community Midwives, Smoking Cessation Services, Neonatal Care Staff, Peer Supporter (Strand 3), Infant Feeding Leads, Health Visitors / Home Visitors, Paediatrician/Paediatric Nurse, Paediatric OTs & PTs, Family Health Nurse/Family Nurse, Partnership/Family Health Practitioner, Safeguarding/Child Protection Nurse or Practitioner, School Nurse/Children's Nurse, GPs and Practice Nurses	407

Training uptake across strands

397 staff in County Durham completed the training between October 2022 and March 2023, the largest group belonging to Strand 2 (staff in roles that involve contact with vulnerable families on a regular basis).

Fifty-seven percent (n=570) of the 993 registered staff members logged on to the training platform at least once, and 70% (n=397) of these completed the training (gaining 80% on each quiz). Although staff assigned to Strand 1 were the fewest, they had the greatest percentage uptake with 69% (74/107) of registered staff completing the training (Figure 6.2). The overall largest group of MAW staff to register (n=481) and complete the training (n=256, 53%) was Strand 2, while health practitioners in Strand 3 were the least likely to complete the training (67/405, 17%).

Figure 6.2 Proportion of staff completing training by strand



Staff were registered for training in three ways: self-registration, registration by Team Leader, or by senior manager. For Strands 1 & 2 the most successful sign-up method in terms of number of registrations and completions was sign-up by a Team Leader. However, most Strand 3 staff who completed the training had signed themselves up. Although the largest proportion of Strand 3 had been registered by a senior manager, this resulted in few completions (3.9%).

Staff knowledge and confidence re. SUDI prevention

Eyes on the Baby training increased the confidence and knowledge of those in the multi-agency workforce.

Trainees rated their knowledge and confidence before and after completing the training using a multi-point scale. The proportion of staff rating their knowledge as good or excellent doubled (from 28% to 57%) in Strands 1 and 2, while staff rating their knowledge as excellent in Strand 3 increased from 62% to 96%. Self-rated confidence also increased from 71% to 97% in Strands 1 and 2, and from 85% to 100% in Strand 3.

Knowledge retention

More than 70% of staff in all three strands correctly responded to questions about SUDI and SUDI prevention when they completed follow-up surveys at least 1 month after training (Strand 1 = 89%, Strand 2 = 72%, Strand 3 = 90%).

Implementation evaluation surveys

Participants' views of Eyes on the Baby

Though SUDI prevention was new to a significant proportion of the Strand 1 workforce, 75% could see the value of engaging with Eyes on the Baby training and believed that participating in SUDI prevention was a legitimate part of their role. Domestic abuse team members were particularly positive about this.

Most Strand 2 participants in survey one (72%) felt SUDI prevention was part of their work, while 84% saw the value of SUDI prevention training and believed SUDI prevention was a legitimate part of their role (89%); all agreed they would continue to support SUDI prevention. 95% of participants felt they could easily integrate SUDI prevention into their existing work and valued the effect the training had on their work.

Not surprisingly, 93% of strand 3 participants said that SUDI prevention was currently part of their work. All participants could see the value of SUDI prevention training, agreed that SUDI prevention is a legitimate part of their role, and would continue to support SUDI prevention. 92% of participants felt that they could easily integrate SUDI prevention into their existing work, and all valued the effect the training had on their work.

Familiarity with SUDI

Strand 1 participants initially felt that having SUDI prevention conversations was different from their usual way of working with families (76%), and 38% were unsure about how the training would affect the nature of their work. By Survey 2 responses showed that 80% of participants now understood how the training affects the nature of the work. In Strand 2 55% felt that having SUDI prevention conversations was different from their usual way of working with families and 89% agreed they understood how the training affects the nature of their work.

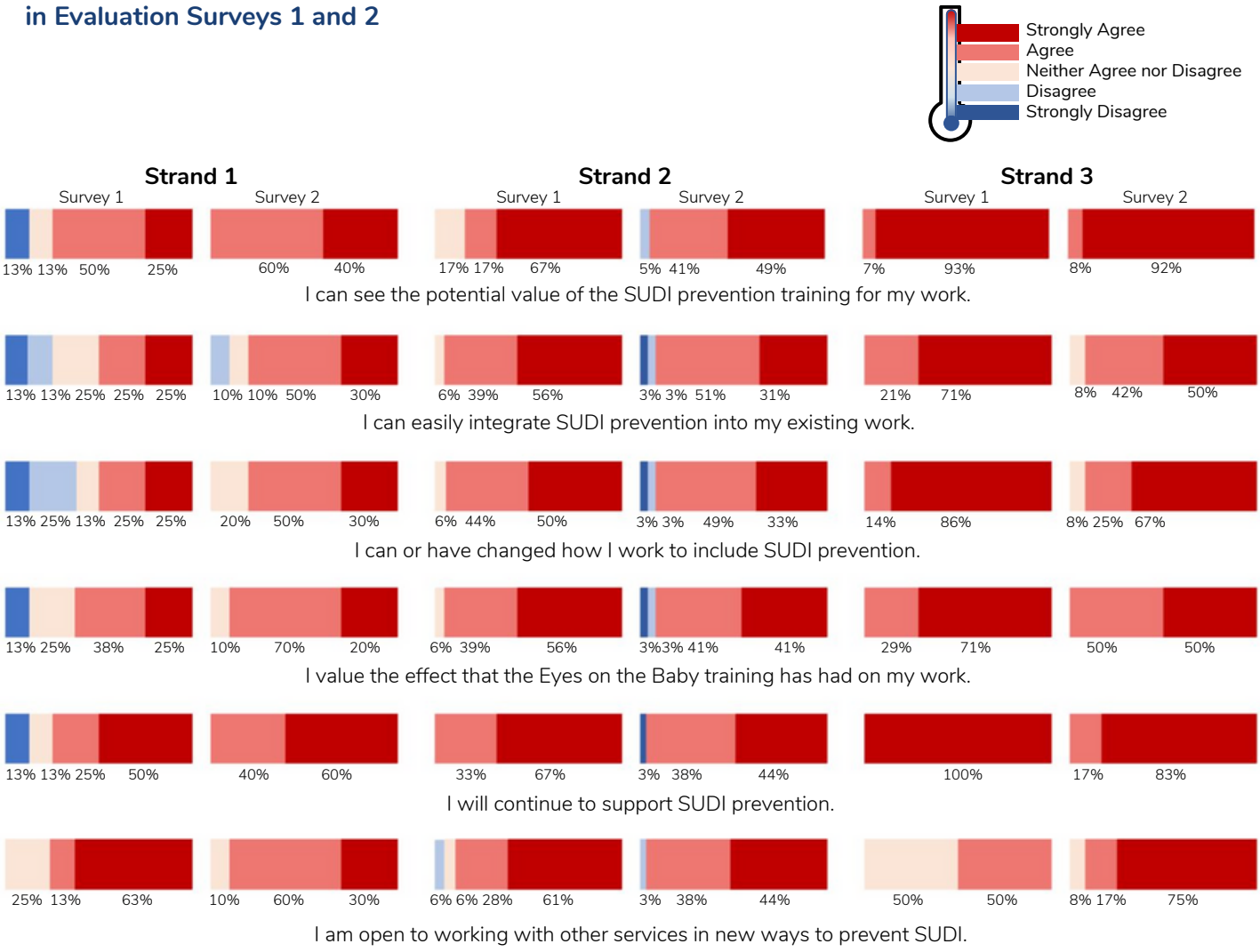
Commitment to Implementation

Strand 1 respondents (n=9) completing the first survey agreed they would support SUDI prevention, were open to multi-agency SUDI prevention, and could see the value of SUDI prevention for their work, while a smaller proportion (50-65%) agreed that they valued the effect of the training on their work, that they could easily integrate SUDI prevention in to their work, or that they had changed how they worked to incorporate SUDI prevention. By the second survey, commitment had increased, with 100% of Strand 1 participants (n=11) reporting they would continue to support SUDI prevention, and could see the potential value of the SUDI prevention training, and 80-90% agreeing with all remaining questions.

For Strand 2, commitment to implementation was high from the outset. A greater number of Strand 2 respondents completed the follow up surveys (survey 1 n=18, survey 2 n= 43), with 84-100% responding positively to all questions, indicating strong commitment to SUDI prevention also reiterated in survey 2.

Strand 3 participants were already committed to SUDI prevention as part of their normal roles and 100% strongly agreed they would continue to support SUDI prevention, agreed on the value of SUDI prevention training, the effect the Eyes on the Baby training had on their work, that they could easily integrate SUDI prevention into their work, and that they had changed how they worked – however (and surprisingly) only 50% agreed that they were open to working with other services in new ways to prevent SUDI, while 50% expressed a neutral response. Positively, by survey 2, Strand 3 participants still expressed a high level of commitment to SUDI prevention, with the vast majority (92%) also agreeing that they were open to multi-agency working.

Figure 6.3 Responses to questions on Commitment to Implementation in Evaluation Surveys 1 and 2



Implementation experiences in the workplace

Strand 1 participants (63%) felt there were sufficient resources and training for staff to implement SUDI prevention in their workplace and 51% were aware of cases where Eyes on the Baby training had an impact on vulnerable families in their service.

72% of Strand 2 participants felt there were sufficient resources and training to enable staff to implement SUDI prevention in their workplace and 50% knew of cases where Eyes on the Baby training impacted on vulnerable families. Most participants felt that integrating SUDI prevention into their existing work would be easy and this proportion remained high in survey two.

56% of Strand 3 participants felt that there were sufficient resources and training to enable staff to implement SUDI prevention in their workplace but fewer (28%) were aware of cases where Eyes on the Baby training had an impact on vulnerable families in their service. The majority of participants (92% in both surveys) felt that integrating SUDI prevention into their existing work would be easy.

Figure 6.5 Examples of how Eyes on the Baby training had been used by survey respondents

Paramedic
Offered guidance on how to prepare the blanket safely and where to ensure baby is positioned for sleeping. We discussed appropriate sleeping options within the home and also noted the presence of a house cat which I was able to offer guidance on. The parents appeared reassured and thankful for the information. I signposted the parents to local baby groups and postpartum services.

Housing Project Officer
I co-ordinate training and safeguarding leads therefore I have been sharing the training opportunities, resources and updates with our staff and the wider housing provider partners.

Early Help Practicioner
Decision Tree used, handouts given to parents on safer sleeping, non judgemental discussion followed and an offer made to provide a bed. The family were using the sofa as a short term measure due to disturbed sleep patterns of siblings. The child had a bed in his bedroom and the discussion highlighted the need for the child to return to sleeping in it.

Community Midwife
I've now been able to confidently discuss co sleeping safely with families.

Engagement with SUDI Forums

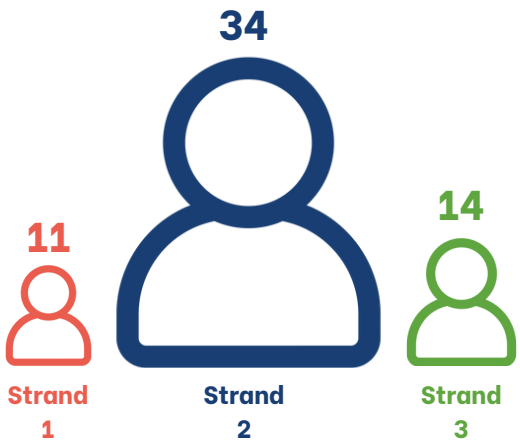
SUDI forums were held online every 6-8 weeks once training had begun. They were run by 2-3 members of the project team and a £20 voucher prize draw was offered for attendees in recognition of staff giving their time to the project. The forums had three aims:

1. **To offer the opportunity to ask the project team questions about SUDI prevention**
2. **To facilitate a 'community of practice' for discussing SUDI prevention with other participants across teams from the same and other strands**
3. **To give the project team feedback on what people thought and how the project was working**

Invitations to attend SUDI forums were sent to everyone who was registered for training, meaning those who registered early on in the project were invited to multiple meetings. Five SUDI forums were held between November 2022 and April 2023, with 59 staff participating--the majority being from Strand 2. The initial forum was well attended and very effective with staff discussing issues in small groups using breakout rooms, then sharing summaries with the full group. However in later sessions staff sometimes confused the forums for the training itself and turned up expecting to take part in a training session.

Many attendees did not turn on their video and provided little to no input in the chat, making it hard for the project team to gauge engagement. The resulting environment was not conducive to open discussion. Low attendance and poor interaction combined with some confusion over the purpose of the meetings meant that ultimately they did not work as communities of practice.

Figure 6.4 Attendance at SUDI Forums by training strand

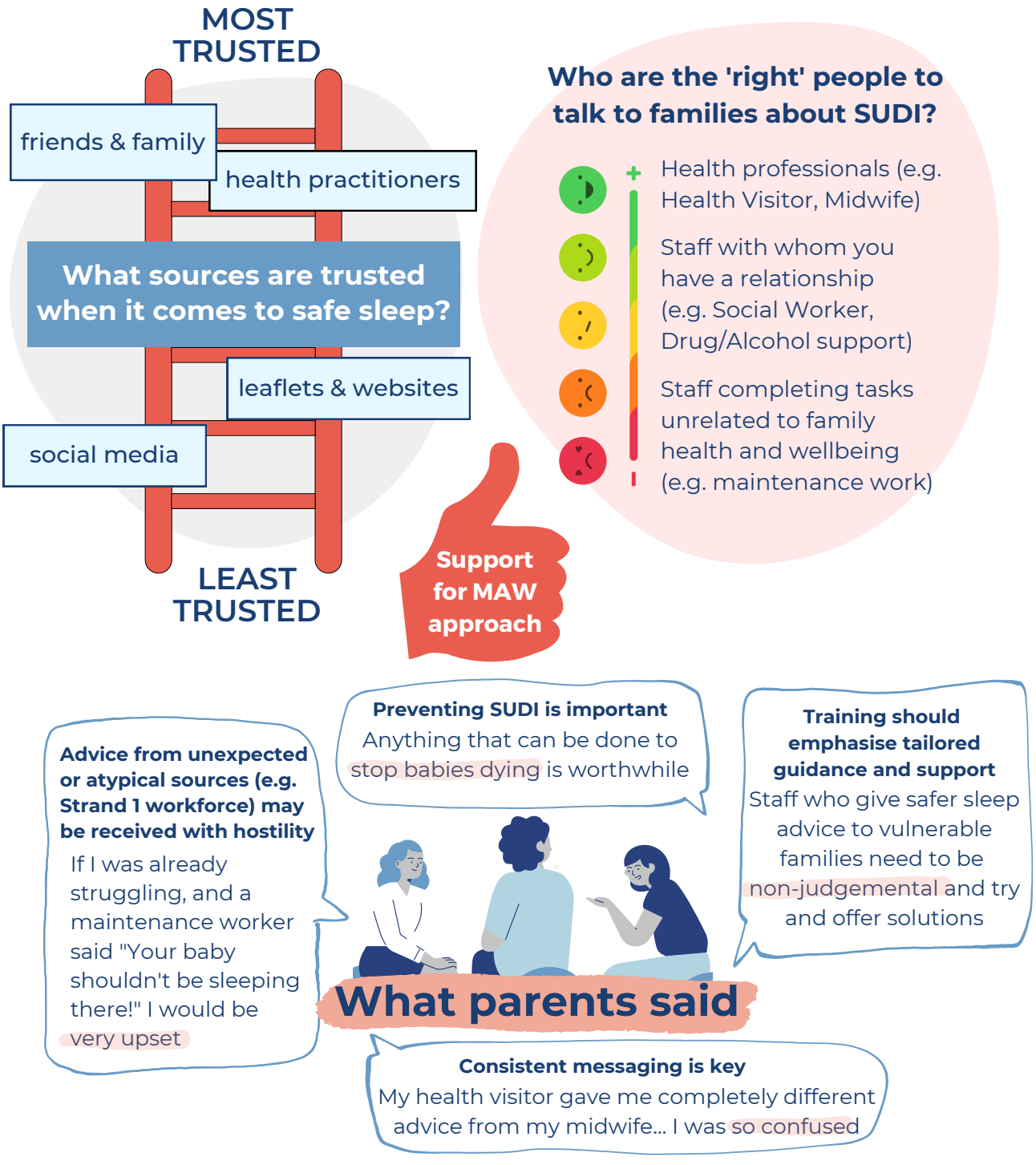


Views of Parents and Community Members

Patient Involvement & Community Engagement (PICE) was carried out at Parent & Baby Groups to assess the responses of parents in County Durham to the MAW approach to SUDI prevention. We attended 7 groups and talked to 20 local parents.

Parents were generally in favour of the MAW approach, but were not keen on receiving safer sleep information from staff whose jobs were unrelated to health or well-being (see Figure 6.5).

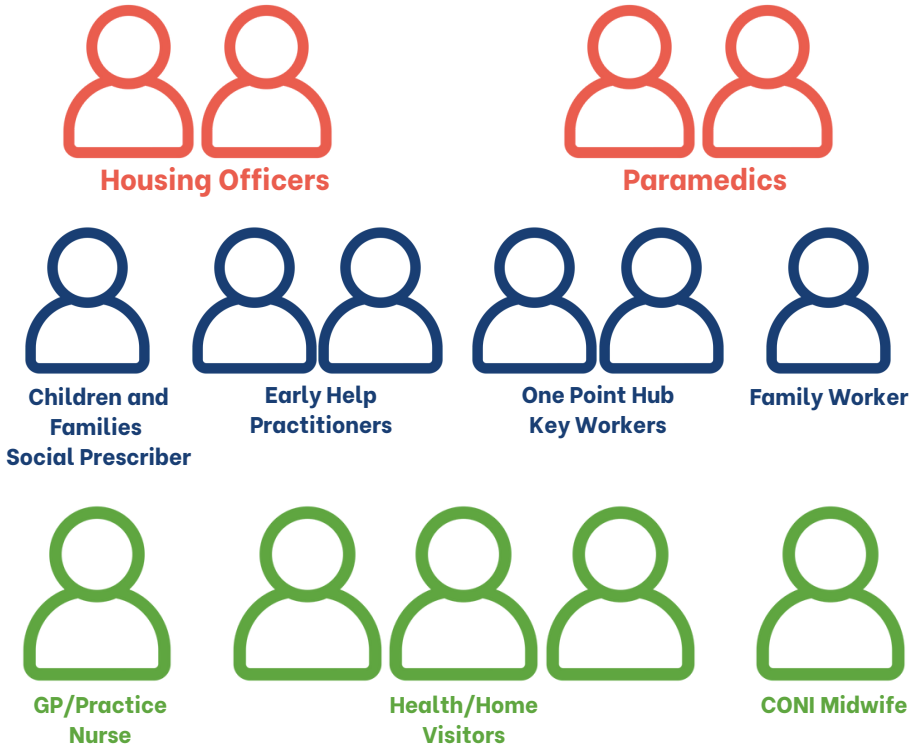
Figure 6.5 Feedback from parent-baby groups on MAW for SUDI prevention



SUDI Champions -- engagement & interviews

Fourteen members of the MAW (four Strand 1, six Strand 2, five Strand 3) volunteered to become SUDI Champions, although one of the Strand 3 Champions subsequently dropped out due to workload. The breakdown of roles occupied by SUDI Champions is shown in Figure 6.6. SUDI Champions ensured that all of the Eyes on the Baby resources and newsletters were distributed to staff and were stored in a central digital location. They also began to consider how to integrate the Eyes on the Baby resources into the everyday practice of their team.

Figure 6.6 SUDI Champions volunteered from a range of roles in all 3 strands



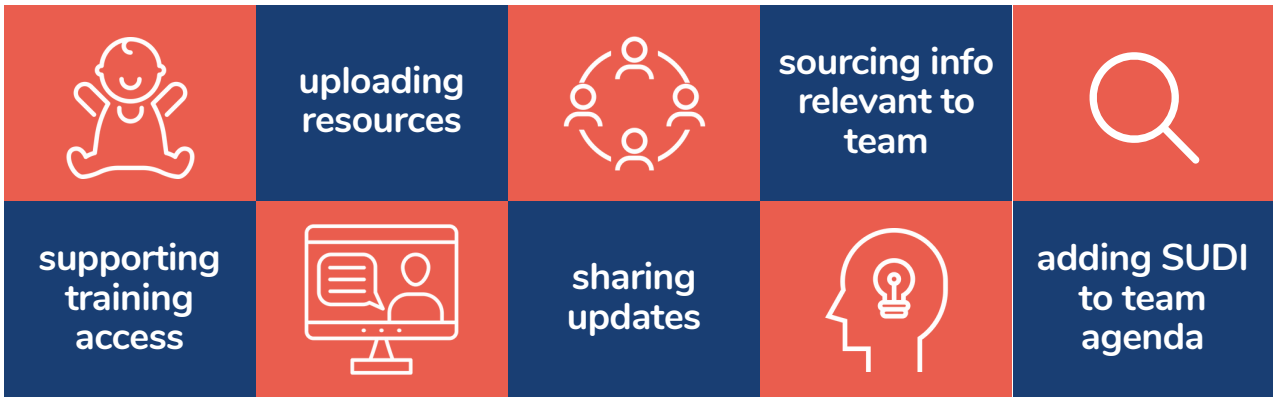
The SUDI Champions were invited to participate in semi-structured interviews. Those who accepted (two Strand 1 – housing officer, paramedic, one Strand 2 – early help practitioner and one Strand 3 – health visitor) were mainly frontline staff who had frequent contact with families though one participant was a member of the strategic support team for housing. Being a Champion was a familiar concept, as there are a range of 'champions' for different workplace initiatives; as such the concept of what may be involved in the role was already established.

The role was seen positively, and it was actively chosen due to its compatibility with roles that have high contact with families in the pre and post birth period. SUDI Champions with a team leader or more strategic role were more likely to consider dissemination strategies and the challenges of keeping SUDI prevention knowledge and awareness at the fore of colleagues minds. Being a team leader as a SUDI Champion was seen as advantageous due to being well placed to share information through team email and being responsible for setting the agenda for team meetings.

Buy-in and support from senior leaders was felt to be strong and evidenced by one manager sharing the training during a team meeting, the Eyes on the Baby Project team being invited to a staff briefing, and a strategic manager meeting to promote the project. Champions across a range of areas were allocated a regular slot in team meetings each month.

"if I needed to take any time up to do anything around the SUDI, my manager will definitely give me that time to do it"

SUDI Champions described supporting their colleagues in similar ways



The SUDI Champion role was not considered to impact on workload, and it was noted that the resources provided by the project team were very good and could be distributed without needing to be redesigned suggesting that the resources are sufficiently generic to be used across different MAW. Two participants described having capacity to set some time aside for the role though it was acknowledged that individuals with a caseload often have to deal with unexpected time demands and may not be able to also manage the SUDI Champion role.

Having a central digital repository for SUDI prevention information and tools was seen as helpful in facilitating staff access, though the need to regularly check they remain accessible requires consideration. It was noted that having resources in more than one place was important for busy colleagues to facilitate access. For example, on the safeguarding site, the training site, referrals site, and in inductions for new staff. One Champion explained that their team used only paper-based resources due to inconsistent Wi-Fi access when visiting homes.

"The thing is, with our service, I think sometimes you need to put things more than one place because people are just so busy and their e-mail box inboxes get that full that it's easy to miss things".

The challenge of sustaining staff awareness of SUDI prevention was raised for MAW who do not always have pregnant mothers or babies in their caseload. This is exacerbated by high staff turnover and growing organisations. Embedding the SUDI prevention training within regular safeguarding training was seen as beneficial. Having the training online and it being of short duration made it accessible to staff. Being able to access the training at any time was seen as a facilitator as it could be fitted into a busy schedule.

"I think if they're regularly informed and updated on things, it will refresh their memory because sometimes they don't have any unborns or babies on their caseload, so then they may forget slightly"

SUDI Champions emphasised the existing multi-agency nature of their teams and the importance of multi-agency working in their services.

Team Leaders -- engagement & interviews

Staff who signed up two or more multi-agency workers to complete the training were identified as 'Team Leaders' (n=31), with the potential to influence both uptake and implementation of SUDI prevention training. Team Leaders received an update on their team's completion rates 4 weeks post-registration, and were invited to complete a separate follow-up survey. Of the 31, 10 completed the survey and 1 was interviewed, with representation from all three strands.

Team Leaders expressed:

- **Widespread support for the training and a MAW approach**
- **Confidence that teams could integrate SUDI prevention into practice**
- **Recognised opportunities for staff to have impact**

Survey outcomes demonstrated overall support for the training package and a MAW approach. Some teams and Team Leaders were already engaged in some SUDI prevention, but even those who were not thought that it could be integrated into existing work and had confidence that their teams would be able to use the training to do so.

'We felt that it was important that we're covering all aspects because what we find is that parents ask us for different pieces of information that we may not necessarily have known about or be kind of up to date with'.

Although non-health MAW staff who work with families are often asked about topics such as infant sleep, they may not have access to current, evidence-based information, and they may not focus on SUDI prevention. Following the training, staff proactively implemented SUDI prevention where before it had not been a focus. They also recognised their potential to impact sleep safety decisions. Non-health MAW may be less restricted by the frequency and duration of scheduled visits than their health colleagues, and may also focus on wider family networks rather than just a baby's main carer.

'if we need to stay in there longer then we can do that and we can carry on just revisiting, and if we've gotta do something two or three times then we're happy to relay that message until we're confident enough that that family [understands].'

There were a couple of survey respondents who indicated that although they supported the MAW approach, and saw the value and relevance of SUDI prevention for their team, they did not have a clear understanding of their part in it. Future approaches could better communicate the role of middle and more senior managers in supporting staff to complete the training and implement it in practice.

The Steering Committee

Michelle Baldwin
Public Health Strategic Manager for Starting Well

Jac Tyler
Strategic Manager Childrens' Social Care

Jenny Ward
Chief Executive Lullaby Trust

Fiona Roberts
Specialist Midwife for Infant Feeding

Hayley Cormack
Intensive Family Support Manager

Dorothy Newbury Birch
Professor of Public Health

Jan Fulford
Service Manager for 0-25 Family Health

Anne Holt
Associate Director of Governance, Family Health Care Group

Nicola Cleghorn
Designated Dr Safeguarding Children, NENC ICB

Members of the Steering Committee (SC) were stakeholders in relevant services and worked in collaboration with the academic team to co-produce this MAW SUDI prevention approach in a variety of ways. Two members of the SC had been involved in the initiation of the project in County Durham prior to the involvement of the academic team. One recalled that planning for MAW for SUDI prevention was initiated in Co Durham by the Child Death Overview Panel in 2021 when the local Designated Doctor for Safeguarding and the Matron of Family Health were tasked with finding ways to reduce unsafe infant sleeping in Co Durham.

Steering Committee -- engagement & interviews

All stakeholder members of the Steering Committee were invited to undertake semi-structured interviews with the academic PI (HB) during the last month of the project. Seven individuals participated.

Prior to joining the Eyes on the Baby SC SUDI prevention was not a workplace priority for the local authority strategic managers. While it was a moderate priority for SC members with NHS roles (2) and a high priority for those working directly in roles involving child deaths (2) it was lower on the agenda and considered primarily the domain of health professionals by those running family-facing council services (3). SC members in health-facing roles (4) felt well informed about the inequalities apparent in sudden infant deaths, however local authority strategic leads and managers had been on a steep learning trajectory (3).

"This [project] has been quite an eye-opener for me -- interesting and informative -- as historically I have not had a lot to do with it [SUDI prevention] at all".

Members of the SC found their involvement to be transformative -- exposing them to new ways of implementing SUDI prevention, and sharpening their knowledge of infant sleep risks and vulnerable families. They felt their staff, in both health care and social care roles, had gained renewed confidence and were better equipped to have conversations about SUDI prevention because of their involvement.

"The staff absolutely accept that it's everybody's responsibility ... and they can see that where we have a lot of interactions with families, especially prebirth or in those first few weeks and months, they definitely think it's their responsibility to have those conversations".

Those SC members whose work gave them the opportunity to observe the engagement of the MAW for SUDI prevention on a broader scale reinforced the local perception that the SUDI prevention landscape, at least in the UK, is gradually shifting.

"The world is becoming a bit more open to the fact that we cannot leave this all to health -- they don't have enough contact with the most vulnerable families -- or even any families -- it is becoming a bit easier to get the idea of MAW into people's minds".

Participants reflected on the practicalities of implementing the MAW approach to SUDI prevention and the following themes emerged.

Co-production and collaboration

A universal sentiment expressed by interviewees was the importance of the diversity of roles and experience reflected in the membership of the project SC. This was felt to be one of the key foundations for a successful MAW project – that the stakeholders involved in driving the project represented and had contacts with the diverse staff groups who would be recipients of the training and become engaged in SUDI prevention. There was enthusiasm from the SC at the outset of the project to cast the MAW net widely to ascertain which staff groups would and would not engage and give everyone the opportunity to envisage a role for themselves in this work.

This 'wide net' was part of the initial brief from the local CDOP, to consider who were the most vulnerable families in this area, and to think about who worked with those families most closely.

Interview participants appreciated the opportunity presented by their involvement in the SC to forge links across services that "didn't exist in County Durham beforehand", while the broad reach of SUDI prevention as now being 'everybody's business' resonated in key partner agencies. One stakeholder who had had been involved in the early initiation of this work reflected upon engagement with academia as part of the co-production approach noting:

"It's taken the project somewhere we hadn't expected it to go to when the initial conversations were happening in CDOP, and I see that as a very strong positive really."

Working in collaboration with academics was a novelty for many members of the SC, an experience that they found to be 'useful' and 'enjoyable', and would like to do again.

Initiating & sustaining change

Stakeholders reflected during interviews on the process of initiating and sustaining change within the workplace, how big a change we were asking staff to make, and what would be needed to ensure these changes became embedded in everyday working practices. Some interviewees running local authority services had made substantial progress with this work by the time of these interviews, and the importance of engaging the right people early was clearly recognised.

"Like most change management, it's getting those early adopters and early implementers and engaging with senior managers."

Within family social care and family centres interviewees reported clear examples of engagement, as both pre-birth and post-birth services and early help teams had stepped quickly into the early adoption and implementation space, using the opportunity presented by the training to review all of their intervention packages with targeted groups of families.

"We've got like the standard pathway at the moment, but we're looking at having a pathway of intervention for 15–16-year-olds, for parents with learning disabilities, parents with, you know different needs or risk factors such as substance misuse, etcetera."

"It's really early in terms of showing that longer term impact, but we can see the conversations have changed in relation to this. We aren't thinking about an add on or saying we need to think about it. We are doing it. It's already more entwined, I think."

Likewise, there were indications from another SC interviewee that those in the foster care service were enthusiastic early adopters following engagement with the training.

"[Who are the early adopters?] "Foster carers who've done the training, it is very clear that they are. They have embedded it into their practice and one foster carer who works with families was very clear that she would be offering that support and advice to the families when the children move back to them."

For interviewees in health service roles, managing the process of change was somewhat different. Despite being overwhelmed with existing workloads, health services staff needed to receive reassurance from their service managers that involving the MAW in SUDI prevention would not dilute their own role in this regard or result in mixed messages.

"The workforce are starting to recognise that actually there's a lot of work out there, there's a lot of vulnerability and there are many people who can actually help. It's everybody's business. They [Health Visitors and Community Midwives] can't do it all. So yes, I think we're going into a stage where people are beginning to recognise all of that.

Responses of staff to MAW

SC members reflected on the responses of staff as the training programme began to be introduced to the workforce. One of the strategic leads asked members of her team to review the training packages, receiving very favourable feedback, while another commented on conversations with colleagues.

"One of my team -- she's worked with many vulnerable families historically. And she reviewed the whole programme and she says "That's excellent. That's excellent", she says. It's clear. It's honest. It was really valuable. And once you know what it is, the name of it 'Eyes on the Baby', is perfect."

Like the health practitioners mentioned above who were concerned about SUDI prevention work being expanded to social care practitioners, some family services and social care staff likewise were surprised by the inclusion of members of the workforce whose role did not involve offering direct family support (e.g. housing officers, domestic abuse teams, paramedics).

"I think they [members of my team] were quite shocked that the training was gonna be that far reaching, but I think they could see clearly why that was really important to do".

The uptake of Strand 1 training by paramedics, housing officers and others indicated to SC members that there was definite value in including them in SUDI prevention work; they could see tangible evidence of an investment from partner agencies and the wider workforce.

"When I reached out to some of our housing colleagues, substance misuse and others--and public health did as well--there was a keen uptake of wanting to get people involved."

"We managed to get and quite a lot of professionals from Strand 1 involved in the training and I think that is a real success ... getting them to realise that this was part of their responsibility as well."

As noted previously, some staff completed the training individually as and when they had the time, and others being allocated protected time during group sessions. Interviewees recognised that offering a range of approaches meant staff who had autonomy over their workday could fit the training in around other commitments, while others benefitted from scheduled group training sessions that they were expected to attend.

"I usually do mine 6:00 o'clock at night or you know stupid o'clock in the morning when I've got them to do rather than taking up time when I'm at work cause I don't have that capacity. So I think there's different ways in terms of how we can think about delivery and then measure that afterwards."

"Feedback within my area of the service was that people felt that it definitely worked better during the training as a group. I saw that obviously when [project team member] came to my centre 'cause that sparked quite a lot of conversation afterwards within that group of professionals."

Barriers to participation

Interviewees reflected on the barriers they had encountered in engaging staff groups that they had initially anticipated would see the value of a MAW approach to SUDI prevention. Staff turnover came up in several interviews, both in reference to key leaders who had supported the project, and in terms of keeping SUDI prevention on the agenda in services with heavy staff workloads and high turnover. This was a particular issue in primary care, with both Health Visitors and GPs feeling overstretched and lacking in capacity to engage in SUDI prevention training, despite potential for these roles to have a real impact.

"People sometimes haven't got head space, and when they think of training, they think oh god, I haven't got time for any of that."

Future Commitment & Spreading Innovation

All SC interviewees expressed their commitment to the future of MAW SUDI prevention, either locally in County Durham or by spreading the information about this approach regionally or nationally. At a local level stakeholders were keen to see Eyes on the Baby continue past the end of the funded-pilot phase, with the training made available to the MAW via the Durham Safeguarding Children Partnership training website, overseen by the multi-agency workforce development and learning group and implemented by the DSCP Learning Development Officer. Some interviewees felt Eyes on the Baby should become a mandatory course for all members of the workforce who might have contact with families who have babies as part of their annual safeguarding training to ensure SUDI prevention was on everyone's radar.

It was recognised by many of the stakeholders that more time was needed to embed this approach within teams in County Durham, that ongoing evaluation was needed past the end of the project to capture evidence of change in a range of settings, and that SUDI prevention may drop off the MAW radar without enthusiastic and committed leadership from the local authority.

On a regional or national scale several participants articulated the need to spread the word about MAW SUDI prevention, and to make Eyes on the Baby available to other local authorities or to scale it up as a national programme.

My colleagues elsewhere [...] have been very interested, particularly about the multi-agency aspect of it. They're the ones that have directly approached me to talk about it."

"I definitely think it's a national thing. It's not something that's isolated to Durham in relation to this study, is it? .... It's wherever there's clusters of deprivation you've got this issue. And that is across the board."

7

Discussion

Since the recommendation of the 2020 Child Safeguarding Practice Review Report that SUDI prevention among vulnerable families be brought under the multi-agency safeguarding umbrella, only a handful of local authorities have attempted to implement a MAW approach for SUDI prevention. None have publicly documented and evaluated the process of implementation to date. The Eyes on the Baby project co-produced, piloted, and evaluated a MAW training and implementation programme in County Durham; this report shares the learning from this process.

To focus as many eyes on vulnerable babies as possible we collaboratively and deliberately produced SUDI prevention training and implementation tools for a wide range of multi-agency staff. These were designed to help staff to offer resources, discussion and support around SUDI prevention, over and above the universal education provision provided by midwives and health visitors. Staff in family-facing services enthusiastically embraced the opportunity for training and to implement this into practice. Interviews with key stakeholders reinforced the picture provided by follow-up surveys, of high levels of commitment, collective working and enthusiasm for SUDI prevention work among Strand 2 staff.

For staff in Strand 1 implementing SUDI prevention was a new ask, although some had familiarity with MAW from previous initiatives. While some key teams did not engage in this project (notably Police) others seized the opportunity. Although some staff were dubious about their potential to impact SUDI, the majority showed commitment and engagement and evaluated their involvement very positively. Future iterations of this or similar projects should engage stakeholders from Strand 1 on the Steering Committee from the outset to ensure buy-in.

Despite large numbers of health practitioners being signed up for the training programme by managers, only a small proportion took up the offer – and half of those that completed the evaluation were initially cautious about MAW involvement. For non-health practitioners the project presented an opportunity, and those who could see a role for themselves enthusiastically embraced it. For the health visitors and midwives, however, there was some concern about others doing this work, despite the heavy workloads health visitors and midwives are experiencing, and the increasing numbers of vulnerable families on their case-loads. Happily, by the 2nd survey those health practitioners who had engaged with the training had resolved their concerns and embraced MAW SUDI prevention. In future iterations of the project, it will be important to better explain how engagement with Eyes on the Baby could benefit midwives, health visitors, and other health practitioners while not removing their responsibility for delivering SUDI prevention to all families.

As a co-produced research project Eyes on the Baby secured buy-in from a wide range of professionals in social care, health care, safeguarding and academia who worked together to devise a tailored SUDI programme that suited the needs of the local context. Steering Committee members enthusiastically engaged in the project and took their stakeholder roles seriously, using their status and connections to promote Eyes on the Baby to their colleagues and staff, and setting expectations that the MAW over whom they had influence would engage with training and implementation. Although further work is needed to embed MAW for SUDI prevention in County Durham and establish sustainability, we consider this project to have been a successful first step.

References cited

1. NHS Digital (2019). Child Death Reviews: year ending 31 March 2019. https://digital.nhs.uk/data-and-information/ publications/statistical/child-death-reviews/2019/content (accessed 9.1.23)

2. Child Safeguarding Practice Review Panel (2020) Out of Routine: A Review of SUDI in families with children at risk. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901091/DfE_Death_in_infancy_review.pdf(accessed 9.1.23)

3. National Child Mortality Database Programme Thematic Report (2022) Sudden & Unexpected Deaths in Infancy & Childhood https://www.ncmd.info/wp-content/uploads/2022/12/SUDIC-Thematic-report_FINAL.pdf (accessed 9.1.23)

4. Sudden unexpected death in infancy: a multi-agency protocol for care and investigation. London: Royal College of Pathologists, 2004.

5. May, C. and Finch, T. (2009) Implementation, embedding, and integration: an outline of Normalization Process Theory, Sociology 43 (3): 535-554.

6. NIHR (2021) Briefing notes for researchers - public involvement in NHS, health and social care research. https://www.nihr.ac.uk/documents/briefing-notes-for-researchers-public-involvement-in-nhs-health-and-social-care-research/27371?pr= (accessed 02/05/2023)

7. Finch, T.L., Girling, M., May, C.R. et al. (2018) Improving the normalization of complex interventions: part 2 - validation of the NoMAD instrument for assessing implementation work based on normalization process theory (NPT). BMC Med Res Methodol 18, 135. https://doi.org/10.1186/s12874-018-0591-x

Recommendations

Our experiences designing and delivering Eyes on the Baby for County Durham give rise to the following recommendations for developing a multi-agency SUDI prevention approach.

1. Establish **clear and simple communications** around the purpose of the project: e.g. preventing infant deaths is everybody's business. This helps staff to understand their role. Our aim was for everyone to keep their 'Eyes on the Baby' in whatever context they were working.

2. Cast the net wide and **invite all members of the workforce** who may have contact with potentially vulnerable families to be involved (and define who these may be). Those who provide support in a crisis are particularly important as they are often involved with families who are 'out of routine'.

3. Consider **a graded training approach** that provides staff with sufficient information to perform the required tasks for their role without being too much to recall.

4. Set **clear expectations** about the type of SUDI prevention activities each job role is expected to take on. We used short phrases such as 'Observe, Remind, Refer'. 'Listen, Ask, Support'.

5. Consider **tailored communications for specific job roles** you want to engage, explaining how their area of work is linked to SUDI prevention.

6 **Engage strategic management** by providing email content and links to circulate to their teams, and where possible encourage them to speak to staff directly in support of MAW SUDI prevention.

7 Engage parents, families and community members in conversation around multi-agency SUDI prevention and **invite their input**.

8 Provide staff who are new to SUDI prevention with protected time to complete the training and discuss it with colleagues, and ensure all staff have clear referral pathways.

9 Consider implementing a Champions approach to **facilitate buy-in** within teams; provide resources and a dedicated contact within the implementation team.

10 Be aware that health practitioners with established SUDI prevention roles need clear explanation of **why** other workforce members are being asked to engage in SUDI prevention. Explain that this is to **support and enhance** universal SUDI prevention delivered by health practitioners, not to replace it.

11 Establish **evaluation** of training and engagement at multiple time-points along the implementation pathway, and as an ongoing process thereafter. We found Normalisation Process Theory to be a useful framework for assessing how SUDI prevention was accepted and embedded among the MAW workforce.

12 Emphasise to all staff during the sign-up and training phase that engaging with evaluation and providing honest feedback is an important component of ensuring SUDI prevention is implemented effectively.

Eyes on the Baby
Multi-agency SUDI Prevention for County Durham 2023

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