Office for Health Improvement & Disparities

NHS North East and North Cumbria

ADPH North East

Sharing Event 19th May 2025

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

NIHR | Applied Research Collaboration North East and North Cumbria

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

Northumberland County Council

Growing Healthy | Harrogate and District NHS Foundation Trust | Durham University Infancy & Sleep Centre | DARLINGTON Borough Council | NHS County Durham and Darlington NHS Foundation Trust

Northumberland’s story

Welcome and Introduction

Nicola Cleghorn, Designated Dr Safeguarding Children, NENC ICB

Housekeeping

- Fire alarms
- Emergency exits
- Toilets
- Evaluation

The Importance of SUDI Prevention in our Region

Nicola Cleghorn

Designated Dr Safeguarding Children, NENC ICB (County Durham, Darlington, North Cumbria)

Child Death Reviews

- 2008 – Statutory review of childrens deaths from a multiagency lens
- Includes a multiagency process for ensuring lessons are learned from the deaths of children

Child Death Overview Panel

Child Death Overview panel

- Often chaired by Public Health
- Representatives from all agencies working with children

Aim is NOT to investigate deaths but to review and determine if there are issues which could be modified to prevent further deaths

CDOP Review

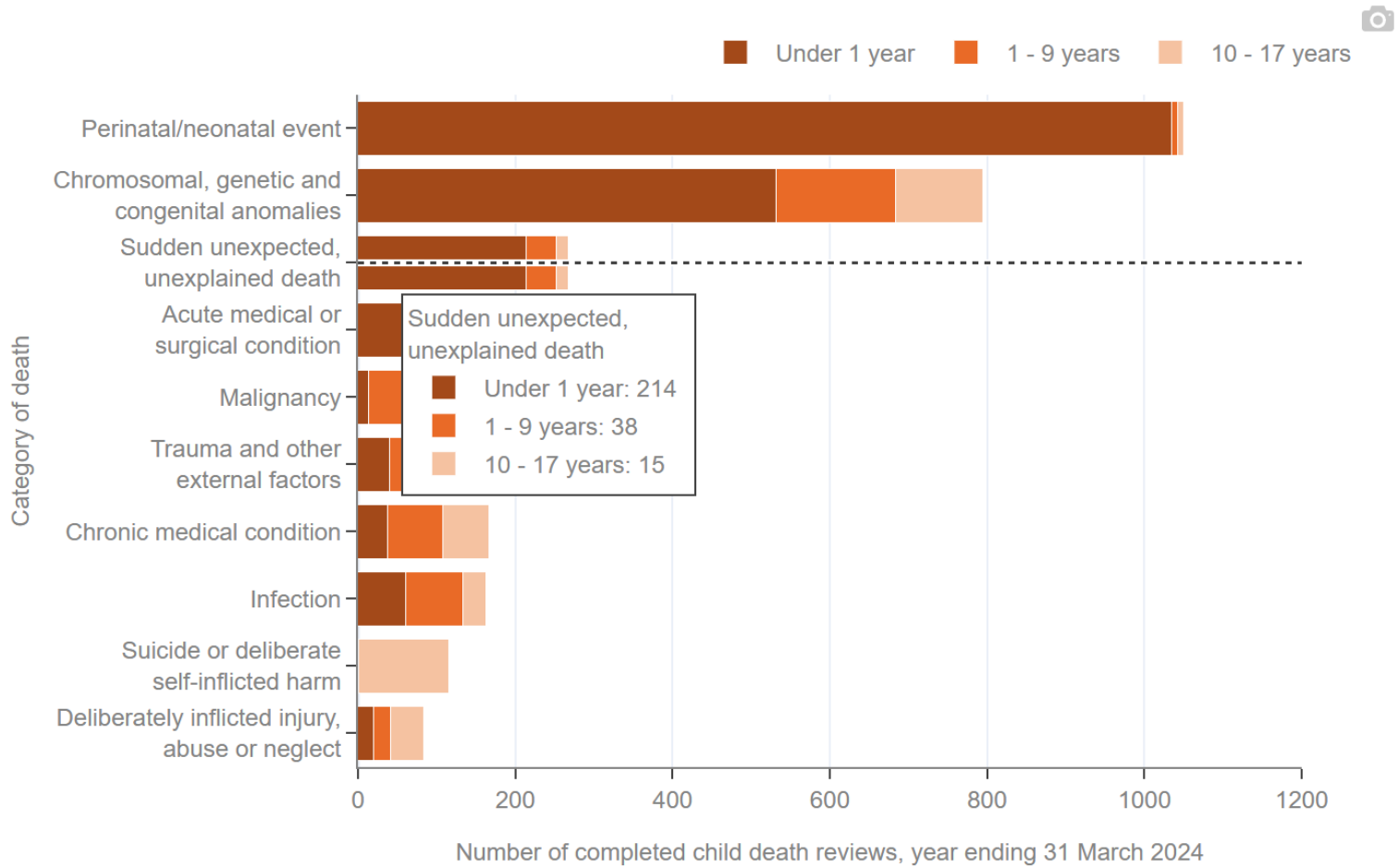
10 categories including accidental deaths, deaths from infection, genetic and chromosomal abnormalities

Category 10 – Sudden unexpected death

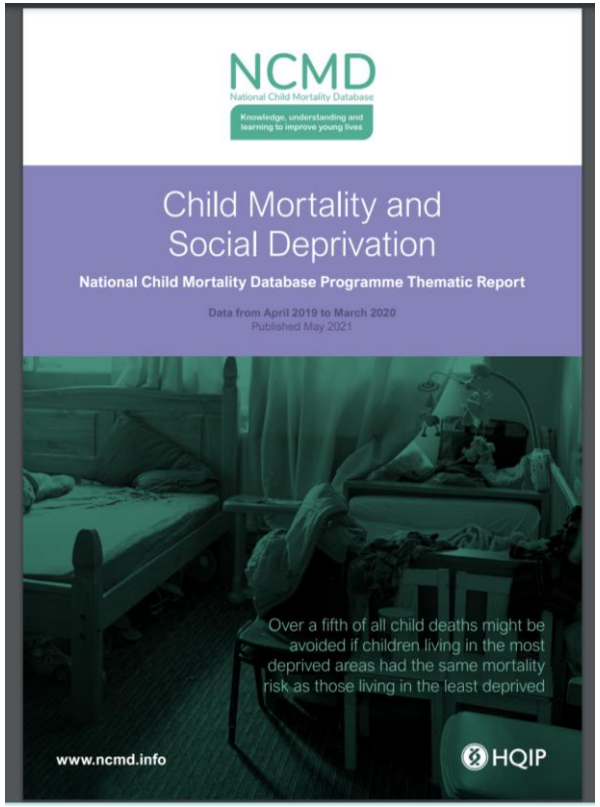
NCMD – Child deaths 2020-2021 in each category

Category and sub-category of death	Number of child death notifications received where the death occurred in the year ending 31 March		
	2020	2021	2022
Awaiting child death review	92	124	483
Child death review completed	3,347	2,947	2,983
Deliberately inflicted injury, abuse or neglect	67	53	36
Suicide or deliberate self-inflicted harm	124	135	118
Trauma and other external factors	146	149	139
Malignancy	266	263	247
Acute medical or surgical condition	189	183	179
Chronic medical condition	203	139	161
Chromosomal, genetic and congenital anomalies	821	645	741
Perinatal/ neonatal event	1,091	1,078	1,020
Immaturity/Prematurity related	*852*	*791*	*764*
Perinatal asphyxia	*128*	*125*	*115*
Perinatally acquired infection	*44*	*57*	*47*
Other	*67*	*105*	*94*
Infection	187	86	117
Sudden unexpected, unexplained death	253	215	225
Unknown	*	*	*

Figure 16. Number of child death reviews by CDOPs by primary category of death and age group, year ending 31 March 2024



Data Source: NCMD
www.ncmd.info/cdr24/



Key findings

Child Mortality and Social Deprivation

April 2019 to March 2020

NCMD
National Child Mortality Database

CLEAR ASSOCIATION between **RISK OF DEATH** and level of **DEPRIVATION** (all categories except malignancy)

Relative **10% INCREASE** in **RISK OF DEATH** between each decile of increasing deprivation (on average)

>1 in 5 CHILD DEATHS might be **AVOIDED** if children living in most the deprived areas had the same mortality risk as those living in the least deprived

INCREASED PROPORTION of deaths with modifiable contributory factors with **INCREASING DEPRIVATION**

1 in 12 CHILD DEATHS reviewed in 2019/20 identified **1 OR MORE** factors related to **DEPRIVATION**

EXEMPLAR PROJECTS highlighting strategies informed by recurring themes and local learning to **REDUCE MORTALITY**

RECOMMENDATION

Use the data in this report to DEVELOP and MONITOR the IMPACT of future strategies to REDUCE SOCIAL DEPRIVATION and INEQUALITIES

ACTION BY: Policy Makers, Public Health Services, Service Planners and Commissioners at local and national level

	Social deprivation (IMD Quintile)	Number of infant death notifications received where the death occurred in the year ending 31 March				
		2020	2021	2022	2023	2024
England						
	1 (Most deprived)	768	711	770	853	812
	2	527	470	507	514	499
	3	380	350	349	350	380
	4	270	247	287	294	283
	5 (Least deprived)	207	205	227	206	192
North East						
	1 (Most deprived)	48	42	50	60	55
	2	21	11	22	20	22
	3	8	11	10	10	9
	4	10	6	11	8	*
	5 (Least deprived)	5	6	8	5	*

SUDI

- 100% of the NENC ICB cases have modifiable factors
  - Co-sleeping
  - History of parental drug use
  - Other vulnerabilities
- 8 SUDI in the NE in the first 2 months of the 2024– all with a concern about co-sleeping and other vulnerabilities.

Interventions

1990’s Back to sleep campaign – reduced rates by 80%

Lullaby trust

Why do babies still die?

Today's new parents have little awareness of babies dying suddenly and unexpectedly

All should receive universal SUDI prevention guidance / safer sleep info before and after birth, but…

- Some do not engage with antenatal care or health visitor appointments
- Some forget the safer sleep info they have been given or don't tell partners or other carers
- Some are unable to implement the guidance due to lack of resources, temporary living arrangements, disruptions or other family circumstances

Deaths now cluster among babies in the most vulnerable and at risk families and babies who die tend to have multiple risk factors.

National Safeguarding Practice Review Report (2020) found families experiencing SUDI were already known to multiple services safeguarding, drug and alcohol, probation, care leavers, and mental health teams.

How to tackle it?

National Safeguarding Practice Review report (2020) recommended implementation of multi-agency working to enhance targeted SUDI prevention.

The County Durham SUDI Prevention Project involves the implementation and evaluation of a multi-agency workforce approach to SUDI prevention with vulnerable families and at-risk families.

This involves training local authority staff and staff of partner services who may encounter families whose babies are at risk and who need support to implement infant sleep safety, and supporting them to keep their Eyes on the Baby, remind families about sleep safety, and refer for support as needed.

We have developed 3 strands of training targeted to workforce members who have different roles – launched at beginning Oct 22, aiming to get staff in all 3 strands trained by Jan 2023.

Eyes on the Baby

Helen L Ball, Director, Durham Infancy & Sleep Centre, Durham University

Eyes on the Baby

A new approach to targeted SUDI prevention

Prof Helen Ball, Durham Infancy & Sleep Centre, Durham University

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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Northumberland County Council

Northern Accelerator

DARLINGTON Borough Council

NHS England — North East and Yorkshire

Despite the work of midwives and health visitors in giving parents Safer Sleep guidance, the deaths rates of babies in priority families, particularly those in poverty, remain high. Why the disparity?

1. Universal SUDI prevention relies on midwives and health visitors to deliver a ‘one-size-fits-all’ message to all families. But midwives and HV may not meet families who struggle to attend antenatal appointments and evade home visits by health visitors. And they do not have sufficient contact to establish trusting relationships.

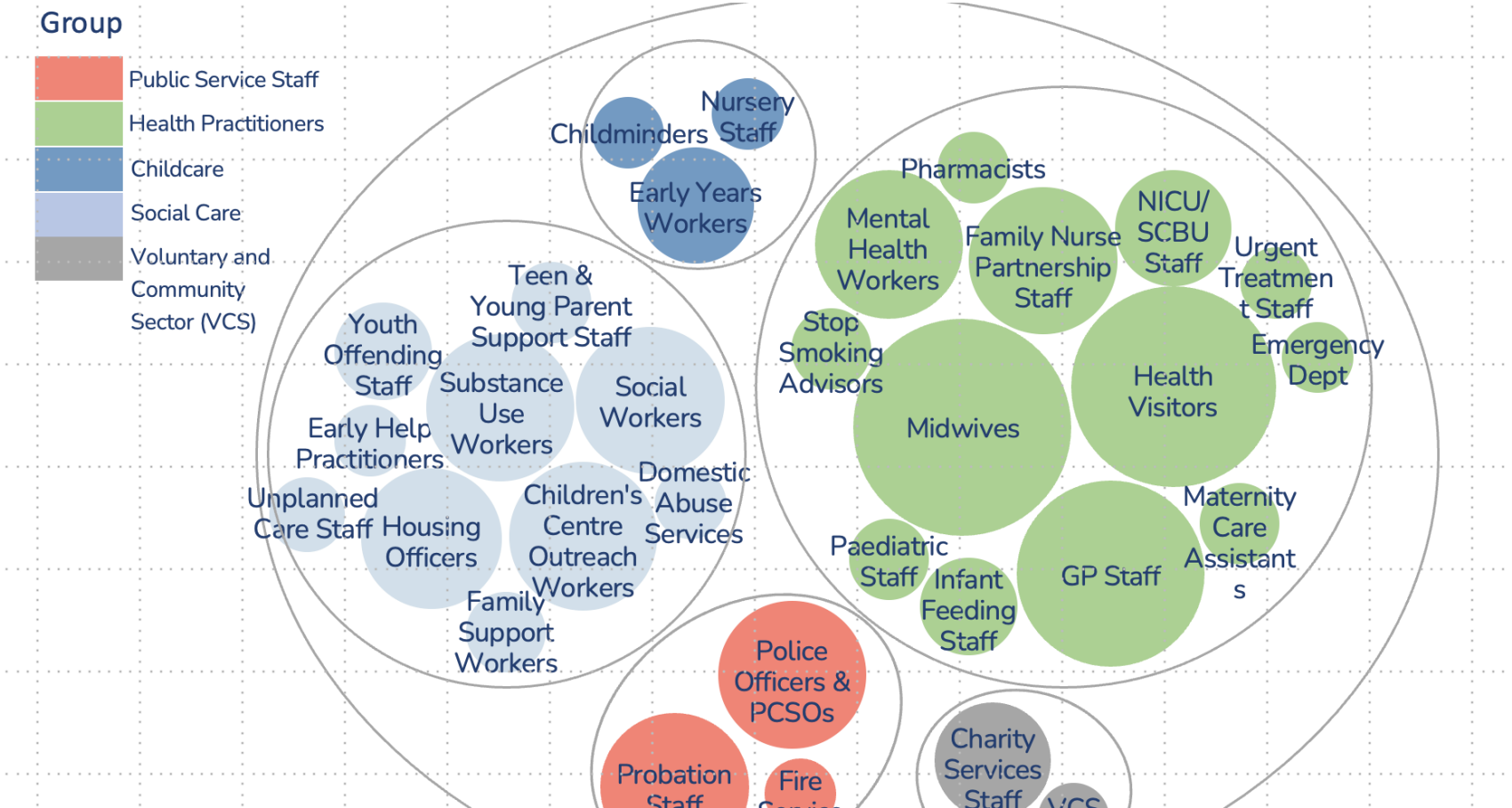
2. This approach relies on parents being able to provide their babies a safe sleep space, and to do so consistently for every sleep. It places the burden of responsibility for reducing the risk of SUDI on parents who are already struggling.

Other professionals across the multi-agency workforce engage with vulnerable families much more closely and regularly than health professionals.

Some have opportunistic contacts, while others develop trusting relationships over the course of many interactions.

***Eyes on the Baby* is a multi-agency training and implementation programme (TIMP)** that leverages the multi-agency workforce to nudge, signpost, and support priority families to implement safer sleep practices.

We do this by identifying relevant staff groups, upskilling them to help families implement safer sleep practices., and embedding SUDI prevention in their everyday work.



The Eyes on the Baby TIMP offers graded training for different staff groups, implementation strategies to embed learning into the workplace, resources to create a multi-agency 'community of practice', and evaluation materials.

The TIMP requires buy-in of LA senior managers and engagement of strategic leads to form a steering committee to support uptake and engagement. The SC determines which members of the MAW will receive training.

A local implementation team is designated to run the project, coordinate provision of online training on a local learning platform, ensure engagement activities take place, foster a cross-agency culture of SUDI prevention, and conduct evaluation.

2025 costs (12 months implementation support, indefinite access):

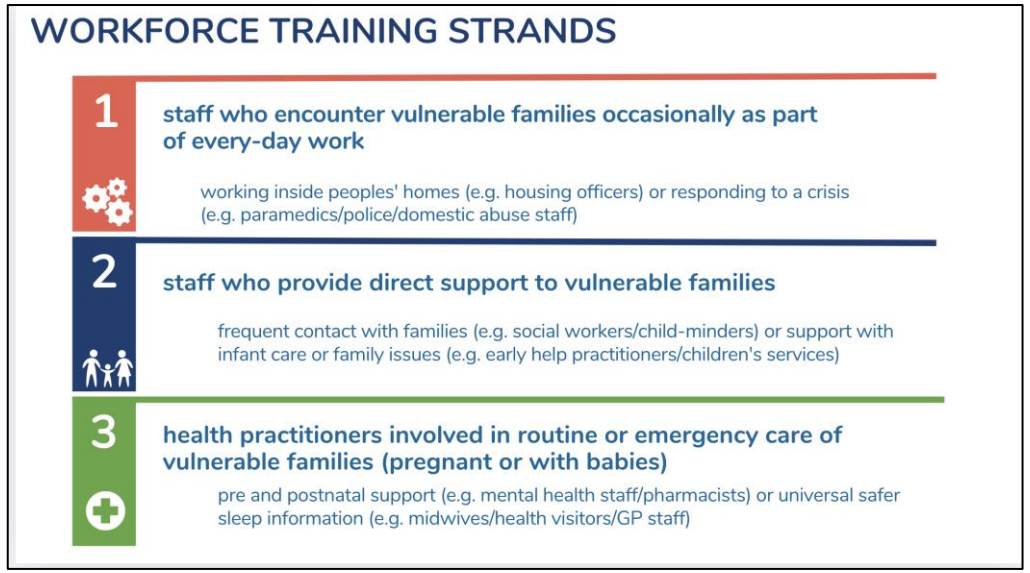
Implementation in one locality = 2 days a week of DU staff time. £ 16,000 each

Implementation in two localities = 3 days a week of DU staff time. £ 12,500 each

Implementation in three localities = 4 days a week of DU staff time. £ 9,000 each

We have created and provide all training materials and learning resources (7 evidence-based, expert-led training videos across 3 training strands, plus quizzes), support tools (checklists & decision trees), implementation manual and project planner, evaluation surveys, newsletter templates & content, and guidance on establishing a SUDI champions programme.

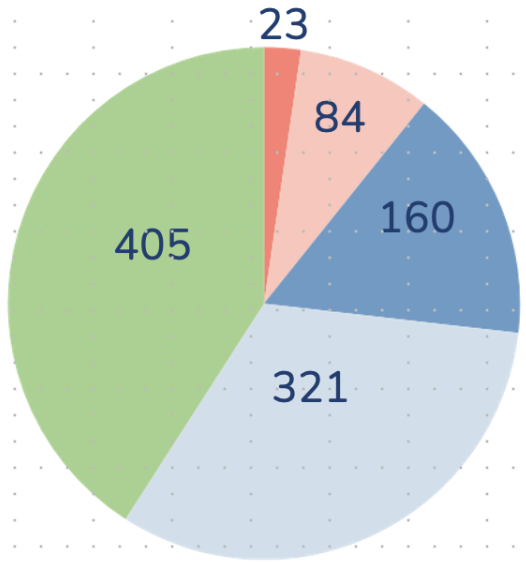
We deliver a half-day project workshop for strategic leads and implementation team members to support the programme delivery, identification of the relevant MAW, defining referral pathways, mapping timelines and sequencing of activities, troubleshooting and evaluation. DU support is ongoing throughout the first year of implementation.



We have implemented *Eyes on the Baby* across County Durham & Northumberland, and completed the first 'guided-implementation' in Darlington.

We have trained 600 police officers and community police support officers in Durham Constabulary. *Eyes on the Baby* has been adopted by the North East Ambulance Service (NEAS) for frontline paramedics (strand 3) and call-handlers (strand 1).

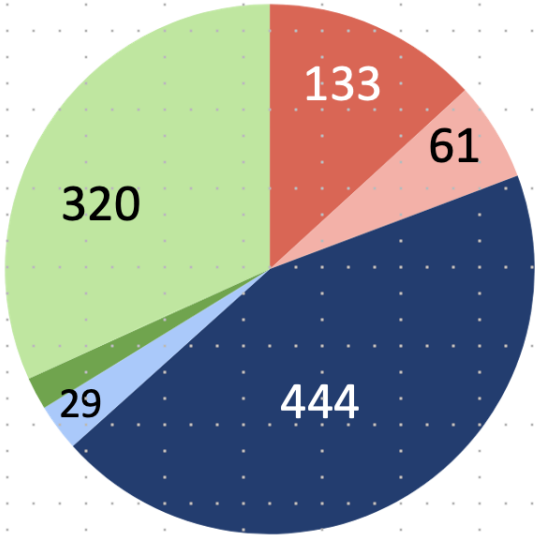
Most local authorities will train 1000 staff or more across multiple programmes and partner organisations. NHS staff will benefit from updated SUDI prevention training with the latest guidance. In Co Durham and Northumberland *Eyes on the Baby* is now compulsory for all midwives and health visitors to ensure consistent messaging is being given.



Strand 1 — Public Service staff/Crisis support; Social Care (General)

Strand 2 — Education/Care; Social Care (Families)

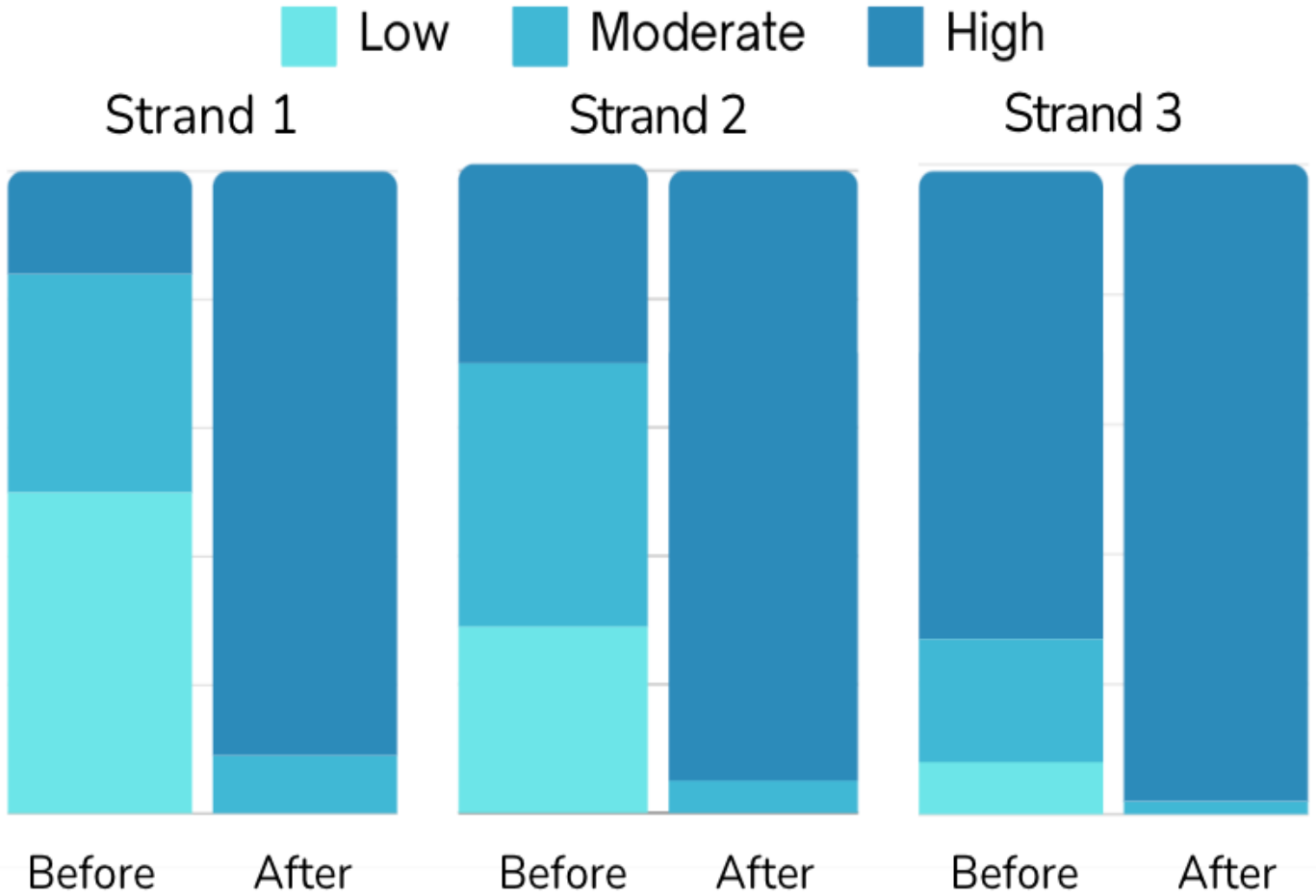
Strand 3 — Healthcare Practitioners



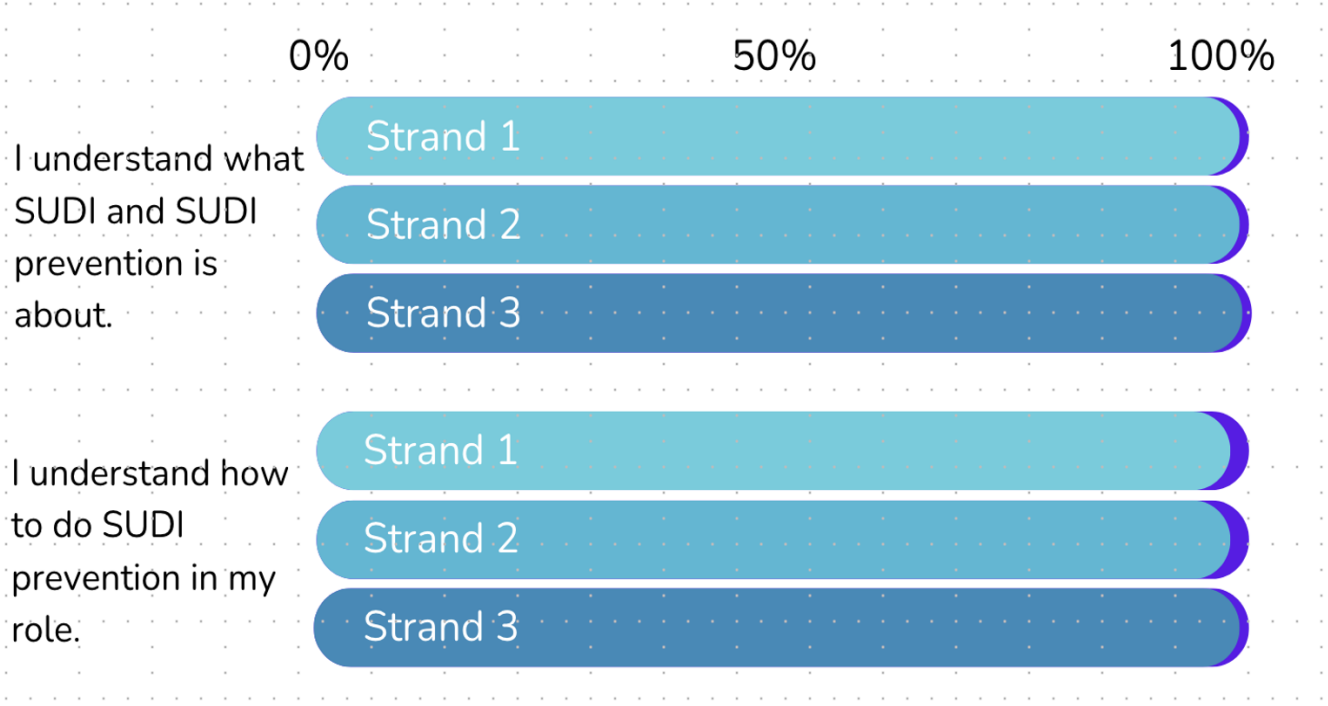
County Durham

Northumberland

Staff knowledge & confidence (n=479 staff in Northumberland) improved dramatically from pre-training to post-training surveys, even among health professionals



After completing the training, staff across the multi-agency workforce know what they are being asked to do, and how to do it.



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)

I really like the examples given about how to talk to parents to encourage discussion and how to phrase things so that parents feel they can work with us and not feel judged at a time when they are already feeling vulnerable themselves. The resources provided are also great and will help both professionals and parents to embed safe sleep consideration and make it the norm. (Housing Safeguarding Staff)

They were able to use their training to talk to parents and SUDI prevention issues without sounding critical.

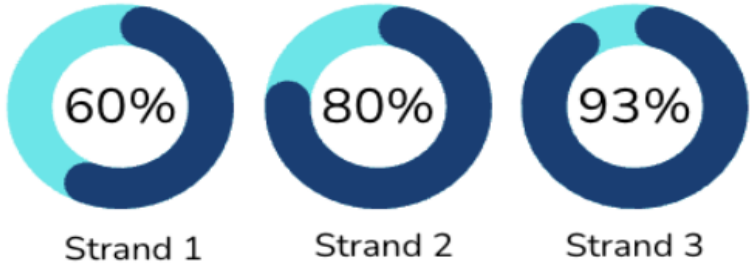
I overheard a conversation of parents after a group, sitting having a coffee talking about the sleeping pods, and I carefully and respectfully joined in the conversation as I sit at an open desk in reception where they were sitting, and asked them did they know about the hazards of these pods and they 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)

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)

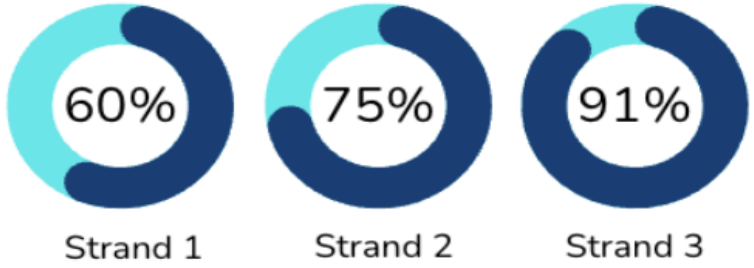
We provide follow-up evaluation tools that help SUDI leads identify which staff need additional help to support families

Follow-up 1

I believe that participating in SUDI prevention is a legitimate part of my role.

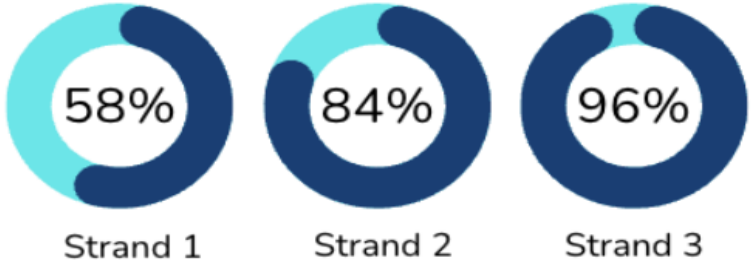


I can easily integrate SUDI prevention into my existing work.

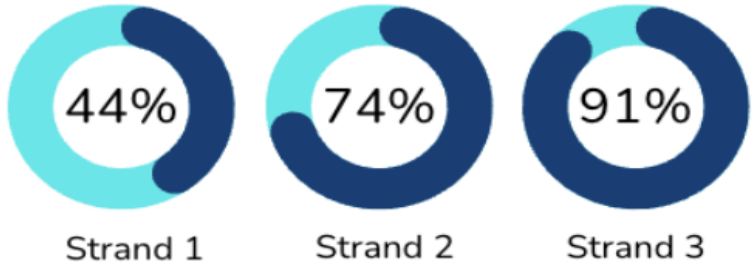


Follow-up 2

I believe that participating in SUDI prevention is a legitimate part of my role.

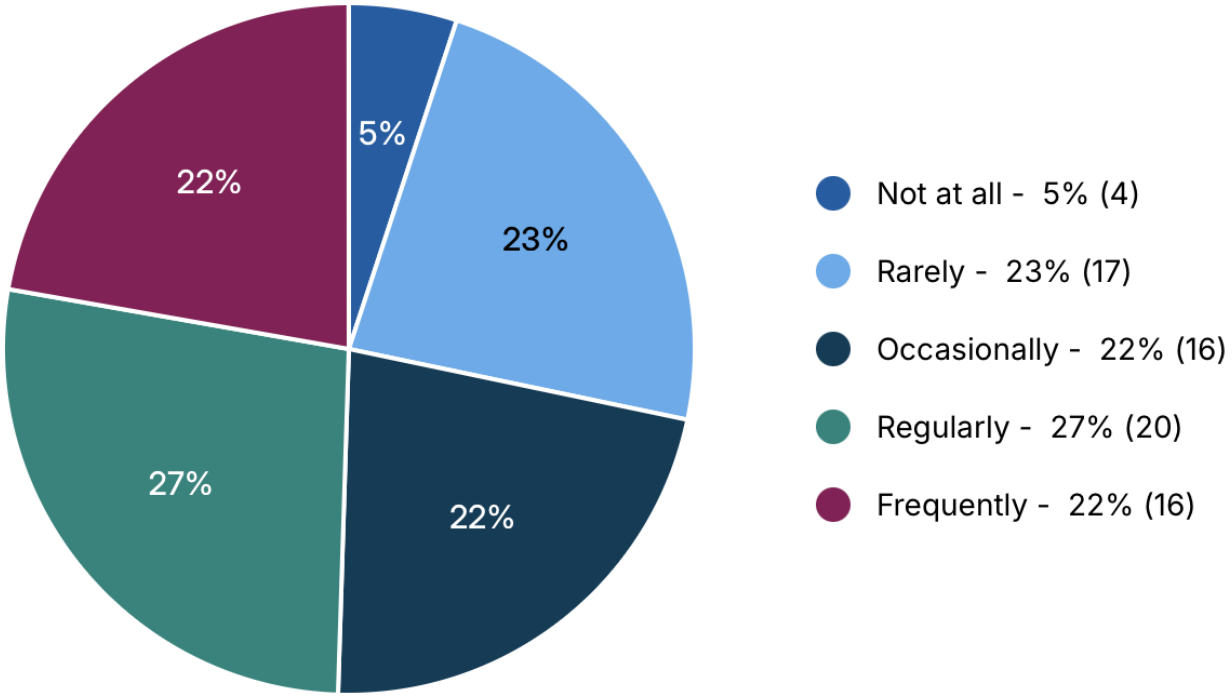


I can easily integrate SUDI prevention into my existing work.

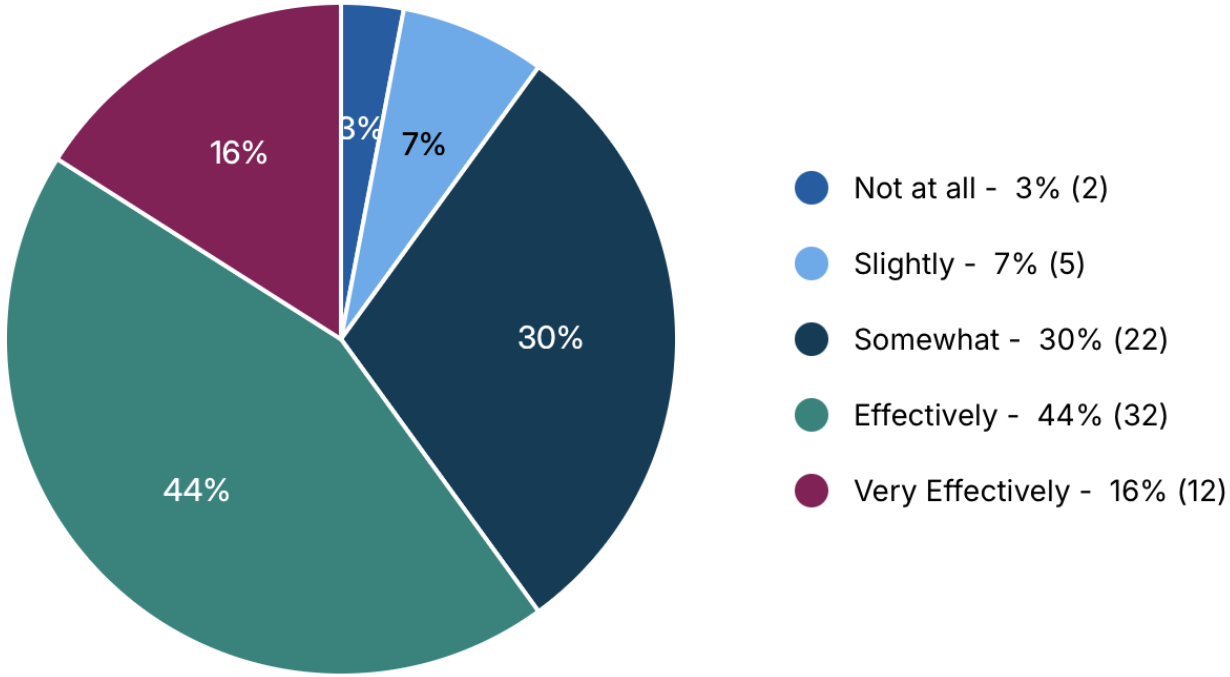


Were staff still engaged in SUDI prevention 1-year later?

Is SUDI prevention now a normal part of your work?



How well do you feel that multi-agency SUDI prevention is embedded in your practice area?



Prior to *Eyes on the Baby* SUDI prevention was not a priority for the local authority strategic managers, a moderate priority for those with NHS roles and a high priority for those directly involved with child deaths; it was considered the domain of health professionals by those running family-facing council services.

Local authority strategic managers had been on a steep learning trajectory: *"This [project] has been quite an eye-opener for me … as historically I have not had a lot to do with it [SUDI prevention] at all".*

Involvement was felt to be transformative -- exposing staff to new ways of working and sharpening their knowledge of infant sleep risks in vulnerable families. They felt staff, in both health and social care roles, had renewed confidence and were better equipped to have conversations about SUDI prevention.

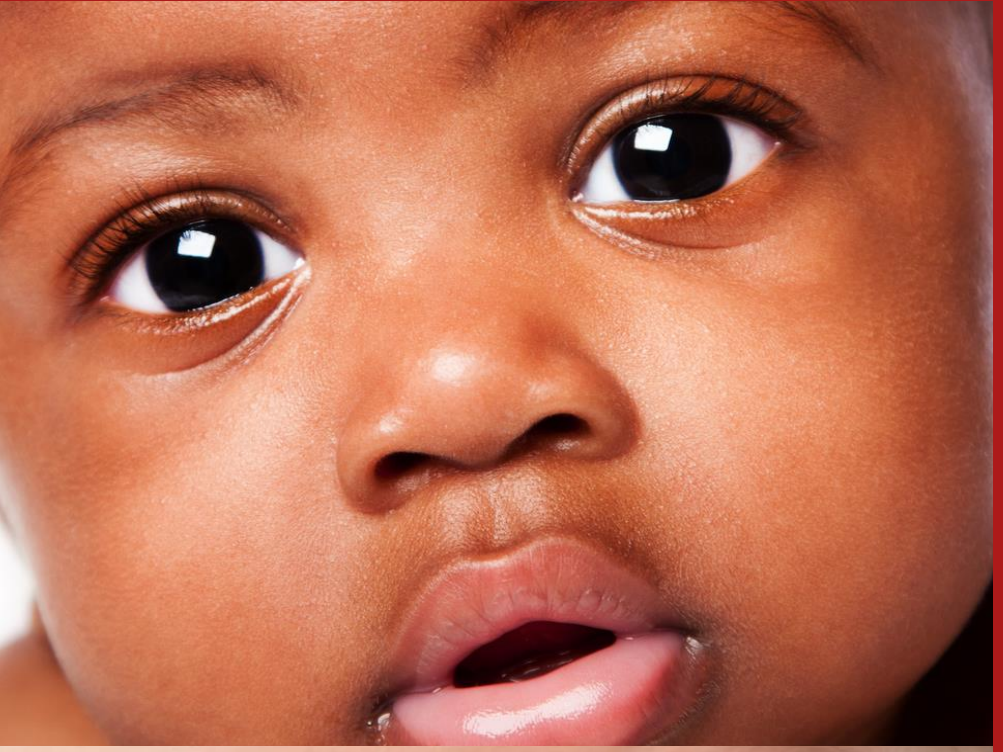
"The workforce are starting to recognise that actually there's a lot of work out there, there's a lot of vulnerability and there are many people who can actually help. It's everybody's business."

Local Authority Case Studies

Lesley Grieve, Early Help Locality Manager, Northumberland

Lindsey Davison, Child Poverty & Social Inclusion Ops Manager, Durham County Council Children & Young Peoples Services

Caren Shepherd, Service Manager for Darlington Children and Young People's Public Health Directorate



EYES ON THE BABY

Engaging Multi-Disciplinary teams across Northumberland.

PRESENTED BY

Lesley Grieve, Family Help Locality Manager,

Amy Berry, Family Hub Manager and Infant feeding lead

Northumberland County Council

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

Northumberland County Council

What’s the problem?

Sudden Unexpected Death in Infancy (SUDI) primarily happens among priority families (those with multiple vulnerabilities), often when they are 'Out of Routine', in the context of multiple known risk factors, often with safeguarding concerns.

How do we make baby sleep safety in these families Everybody's Business?

Scope	Engage multi-agency workforce staff (MAW) who have contact with vulnerable families in SUDI prevention
Relevance	Train staff to provide knowledge, strategies & support to families in difficult circumstances
Questions	Will MAW staff accept this role? Can they embed SUDI prevention in their everyday work?

What we did

Implemented	Evaluated
• A multi-agency workforce approach to preventing Sudden Unexpected Deaths in Infancy among vulnerable families • Graded training for staff of Northumberland County Council, Family Hubs, NHCT, HDFT, & partners providing contracted services to	• Rolled out training to 1007 members of staff, successfully training 627. • Obtained post training feedback on knowledge, confidence, and understanding of role • Conducted 2 follow-up evaluations to

Who did it?

Margaret Randall
Durham Infancy & Sleep Centre, Durham Uni

Laura Murray
Durham Infancy & Sleep Centre, Durham Uni

Sophie Lovell-Kennedy
Durham Infancy & Sleep Centre, Durham Uni

Prof Helen Ball
Durham Infancy & Sleep Centre, Durham Uni

Mr Jon Lawler Consultant in Public Health, Northumberland County Council

Ms Carla Anderson
Public Health Matron, Northumbria NHS Foundation Trust

Ms Lesley Grieve
Family Hub Locality Manager, Northumberland Family Hubs

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

Mrs Karen Bewick
Culture and Work-force Development Coordinator, Family Hubs

Ms Jan Rigby
Advanced Nurse Practitioner, Perinatal Mental Health Team

Mr Daniel Cooper North East Ambulance Service Education Development Lead

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

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

Fostering Engagement

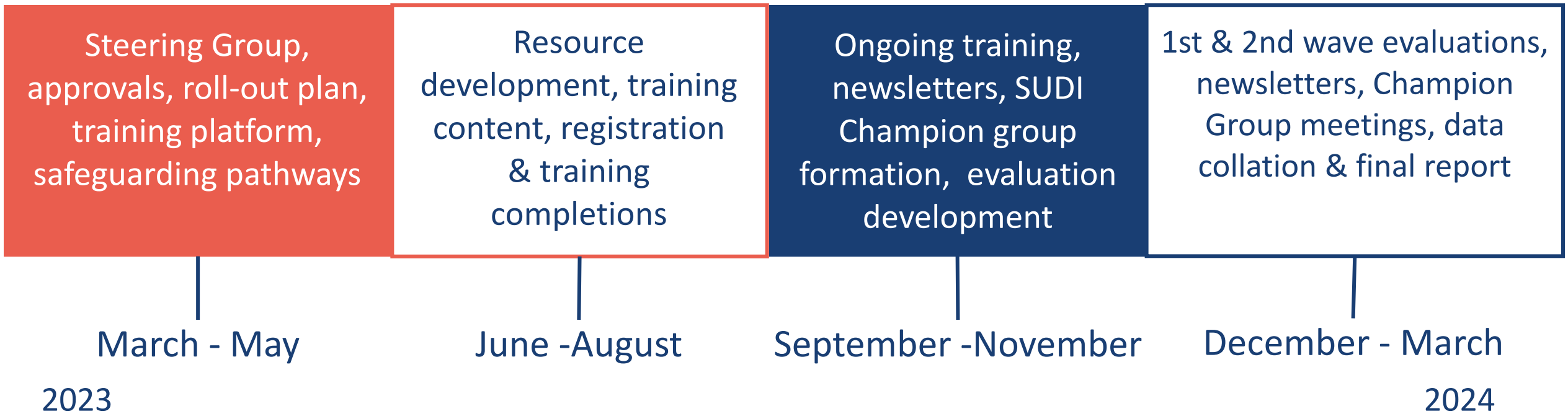
Relevant multi-agency workforce

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	The operational work people do to enact SUDI prevention

Timeline

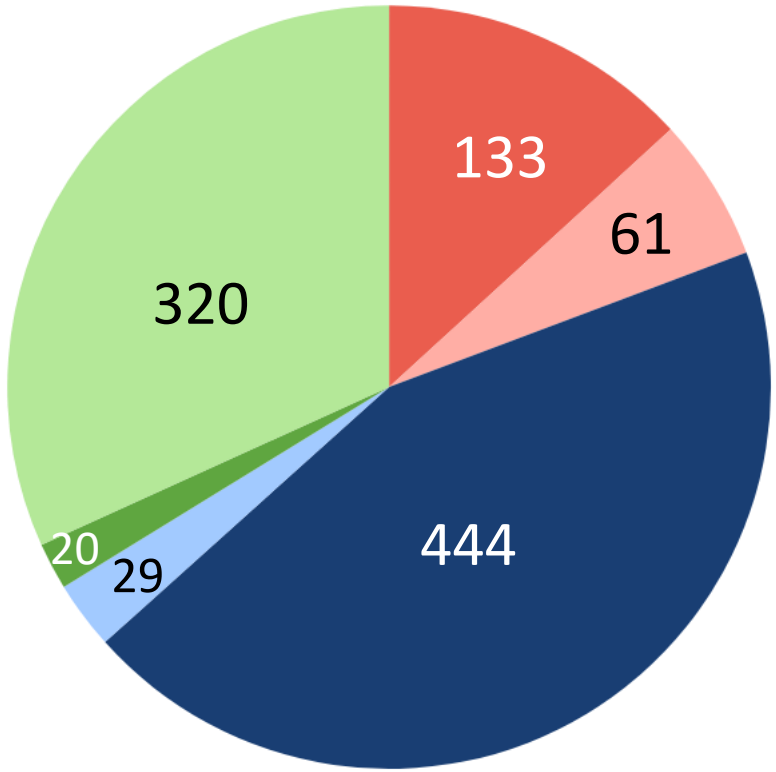
12-month co-produced project. Steering Group met every month



Who registered for Eyes on the Baby?

Registration for training by Northumberland MAW

Strand 1	Education Portage, Family Hubs, Voluntary, Housing & Adult Social Care Services.
	Emergency Services.
Strand 2	Adult Social Care, Housing, Family Hubs, Early Help & Children's Services, 5-19 Service, Safeguarding & My Harbour (domestic abuse).
	Drug & Alcohol Services & Mental Health Services.
Strand 3	Perinatal Mental Health Services & Pre-Birth Services.
	Emergency Services, 0-19 Service, Primary Care, Secondary Care & Adult Mental Health Services.



Numbers registered

Implementation

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

The objectives were to:

- define the scope of the multi-agency workforce (MAW) in Northumberland.
- assign staff to an appropriate level of training within the programme.
- provide training to upskill MAW to address modifiable SUDI risks and offer support.
- foster effective multi-agency working and promote SUDI prevention in priority families.

Workforce training strands - Definitions and Responsibilities

1 staff who encounter priority families occasionally as part of every-day work

what to see, what to say, and what to do

- keeping an eye open for babies in unsafe sleep scenarios
- mentioning sleep safety guidance to parents to check on their awareness
- signposting, referring or reporting to services as appropriate

2 staff who provide direct support to priority families

raise awareness of and reinforce SUDI prevention

- non-judgemental conversations and asking 'what if?' questions about unplanned scenarios
- advocate on family's behalf for suitable equipment, housing, and support
- refer or report to services as appropriate

3 health practitioners involved in routine or emergency care of priority families

offer universal messaging and targeted information for priority families

- supporting families to follow safer sleep guidance by providing tailored advice
- respond to other multi-agency services seeking guidance and/or referral

Training Content by Strand

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).

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

Evaluation

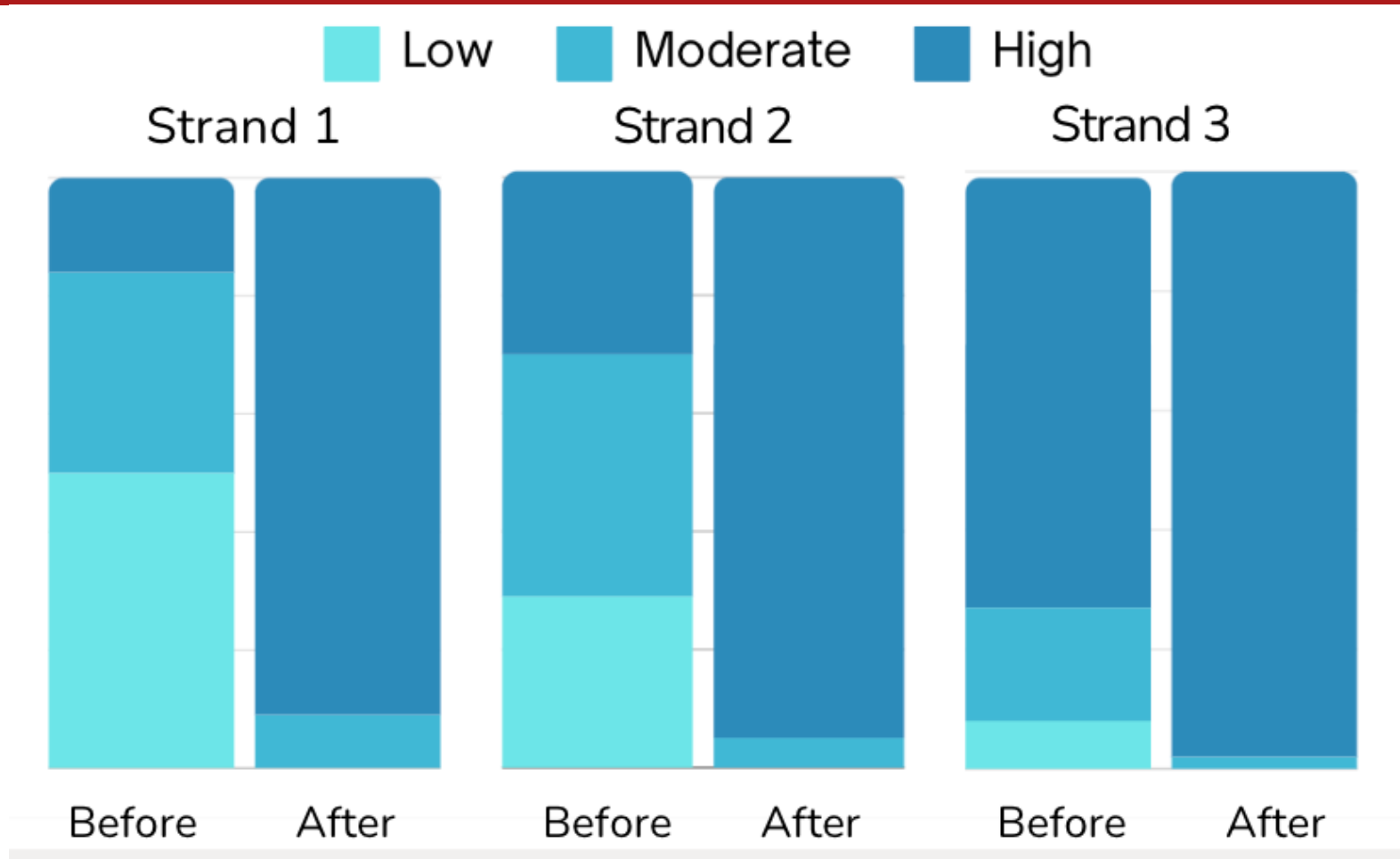
We used a mixed method approach to evaluate the implementation of the Eyes on the Baby programme due to the complexities of implementation across a variety of contexts

The objectives were to:

- evaluate the training and its uptake
- evaluate the implementation from multiple perspectives
  - Multi-agency Workforce
  - SUDI Champions
  - Steering Group

Staff knowledge & confidence (n=479)

Pre-post training comparisons



SUDI Champions

Seventeen members of workforce volunteered to be SUDI Champions including the Public Health Matron who chairs the meetings.

Librarian, Stop Smoking Advisor.

Senior Specialist Safeguarding Practitioner x2, Infant Feeding Co-ordinator, Family Help Locality Manager, Family Help Worker, Culture & Workforce Development Co-ordinator.

Public Health Matron, Health Visitor x 6, Infant Feeding Peer Supporter, Advanced Nurse Practitioner, Advanced Neonatal Nurse Practitioner.

SUDI Champion Group Overview

- Once established monthly SUDI champion meetings took place.
- Supported peers & colleagues in practice and directed them to resources and newsletters.
- Members continue to establish MAW and aim to provide consistent SUDI prevention messaging across services.
- Discuss & act on SUDI prevention issues.
- The group will continue meeting to develop and support SUDI prevention initiatives.

Newsletters

Newsletter

Eyes on the Baby Project

November & December 2023

Help for families: An important message from our Maternity and Family Hubs services.

This winter, we expect more families than ever to be struggling to heat their home, provide warm meals and have suitable clothing. Maternity services work with the Family Hubs to offer an emergency food box to any family, with no criteria or assessment of need. They can contact their nearest Family Hub for support.

Families should also be supported to access Healthy Start Vouchers which provide money off their weekly food shop (eligibility criteria applies). For information and access to the Healthy Start Scheme: https://www.healthystart.nhs.uk/how-to-apply/

If anyone is struggling, we would encourage them to speak to their midwife or health visitor who can support them to access services which can help.

The family hub website can be found at: www.familyhubsnorthumberland.co.uk

Welcome to the winter EOTB Newsletter

We have an important message from our Maternity and Family Hubs services.

Winter , SUDI prevention & baby safety.

We explain the evaluation process and how you can make a difference.

A message from the EOTB project team.

Northumberland County Council

- The newsletter was a way of allowing service leads to communicate important information across the organisations that took part in the project e.g. Emergency food boxes for families, voucher schemes etc.
- Project updates throughout regarding registrations, training and evaluation timepoints and uptake.
- Seasonal monthly topic addressed regarding SUDI prevention such as cold homes, drugs & alcohol, co-sleeping, car seats and so forth.
- Provide safety alerts e.g. clothing and toys sold on the internet.
- The SUDI champions plan to continue the newsletters.

Latest training updates. Learning together October 24 – March 25.

Strand 1	Strand 2	Strand 3
Social Care (17)	Social Care (26)	Midwifery / NHCT (17)
Family Hubs / Family Help (7)	Family Hubs / Family Help (26)	0-19 Growing Healthy (10)
NCC Customer Services (3)	Early Years (2)	CNTW (5)
NCC Registrars (1)	SORTED (Substance Misuse) (1)	Family Hubs / Family Help (3)
Stop Smoking Service (1)	Pre-Birth Team (1)	Social Care (2)
		Early Years (1)
		Education (1)
		VCS (1)
29	56	40

Key take-away messages

This is just the beginning

- Multi-agency working for SUDI prevention has been initiated successfully in Northumberland
- A wide range of staff groups have completed and positively evaluated the training
- More than half of staff completing training engaged in follow-up
- Staff feel well supported in using their new knowledge and skills to help families
- Implementation is more difficult for some Strand 1 staff due to infrequent contact with families
- Strand 1 staff may need more engagement activities to support collective action
- SUDI Champions group is an example of good collective action and will continue to foster SUDI prevention activities across all 3 strands
- A key test of the project's success will be whether multi-agency SUDI prevention is still being discussed in a year's time
- Training has now been transferred to the Learning together team for all to access soon!

Any questions?

NHS Northumbria Healthcare NHS Foundation Trust

Family Hubs Here for everyone

Durham University Infancy & Sleep Centre

Northumberland County Council

The Start for Life Fund (SFLF) – a safer sleeping and home safety intervention for babies and children aged 0-5yrs impacted by poverty

Lindsey Davison, Durham County Council with thanks to Professor Helen Ball for slides 9 to 11 which provide a summary of the evaluation findings

Durham County Council

Health Equity North: Child of the North

- **Children in the North are more likely to live in poverty than the rest of England.**
- **In the North of England 58% of local authorities have above average levels of children in low-income families compared to 19% in the rest of England.**
- **Poverty is the lead driver of inequalities between children in the North and the rest of England**. **Rising living costs will lead to immediate and lifelong harms for children: worsening physical and mental health outcomes**; undermining children's learning, social wellbeing and education; and risking lower lifelong health and productivity.
- In January 2022, the Child of the North report was produced by the Northern Health Science Alliance (NHSA) and N8 Research Partnership (N8), written by over 40 leading academics from across the North of England. **The report painted a stark picture of inequality for children growing up in the North of England post-pandemic compared to those in the rest of the country.** This was followed up by an All Parliamentary Party Group (APPG) Cost of Living report a year later in January 2023.

North East Child Poverty Commission and JRF

Source: https://www.jrf.org.uk/savings-debt-and-assets

A recent report by the North East Child Poverty Commission ‘No_time_to_wait_full_report.pdf (February 2024) highlights more than one third of all babies, children and young people in the North East (35%) are living in poverty, with our region having experienced the steepest increases in child poverty over much of the last decade.

The JRF considered finances beyond income and found that families with no assets can be one broken boiler or car breakdown away from crisis and poverty. This is not a fringe group. **Recent estimates suggest that around a quarter of the adult population has less than £100 put away in savings**. And when people enter poverty, they are likely to fall into debt or arrears on basic household bills or rent. In this way escaping one emergency can bring about the next, as the weight of debt raises the risk of destitution and homelessness.

Evidence base: Safer Sleeping, Home Safety and Behaviour Change

the lullaby trust https://www.lullabytrust.org.uk/baby-safety/safer-sleep-information/safer-sleep-overview/

Safer sleep for babies: the basics

- Following this advice for every sleep, day and night, reduces the risk of sudden infant death syndrome (SIDS, previously known as cot death). Our safer sleep advice has saved the lives of over 30,000 babies since 1991.
- The safest place for a baby to sleep is in their own clear, flat, firm separate sleep space (e.g. a cot or Moses basket) in the same room as you.

PH guidance 32 https://www.nice.org.uk/guidance/ph29

Unintentional injuries: prevention strategies for under 15s

Recommendation 11: Incorporating home safety assessments and equipment provision within local plans and strategies for children and young people's health and wellbeing

The COM-B system https://doi.org/10.1186/1748-5908-6-42

The COM-B system is a behaviour system involving three essential conditions: capability, opportunity, and motivation.

County Durham Context

A Child Death Overview Panel Report.

Recommendation: the development of interventions to address Sudden Unexplained Death in Infancy.

This led to the development and roll out of 'Eyes on the Baby' by Durham University https://eyesonthebaby.org.uk/

Growing Up In County Durham Strategy 2023-2025

https://countydurhampartnership.co.uk/wp-content/uploads/2023/02/GrowingUpInCountyDurhamStrategy2023-25.pdf

A success measure is - Reduced the number of times children and young people have to go to hospital with unintentional injuries.

- Maternity Services and the 0-25 Service provide advice for all families covering safer sleeping and home safety.
- DCC Stronger Families programme provided access to home safety equipment for families working with the programme.
- All services working with families can have access to charitable schemes to provide resources and there can be local variation in access to charitable schemes.
- Unintentional injuries training is provided free of charge. The multi-agency training programme aiming to raise awareness of the risks/hazards within the home to reduce accidents in the home for children up to 5 years. Eventbrite: Supporting Home Safety for Children Under Five Years in Durham

Start for Life fund

The aim of the fund is to ensure our most vulnerable families (with children 0-5 years) who are facing financial difficulties have access to safe sleeping and home safety equipment to keep children warm, safe and secure.

Funding to provide safe sleeping and home safety equipment to families most in need.

This includes:

- Cots , Moses Baskets, Single Beds
- Mattresses
- Bedding
- Pushchairs/buggies
- Home safety equipment (fire guards/safety gates).

Online application forms can be found at:

Early Help Stronger Families and Start for Life Grants - Do it online

Start for Life Fund – Year 1 activity

Year 1 activity from September 2023 to August 2024

- Supported 679 families and in total 988 children
- Funded from by Household Support Fund and Public Health
- Average total cost per family of £407 and an average total cost per child of £280.
- Funding
  - Household Support Fund September 2023 to March 2024
  - Public Health April 2024 to March 2025
  - North East Combined Authority March 2025 to July 2025

Start For Life Fund - Evaluation Summary

- Mixed methods evaluation, including an analysis of Y1 activity (Sept 2023 to Aug 2024), staff survey, interviews with practitioners, those who operate the scheme and families who benefit.
- The intervention is reaching the areas of greatest need, with the highest rate of applications coming from the most deprived areas.
- Families require access to the intervention because they experience financial difficulties.
- Cots and Moses Baskets, Bedding & Mattresses, and Home Safety equipment were the most frequently supplied items.

Staff and family views of the scheme were captured using qualitative interviews.

A diverse range of participants were interviewed.

Practitioners were **very positive about the SFLF** and consistently **expressed high praise** for the scheme, noting its ease of use, simplicity in application, rapid turnaround time, and the high quality of the equipment delivered. These positive responses demonstrate that **the SFLF is both operationally efficient and highly valued by its users.**

Several key benefits of the SFLF scheme were identified for children emphasising the fund's role in enhancing child safety by **reducing hazards such as burns and mishaps** and by **creating secure sleeping spaces.**

Issues resolved by the scheme included:

- Family using a cot with missing bolt, tied together with string
- Infant with no bed sleeping with mother on sofa
- Child sleeping on floor with mum and dad

Benefits to families & practitioners

Practitioners also highlighted the positive impact the scheme had on families, particularly in **relieving families of significant financial burdens**.

Practitioners also highlighted how the SFLF improved parenting and the home environment for families. Notably, **it helped in creating a home**. Having access to a bed, bedding, and other necessities for their babies made them feel like they were living in a home rather than just an empty space.

Practitioners also observed that **the scheme helped families establish essential routines**. e.g. once a family had a bed for their child they could start working on establishing bedtime routines and reducing the risks associated with unsafe sleep practices.

Interestingly, practitioners highlighted that **the scheme not only benefits children and families but has also benefited them as well.**

The SFLF scheme supports practitioners in effectively carrying out their roles and strengthening relationships with families. Practitioners observed that after families received support through the scheme, they became more open to listening, accepting feedback, and engaging in discussions about their children's well-being.

Benefits to families & practitioners, cont'd

Practitioners expressed **a strong desire for the scheme to continue**, highlighting its substantial benefits to families in County Durham. There is a clear indication that ending the scheme would be met with disappointment

Findings from family interviews illustrate how **the Start for Life Fund (SFLF) has transformed home environments and supported family well-being**. Families experience enhanced child safety and independence by receiving high-quality equipment that supports safe sleeping arrangements and mitigates household hazards.

Second, the scheme provides **significant financial relief** and contributes to home stability, enabling families to access essential items without the burden of excessive costs.

Finally, the scheme **fosters the establishment of healthy family routines and builds parental confidence** by ensuring that children have safe, independent spaces and that families can create a nurturing home environment.

County Durham has a high proportion of children living in poverty. **The Start for Life Fund is helping to reduce inequalities in sleep safety and home safety and prevent sleep-related infant mortality and home accidents.**

Eyes on the baby

Darlington's Streamlined Approach

Caren Shepherd & Joanne Hennessey

Background to the project

Desire to replicate what had been achieved in Durham and Northumberland.

Lack of funding for an implementation with a project manager.

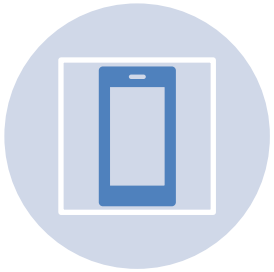
Alternative offer of a streamlined approach.

And so, it begins

- Sleep Lab visit June 25
- Resources
- Contact with other areas

Considerations

STEERING GROUP



PLATFORM SET UP

AGREED COMMUNICATION

TIMEFRAMES

Podcast

A place to find out why Darlington is a great place to live, work and learn. Darlington Xtra is a Collaborative Partnership Initiative.

All Episodes

Darlington Xtra

Eyes on the Baby - SUDI Prevention

January 21, 2025 • DX

Share

15 30 1×

00:00 | 18:06

Show Notes

Olivia, Joanne, Andrea & Amanda discuss the importance of the 'Eyes on the Baby' training project to raise awareness on SUDI Prevention.

Training -

- Darlington Safeguarding Board - Eyes on the Baby Training - Sudden Unexpected Death in Infancy (SUDI) Prevention

Results

During the project

Strand 1 = 196

Strand 2 = 65

Strand 3 = 55

- Group sessions
- Completion queries
- Neighbouring LA’s
- Drop off
- Further 47 trained

Next Steps

- Training to sit within the SUDI prevention group
- Agenda item within the Growing Healthy Board
- Any changes will be communicated so training can be updated on the platform.

In Summary

Steering group membership is the key to success with the project.

Ensure a platform is available to host the training and the person/agency managing this are a member of the steering group.

Think outside the box.

Comfort break & networking

NIHR NENC ARC Video

Northumberland end of project video

11:15am Workshop Session 1: Sharing Practice

Insights from Local Authorities and wider stakeholders

Table themes

- Northumberland – engaging colleagues
- Durham – Expanding multi-agency workforce approaches
- Darlington – Local Authority led approaches
- Insights from wider stakeholders

Lunch & networking

NIHR NENC ARC Video

Northumberland end of project video

Northumberland’s story

1pm Workshop Session 2: Sharing Practice

Using a Multi-agency workforce approach for SUDI Strategy planning

Opportunity for stakeholders to work in place-based groups to plan their next steps with regards to using multi-agency workforce approaches for SUDI strategy planning

Feedback and Close

Nicola Cleghorn, Designated Dr Safeguarding Children, NENC ICB

Helen L Ball, Director, Durham Infancy & Sleep Centre, Durham University

Informal collaborative discussion

2-4pm please feel free to continue your collaborative discussion

Please complete the evaluation form before leaving