

Tilley Award 2006

Application form

Please ensure that you have read the guidance before completing this form. By making an application to the awards, entrants are agreeing to abide by the conditions laid out in the Guidance. Please complete the following form in full and within the word limit. Failure to do so could result in disqualification from the competition.

Completed application forms should be e-mailed to Tricia Perkins; patricia.perkins@homeoffice.gsi.gov.uk

All entries must be received by noon on Friday 28th April 2006. No entries will be accepted after this time/date. Any queries on the application process should be directed to Tricia Perkins on 0207 035 0262. Any queries regarding other aspects of the awards should be directed to Michael Wilkinson on 0207 035 0247 or Lindsey Poole on 0207 035 0234.

Please tick box to indicate whether the entry should be considered for the main award, the criminal damage award or both;

Main award

Criminal Damage Award

Both Awards

1. Details of application

Title of the project **REDUCTION OF INFANT DEATH**

Name of force/agency/CDRP: **Lancashire Constabulary/ Foundation for the Study of Infant Death**

Name of one contact person with position/rank **PC 465 Karen Fitzpatrick**

Email address: **Karen.fitzpatrick@pendle.gov.uk**

Full postal address: **20 Scotland Road, Nelson, Lancashire. BB9 7UU**

Telephone number: **01282 661971**

Fax number **01282 661630**

Name of endorsing senior representatives(s) **Acting Deputy Chief Constable Mr Adrian Mc Allister**

Position and rank of endorsing senior representatives(s) **Acting Deputy Chief Constable – HQ Corporate Development Directorate.**

Full address of endorsing senior representatives(s) **Lancashire Constabulary Headquarters, PO Box 77 Hutton, Preston, PR4 5SB**

2. Summary of application

In no more than 400 words please use this space to describe your project. Include details of the problem that was addressed a description of the initiative, the main intervention principles and what they were designed to achieve, the main outcomes of project particularly in relation to the problem, evidence was used in designing the programme and how the project is evaluated.

It was identified by Police and East Lancashire Health network that Pendle had some of the highest numbers of infant death in Lancashire and amongst higher than average for the country. Many were certified as sudden or unascertained. Most were preventable ,the highest incidence occurring in the most deprived wards, where higher than average risk factors existed, for example drug and alcohol misuse, low maternal age, poor health and chaotic life styles. The financial cost to agencies is high as is the human cost.

The victim families, and more significantly the birth mother, often, already in poor health, do not attend doctor's appointments or ante natal classes and as such miss out on vital health care, along with information and advice about reducing the risks to the baby after it is born.

The cause of the problem is not easily identifiable, but the contributing factors that increase the risk can be identified as many of the factors associated with deprivation.

It was agreed that a multi agency approach was needed to achieve a sustainable reduction in the number of these deaths.

Working with Mikala Dawson from the Foundation for the Study of Infant Death (FSID) PC Fitzpatrick was able to deliver training packages to health professionals who work closely with the target families, providing them with information that they need to help them identify vulnerable families.

Working with partner agencies, we were able to deliver packages to target families that provided them with information and advice about reducing the risks to their baby, they were given useful everyday items, such as bibs and Tea towels, which contained hard hitting messages about the risks to their baby.

Partner agencies provided such things as home fire safety checks, first aid for babies useful information leaflets.

Partner agencies are developing protocols which enable them to better identify vulnerable families, along with a protocol to ensure improved joint investigation of such a death.

Success can be measured by a sustained decrease in the number of these deaths since the start of the project.

There has been a substantial decrease in the number of deaths

BPR –Deaths 2001-2002 – =13 deaths divisionally -10 of which were in Pendle

2003—2004 =13 deaths divisionally – 4 of which were in Pendle

2005 – to present – 2 deaths -

2005 to date - 1 death – 1 of which has been in Pendle

3. Description of project

Describe the project following the guidance given in no more than 4000 words

SCANNING

Police and East Lancs Health Authority figures identified Pendle, part of Pennine policing division within Lancashire Constabulary, as having some of the highest numbers of infant deaths in the county and higher than average for the country. The highest numbers were occurring in the most deprived wards. Between July 2000 and December 2002, Pendle had 60% of Pennine divisions infant deaths and the division itself had 34% of the county's deaths. Pennine division itself had the highest numbers in the county for the period July 2000 to December 2002.

In 2001, the division had 3568 live births, the national average of deaths is 1:2500. On those figures we should have only expected one to two deaths, however there was an average of as many as **SIX** per year.

Deaths in the County : July 2000 – December 2002 F = Pennine Division

Division	Total	
A	4	9%
B	6	14%
C	4	9%
D	7	16%
E	7	16%
F	15	34%
U	1	2%

ANALYSIS

The analysis of the problem clearly identified the links with deprivation and associated risk factors. Although the causes were not easily identifiable, among the families in which the deaths were occurring, a number of risk factors were identified. Although these could not be described as the cause of the deaths, they increase the risk of the deaths occurring. There was conclusive evidence of clustering around the risk. It appeared that a lack of education and consistent information amongst the target families was a contributing factor-Education leads to prevention.

There is an extensive list of risk factors, many of which are associated with deprivation.

- Less educated parents
- Overcrowded, damp or mouldy housing
- Poor hygiene
- Chaotic households
- Travelling families
- Parents with previous convictions
- Drug and/or Alcohol abuse
- Smoking in the home
- Babies with congenital anomaly
- Prematurity
- Recent move of house – especially in the year before birth

The following gives some indication of how certain elements can increase the risk

- Low maternal age
- Low income
- Maternal smoking during pregnancy

These three factors are present in 8% of the population in general.....
but in over **40% of SIDS families!**

RESPONSE

It was apparent that a joined up approach was required from partner agencies to achieve the only objective-
TO REDUCE THE NUMBER OF BABIES DYING **NEEDLESSLY** IN PENNINE DIVISION

With the aims being

- a sustainable reduction in the number of deaths
- establish close partnerships with relevant agencies
- to provide information directly to parents and carers

The need for a Multi agency response was identified-

There was recognition amongst partners that agreed actions were required. It was established at a very early stage in the project that there had to be commitment from all the partners, along with an acknowledgement that there were gaps in the delivery practices.

The number of partners was extensive, including Police, Foundation for the Study of Infant Death (FSID), Lancashire Ambulance Service, Burnley, Pendle and Rossendale PCT, SureStart, Lancashire Fire and Rescue Service, Pendle Community Safety Partnership and even Partners from the private sector – Boots and Asda.

What did we do? -

We researched the data, undertook multi agency discussion and agreed a shared approach to ideas.

How did we make this happen?

Education was seen as the key – for both parents and carers, but also practitioners.

Community Engagement in the form of multi agency information days – this enabled a number of agencies to get together in one location, accessible to the public and on hand to provide a wide range of support and information, such as home fire safety advice, first aid for babies and accident prevention. This was also a method used to establish some baseline information from the public in the form of questionnaires. Although these information days were a useful vehicle for the messages to be delivered – we found that, because we were asking the public to come to us, the target families were more reluctant. With this in mind, we decided that we should make ourselves available without asking anyone to possibly have to make an effort to obtain the information.

PC Fitzpatrick and Mikala Dawson from the FSID attended mother and baby groups, established the knowledge and understanding of the parents and assessed the consistency of the information that they were being given.- Obtaining this baseline of information enabled us to look at and develop a method of getting across the most important information.

PC Fitzpatrick and Mikala Dawson did public awareness days – These were done in the areas identified as having the target families within them, we spent days in Markets, supermarkets and shopping arcades, giving out advice and information to the target groups, including fathers and grandparents.

The messages were delivered in the form of useful items such as T-towels and bibs that would be used everyday. The messages were hard hitting giving the facts about the risks. The items gave the facts about the four most likely risk factors of our target audience, for example;



And sleep in the same bed as your baby

If you are a smoker, your baby is up to **8 TIMES** more likely to die suddenly and unexpectedly. Sharing a bed with your baby if you are a smoker increases the risk even more.

We developed four designs pointing out the risks of smoking, alcohol, drug use and bed sharing.

We did a Christmas campaign, both in 2004 and 2005, which was well supported by the licensees. This was done in the form of posters and coasters, carrying the same messages as the bibs and t-towels. The licensees expressed concern that the coasters would be stolen – we pointed out that this was not an issue as at least they would still be used.

It was recognised from talking to parents and families that the level of information that they received was sometimes confusing and inconsistent. As a result of this, it was agreed that we should have some input on practitioner training days. These were met with some animosity in some corners, especially when we pointed out the figures – it was felt as if we were possibly laying blame. There was also some disquiet regarding the messages, some practitioners felt that they were too hard hitting. We have since overcome this problem, with practitioners recognising the need for the information to be clear and concise and the bibs etc are now being given out in the clinics and we have been welcomed in the clinics in the Borough to deliver the information.

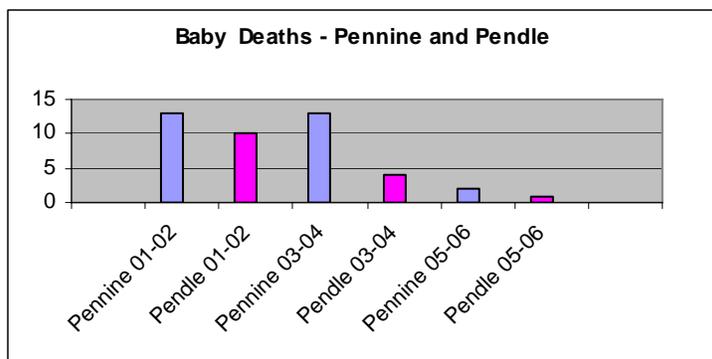
Apart from the acknowledgement that parents and carers needed consistent, informative and hard hitting advice, it was acknowledged that there was a need to establish a protocol to enable practitioners to identify vulnerable families at an early stage - this would ensure that any success of the project would be easier to sustain. This protocol is being developed amongst health care practitioners. Along with that, there is a newly developed protocol to be launched, in respect of joint investigations when a baby dies – as per the Baroness Kennedy report. This should be signed up and agreed in the early part of the financial year of 2006/2007 and well established in time for the Child safe guarding boards.

Assessment of the project

The project was established in 2003 with funding from the Neighbourhood renewal fund meeting the criteria for the health targets. It was initially intended that it would be a Pendle project, however, there was expansion into other areas within the Policing division due to the way that other partners were structured. This was, however, appropriate due to the fact that the partners covered the areas of Burnley, Pendle and Rossendale, the same Boroughs covered by Pennine division and as noted, the division as a whole was experiencing the highest figures in the county.

The objective was to reduce the number of needless deaths of babies in Pennine Division.

The project came to an end on 31st March 2006.



This graph clearly shows a massive reduction in the number of deaths occurring within Pennine division and particularly in Pendle-the original focus of the project.

The figures show that there has been a continued reduction overall in the division, particularly in Pendle, where the project started initially, despite an increase in the numbers of live births.

Available figures for the county show that all other divisions in 2005 to present have experienced either an increase or stable in comparison to Pennine divisions figures That results in a massive reduction in human and financial cost

This demonstrates that the aims and objectives have been met- Increased level of education and awareness in the target families and a change in behaviour. We acknowledge that the target groups are going to continue to use drugs, smoke etc.. however, by educating, in clear terms, the risk has been reduced. There has also been a recognition of improved partnership working has contributed to the success of the project.

Funding was obtained from NRF at a cost of £15000.00 per year for the three years of the project.

Although it is impossible to put a cost on the sudden and unexpected death of a baby, due to the number of agencies involved- the number of lives saved equates financially to a great deal more than the £45000.00 total cost. However, the human cost of a death of a baby is immeasurable and the project has resulted in the saving of the lives of the most vulnerable members of society.

SUSTAINABILITY

To maintain this reduction there needs to be continued commitment to partnership work, development of good practice, ongoing identification and education of target families and a continued staff development packages.

There has been interest expressed from partners in other areas of the country.