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Lullaby Trust Safer Sleeping Resource: Evaluation Report

An evaluation of a resource for practitioners to support conversations about safer sleep with families who are experiencing temporary, cramped, or unsuitable living circumstances, young parents, or those accessing additional support services. The resource was trialled across multiple sites and evaluated for learning, short term impact and potential spread.

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Health
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Disclaimer

This project was undertaken by Health Innovation South West (formerly the South West Academic Health Science Network). The views expressed in this paper represent those of the individuals who used the resource and not necessarily the views of the authors or Health Innovation South West.

Acknowledgement

Health Innovation South West and The Lullaby Trust would like to thank the following participating sites for providing feedback on the safer sleep resource to help us better understand how to implement the resource.

- University Hospital Plymouth: Transitional Care Ward
- University Hospital Plymouth: Community Midwifery
- Trevi – Daffodil Family Centre
- North Devon Health Visiting
- Family Nurse Partnership
- Dorset Healthcare University NHS FT: Perinatal Mental Health
- WILD Young Parents Project
- Plymouth – Family and Baby (FaB) Project

We would also like to thank those families who took the time to give feedback about their experiences with the resource and the impact that the conversations had on them.

Background

The Child Mortality and Social Deprivation Report, produced by the National Child Mortality Database in 2021, found that the risk of child death in England is linked to deprivation, and the most common age at death was less than 1 year (63%). In the South West of England 40% of children are living in households that do not meet the Minimum Income Standard (MIS) ^a.

In April 2021, Health Innovation South West launched a Perinatal Health Equity Programme. Aligned to the principles of the NHS England Core20PLUS5 approach to reduce healthcare inequity, the programme aimed to design and implement multi-agency interventions that make a demonstratable improvement in perinatal outcomes. The overarching aim is to improve equity of health and wellbeing outcomes for families during pregnancy, and with babies up to one year old. Among the outcomes Health Innovation South West sought to achieve were improved access to resources for Health and Care Professionals to facilitate meaningful conversations and reduce modifiable risk factors associated with poorer health, with a focus on deprived communities in the South West.

Context

The sudden, unexplained death of a baby is often referred to as Sudden Infant Death Syndrome (SIDS) or Sudden Unexplained Death in Childhood (SUDC) in a child over 12 months. Although the occurrence of SIDS is rare (0.24 deaths per 1,000 live births ^b) and the cause is not known, there are known factors that increase an infant's risk of SIDS. One of those risk factors is the child's sleeping environment, particularly sleep positioning and parental smoking status, and other factors include maternal age, socioeconomic status, prematurity and birth weight and maternal substance use ^c.

Analysis of national mortality data shows that:

“Stillbirth and neonatal mortality rates increased with deprivation and were higher for mothers under 25 years and over 35 years across all ethnic groups. Many babies of Black and Black British ethnicity are born to mothers living in deprived areas. They are much more affected by the higher rates of stillbirth associated with deprivation.” ^d

And “more deaths were associated with children living in the most deprived neighbourhoods of England, in comparison to the least deprived. The number of deaths increased throughout each increasing deprivation quintile; there were approximately three times as many deaths of children who were resident in the most deprived quintile compared to the least deprived quintile.” ^e

^a MIS is defined as not having enough income to afford a ‘minimum acceptable standard of living’, based on what members of the public think is enough money to live on (Health Profile of the South West of England, 2021, Office for Health Improvement and Disparities)

^b ONS, Unexplained deaths in infancy, England and Wales: 2020

^c SUDC Thematic Report (NCMD) 2022

^d MBACE-UK Perinatal Mortality Surveillance Report

^e The National Child Mortality Database: child mortality and social deprivation report

The Lullaby Trust Safer Sleep Resource

The Lullaby Trust provides specialist support for bereaved families, funds research into SIDS, promotes expert advice on safer baby sleep and raises awareness of SIDS. The charity has an extensive range of resources to support families and practitioners, and wanted to develop a resource that spoke to the potentially complex environment many people bring their babies home to.

As part of its Perinatal Health Equity Programme, Health Innovation South West has supported The Lullaby Trust to develop a new safer sleep resource, which can be viewed [here](#). The material aims to facilitate supportive conversations between midwives or care professionals and parents/families who find themselves marginalised, or in challenging housing or domestic circumstances.

The resource takes the form of a poster and was developed by The Lullaby Trust. Health Innovation South West was consulted on the language and layout used in the resource, and then facilitated the piloting of the resource within their region, and gathering feedback to develop the resource further. Following the pilot at University Hospital Plymouth, Health Innovation South West has supported the implementation of the resource into eight different settings across the South West. This report evaluates the experiences of practitioners and families in using the resource in practice, to support learning for potential future rollout to other settings across the region and beyond.

Objectives of the project

The programme is working toward achieving the following objectives, with a focus on families who find themselves marginalised, or in challenging housing or domestic circumstances in the South West:

Develop and share the tool so that:

- Risk factors associated with disadvantaged home environments are successfully demonstrated in the resource
- Resource is successfully implemented into family support pathways

Improve conversations:

- Practitioners feel confident to incorporate the resource into conversations about safer sleep
- Improved quality and quantity of meaningful conversations
- Families feel positive about the conversations

Reduce risk of SIDS:

- Families make changes to sleeping arrangements

Evaluation Report

Purpose of the Evaluation

The evaluation seeks to better understand the utilisation and short-term impact on the safer sleeping resource, following its implementation across multiple settings. The evaluation will also examine any barriers and facilitators to implementation and use of the tool within the various support pathways, to better understand the feasibility of a wider rollout of the resource.

Evaluation Questions

In order to achieve this purpose, the evaluation explores the following questions:

1. How is the resource being used in practice and what are practitioners' experiences of using the tool?
2. What are the experiences of families who are involved in the conversations about safer sleeping?
3. What is the impact of the implementation of the resource on the quality and quantity of conversations about safer sleeping with people from disadvantaged home environments?
4. What is the impact of using the resource on infant risk factors around sleep?
5. What can we learn or adapt about the resource to best support rollout?

Methodology

The evaluation adopted a mixed methods approach, combining surveys, interviews and informal feedback for the following participants:

- Phone interviews with four parents following a conversation with a practitioner
- Survey of four parents following a group discussion about the resource
- Practitioner survey with seven practitioners (23% of the total number of practitioners using the resource)
- Conversational feedback on the resource from practitioners across four settings

1. How is the resource being used in practice and what are practitioners' experiences of using the tool?

Implementation

Health Innovation South West identified initial sites through their involvement in previous Perinatal Health Equity stakeholder sessions, further sites were established via introductions from these sites. Practitioners at the sites recognised and respected The Lullaby Trust material and messages, making it fairly easy to arrange early conversations to introduce the resource.

Following an introduction to the resource and reminder of the recent National Child Mortality Database statistics on SIDS and deprivation, practitioners were informed of the project requirements. These were deliberately kept simple: for practitioners to use the resource in their conversations with parents who they felt would benefit from the tool when discussing safer sleep. There were no instructions given for how the resource needed to be used, it was left open for the practitioners to fit the resource into their safe sleep conversations in a way that worked for them and the parents they supported.

Eleven sites were approached in total. All but one site approached could see how they could use the resource. The majority of practitioners were familiar with The Lullaby Trust's existing resources and were referring to them in their conversations with parents, but they could also recognise the challenge faced where the image in the picture of existing resources didn't face the reality in front of them. Only three sites were unable to commit to trialling the resource, where over-commitment to other projects was affecting staff capacity to be involved in anything new (n=2 sites) and one site that didn't have direct client group contact. Although this site felt they wouldn't use the resource, they were able to signpost to another organisation that did become part of the test group.

Settings/roles

The resource was used across eight different settings by approximately 31 practitioners. The table below sets out the range of sites and practitioner roles who adopted the resource.

Setting	Roles using resource	Approx Number of practitioners	Method
University Hospital Plymouth: Transitional Care Ward	Nursery nurses, midwives, student midwives, neonatologists	8	Initial test site where a range of registered and unregistered practitioners used with in-patient postnatal mothers, birthing people and families on a one-to-one level.
University Hospital Plymouth: Community Midwifery	Maternity support workers	6	Maternity Support Workers located in the community midwifery service in Plymouth. Used on a one-to-one contact with postnatal mothers, birthing people and families and will continue to use the resource as part of their safer sleep conversations.
Trevi – Daffodil Family Centre	Family workers	2	Family workers used in a group setting in the Daffodil Centre, where they aim to provide safe and nurturing spaces where women in recovery can heal, grow and thrive.
North Devon Health Visiting	Health Visitors and Health Visiting Assistants	6	Health Visiting Assistants using on a one-to-one level with parents and will continue to use the resource as part of their safer sleep conversations.
Family Nurse Partnership	Family Nurse Practitioners	3	Family Nurse Practitioners in Plymouth used resource on one-to-one level with individual client group and will continue to use the resource as part of their safer sleep conversations.
Dorset Healthcare University NHS FT: Perinatal Mental Health	Perinatal Community Nursery Nurse	3	Perinatal Community Nursery Nurses used in group setting with client group and will continue to use the resource as part of their safer sleep conversations.
WILD Young Parents Project	Wild Project Worker	1	Project Workers used in a group setting with client group to aid conversations about safer sleep. (The WILD Young Parents Project provide whole-family service for young mums, dads, and their children, working with families to

			meet their individual needs and create a positive start to family life).
Plymouth – Family and Baby (FaB) Project	Antenatal Support Practitioner, Early Years Lead	2	Support workers used in an antenatal group setting and with specific caseload on the NICU, where appropriate to aid conversations about safer sleep.

The resource was used in different ways by different practitioners. Some within one-to-one conversations with the families they support, by talking through each issue presented or by asking the family member to spot the risks and discussing their responses (and any issues they missed); and some in a group dynamic with multiple families at once.

“We have a daily check in and also offer a parenting group for our residents and have used the resource at these times.” — PRACTITIONER

“We had a discussion about what we thought the risks were shown on the picture, why you shouldn’t do it.” — PARENT

Practitioner Experience

To best understand how likely practitioners will be to use the resource with the families they support, the evaluation sought to find out whether people were engaged with the concept of using it. The likelihood of adoption of the process of using the tool with families on a regular basis is also reliant on practitioners feeling capable and confident to use it.

Practitioners reported feeling engaged (6 of 7), understanding The Lullaby Trust safer sleeping resource (7 of 7), and how to use it (7 of 7). All practitioners also reported feeling comfortable in raising the issue of safe sleeping with their service users (7 of 7) and feeling confident to have a conversation with a service user about safe sleep, using the resource (7 of 7).

Most practitioners (6 of 7) reported either using it with all of their service users (n=3) or finding it easy to identify who would benefit from the resource (n=3). Only one noted feeling a bit unsure at times as to who would benefit from the resource.

When asked directly about their experiences so far in using the resource, practitioners offered a range of responses. One noted that it was “hit and miss depending on the family” but other comments were more positive:

“When having appropriate conversations it flows into my care pathway well.” — PRACTITIONER

“Having the resource helps have the conversation and leads the service user to ask questions and have more in-depth chat.” — PRACTITIONER

“I have had previous training from The Lullaby Trust about safe sleeping as part of my role working within a children’s centre setting. I found the resource to be very helpful when talking with parents.” — PRACTITIONER

All practitioners agreed that the resource fits well into the support pathway for their service users. Similarly, all practitioners, across settings and methods of using the resource said that they could easily fit the safe sleep conversation into the time they had with their service users.

2. What are the experiences of families who are involved in the conversations about safer sleeping?

Parent Experience

The experience of the conversations about the resource was well received by parents across the methods of delivery, whether running through each point in a group, asking parents to identify the things that could cause harm and discussing points missed, in a one-to-one setting or through having a group discussion about the picture:

“It [the conversation] flowed really well, we was just going through all the points, through like, what was the bad bits about it.” — PARENT, GROUP

“I suppose it tries to help you know how babies sleep safe if you don’t actually know how they sleep safe.” — PARENT, ONE-TO-ONE

“I was handed the picture laminated with a group of young mums and my local support group. I do feel this was the right time and place for the conversation.” — PARENT, GROUP

Parents reported being clear about what the conversation was for and what the key messages were.

“The conversation was pretty clear.” — PARENT, GROUP

“We all understood that it was showing risks that can lead to sudden infant death or pose a risk of harm to the children shown.” — PARENT, GROUP

Practitioner reports aligned to the parent feedback: most (6 of 7) felt that families understood the messages from the resource.

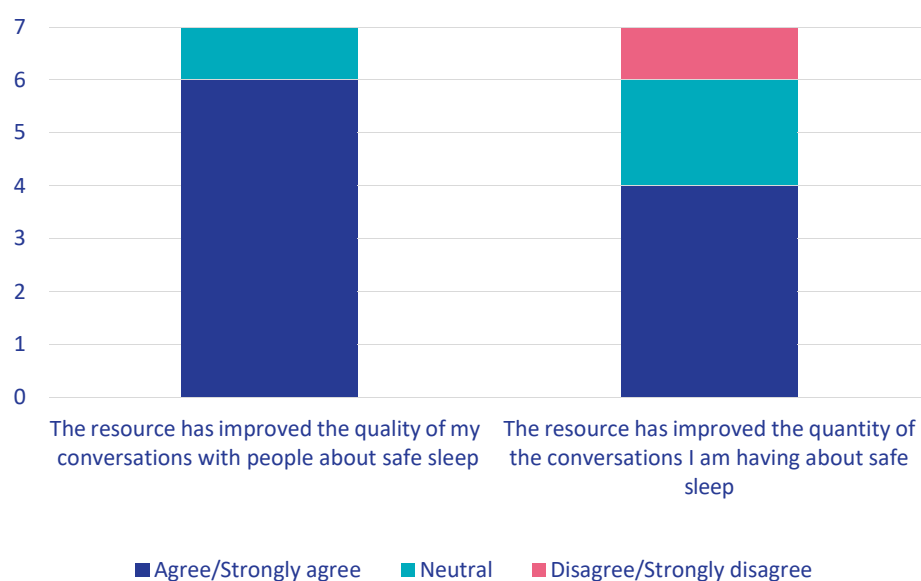
Parents also explained how the use of a picture helped them to understand the issues of safe sleep.

“I think looking at the picture made me a bit more understandable of it (a safe sleep environment).” — PARENT, GROUP

“It was good, I showed myself what I already knew but also what I might actually be doing by accident that might be classed as unsafe.” — PARENT, ONE-TO-ONE

3. What is the impact of the implementation of the resource on the quality and quantity of conversations about safer sleeping?

Most (6 of 7) practitioners reported that the resource had improved the quality of the conversations they had with people about safe sleep and over half (4 of 7) reported that they were also having more conversations as a result of using the resource.



It's a positive and it has helped me to be able to talk more openly and be confident in doing so."

— PRACTITIONER

Practitioners viewed having the resource as a useful way to introduce the conversation, to ensure the breadth of issues is covered, and as a way to stimulate conversation around safe sleep.

“I feel it may prompt more questions around safe sleep.” — PRACTITIONER

“Having the open conversations and it not being made to feel awkward and they all say they watched the videos on Lullaby Trust site once home, both mum and dad.” — PRACTITIONER

“Can get slightly more in depth (with the resource).” — PRACTITIONER

One practitioner noted the importance of having these conversations with both parents as they may not have previously had, or been able to take in, information about sleep.

“The resource sparked lots of conversations with dads and other family members too. They may have missed the discharge talk from hospital and there is a lot to take in at this point, and you’ve just had a baby and are tired and your hormones are all over the place. It’s all very overwhelming.” — PRACTITIONER

Some practitioners noted the resource being useful for the parents, giving the confidence or space to ask questions.

“There has been an ability to discuss using the subject of substance misuse and general clutter in our discussions. I believe the visual has also given residents the confidence to speak out of what they are seeing, and this discussion can then be extended by myself or facilitator.” — PRACTITIONER

“I feel it is good to have a tool to allow the parents to ask questions about the reasons behind some of the risks.” — PRACTITIONER

When asked for feedback, practitioners also noted some specific instances in which the tool was useful to facilitate better conversations of safe sleep, and being able to identify those people they work with who would benefit most from having the pictorial resource.

“I forgot to take the resource with me to a postnatal visit. I had to demonstrate and model how to sleep the baby instead! I really needed the pictures on the resource as the family didn’t have English as a first language.” — PRACTITIONER

“Some of our residents have a learning disability, but the visual picture has enabled a conversation to be generated.” — PRACTITIONER

“I think some parents are more receptive to the conversation and information. I have found that families who may not have had a supportive family upbringing, or access to education, or stable home situations in their life really appreciate me spending the time with them to talk through the resource.” — PRACTITIONER

“The laminated picture and text are a great resource for me. I don’t use it with all families, but definitely for those families who have more complex living or family settings. Trying not to generalise, but there are areas of the city where the resource will be more useful than others, but I guess that’s why it’s there! Otherwise, I *refer them to the standard Lullaby Trust resource that all parents receive on discharge from hospital.*” — PRACTITIONER

Overall, practitioners were positive about their experience in using the resource. Many (5 of 8) have expressed interest in continuing use beyond the trial period.

“I would like to continue using the resource for all residents as the discussion enables everyone to recognise risks.” — PRACTITIONER

4. What is the impact of using the resource on infant risk factors around sleep?

Practitioner Perception of Impact

Practitioners viewed the resource as a useful visual that improves awareness of risk factors for babies' sleep, and helps parents to remember or discuss the issues.

"It has extended the ability to discuss the implications around safe sleeping." — PRACTITIONER

They also offered anecdotal feedback of families who have removed blankets and toys from cots following discussions with the resource, and one practitioner noted a family who stopped letting their child sleep on the sofa.

"They are accessing Lullaby Trust on line and having conversations as a couple and with family and friends." — PRACTITIONER

"Removing cuddly toys from the cot and generally risk assessing their rooms to ensure there are no evident risks." — PRACTITIONER

"A conversation had been discussed within a mother & baby group of how better informed they were after having the information given to them. Had they not received the information they would have thought it okay to place their babies on the sofa to sleep." — PRACTITIONER

Practitioners noted that some of the risk factors were more commonly not known than others, namely sleeping on the sofa, the use of pods or nests and cots being near radiators. Practitioners also observed that prior to the conversation, people often didn't consider naps as sleeping in terms of the risk factors involved.

"They didn't see day-time napping as 'sleeping' so hadn't associated [it] with the higher risk of SIDS." — PRACTITIONER

"One family have decided against buying a nest after their conversation." — PRACTITIONER

After the conversation had occurred, a number of practitioners cited examples where parents had gone on to look at The Lullaby Trust's website for further information about safer sleep.

"Some people hadn't even heard of The Lullaby Trust so were really impressed the free resources on their website, and they had information in other languages which is really helpful!" — PRACTITIONER

Examples included dads accessing the clips and videos on the website, for example how to stay awake during the night feed.

Parent Reported Impact

Many parents felt they already knew about many risk factors associated with their babies' sleep but most acknowledged that they had not previously been aware of, or thought about, all of the factors displayed in the picture.

"I didn't know that they couldn't sleep in a pod, I was letting my daughter have supervised naps during the day in her pod. Now I've stopped this." — PARENT

The following descriptions of two families' experiences of the resource highlight further examples of changes in behaviour following a conversation with their practitioner about safe sleep.

Case Study 1: Emma*

Emma is a young first-time mum of a 3-month-old baby. She was introduced to the resource through a one-to-one conversation with her care practitioner, who asked her to look at the picture and point out all the things that could cause the baby harm. They then discussed all of the risk factors that Emma hadn't identified.

Emma felt that having a conversation with the resource was useful to help solidify her knowledge of safe sleeping and although she felt that she already knew about most of the issues it raises, she did identify a number of risk factors that she wasn't aware of.

"I didn't realise that being that close to a radiator could be so bad. Obviously she's not next to a radiator but..."

Emma has also made some small but significant changes to her baby's sleeping practice since having the conversation.

"My child, she does like to sleep on her side and if I'm going to be awake and watching her then I'll do it, but obviously overnight when I'm going to sleep, I won't put her on her side anymore."

"I guess more so how letting her fall asleep like if she has a stuffy or something like that could cause obviously something to happen so obviously I've stopped doing that now as well, as soon as she is asleep I'll remove the things around her."

She also feels confident with her practice following discussions with her practitioner.

"Yeah very confident, I feel better about it knowing that I'm doing the right thing... its confirmed by [practitioner] and the poster that I am doing everything right now."

* Name has been changed

Case Study 2: Imogen and Jack*

Imogen and Jack are the parents of a 1-year-old and are expecting baby number two. They took part in a group session at their local family support centre where the resource was introduced to them. Their practitioner talked through each of the points on the poster and discussed what was appropriate and what was not.

Both felt fairly confident around their child's sleep prior to the discussion but did acknowledge learning new things.

"I'd say I knew some of it already."

"Quite a lot I already knew ...but where, positioning the baby on the floor I didn't think was that bad but me looking at it again and seeing all the objects around it and stuff on the sofa and I noticed what it was."

Following on from the group discussion, Imogen and Jack have reflected on the things they will do differently with baby number two regarding their sleeping environment.

"I think obviously the way we did it with [baby number 1] there would be a couple of things that I would change ... probably like falling asleep in the bouncer, I had no idea about the bouncer. Obviously I thought you could leave them in it for a while but you can't leave them asleep in a bouncer."

Both parents are now also feeling more confident as a result of the discussion with their practitioner.

"I'd say I feel an 8 out of 10. Quite confident but obviously you don't know...its improved massively because sometimes you are not aware what the concerns are until you look at it a bit more clearer. "

"I think I'm like medium ish (confident), obviously they have to be like...feet at the bottom of the cot, they can't roll over on their side and they can't sleep anywhere else other than on their back.... I think it [the conversation] has helped a bit yeah."

* Names have been changed

5. What can we learn or adapt about the resource to best support roll-out?

Feedback on the resource

Practitioners and parents were asked to share their thoughts about potential improvements or changes to the resource. When asked specifically about the language and whether they understood everything, most parents answered favourably:

“I think the language was quite clear.” — PARENT

“Yeah it made sense to me.” — PARENT

“It gets the point across well, it shows you different scenarios where things can be wrong like on the sofa, with the car seat, with all the stuff in the crib, next to the radiator and things like that so it makes it all clear. And even if I missed something [practitioner] was still able to point out.” — PARENT

“I think it was all alright the way it was... it could have been worded a bit more simple but it was alright, I understood it.” — PARENT

“Nothing needs to be improved the picture was pretty clear.” — PARENT

There were, however, some common suggestions for improvements or additions to the resource. Some noted that there was perhaps too much going on in the one picture and that perhaps either issues were separated, or the resource was made larger.

“Make it a bit clearer, too many things going on...On the sofa you have all these different objects and on the floor.” — PARENT

“The only barrier I experienced was the A4 resource was visually quite daunting at first to the parents. I found myself breaking the picture down and asking the parents just to concentrate on No 1 area before going onto No 2 etc., until all areas had been covered.” — PRACTITIONER

“I like the resource, but I would print it off in A3 size for parents/carers to visually see more clearly. Every parent I had spoken to initially thought the resource looked 'very busy'.” — PRACTITIONER

“It was a lot of dangers, instead of having a few easy ones and 3/4 more difficult ones as it comes across as a bit silly-looking with all of the hazards that were in the photo.” — PARENT

Families and practitioners made a request to have a “What good looks like” image to refer to alongside the risk factors image.

“The only thing that me and my mother, who obviously attends my appointments with me, thought was that it would be a good idea to have a correct picture on it so you could point out ‘no that’s right and the rest of it’s wrong’, so it does show you what is right and not just what is wrong.” — PARENT

“The thing for me was that it was trying to tell you what not to have around the baby and like an unsafe environment, not a safe one.”

— PARENT

There were also a few standalone comments about potential changes or additional risk factors that could be included in the resource.

“Create a list of useful phrases for practitioners to go along with the resources.” —

PRACTITIONER

“How do you keep babies cool in hot weather?” — PARENT

“Cot bumpers aren’t safe are they?” — PARENT

“The blanket or something on sofa and cot isn’t clear.” — PARENT

“Some have not taken it as seriously as I’d hoped, as it was a cartoon drawing.” —

PRACTITIONER

Following some earlier feedback on the resource, The Lullaby Trust had identified some specific areas for enquiry through the evaluation. One of those was the use of the term ‘disadvantaged’ within the resource. There were a number of comments through the interviews about the wording used to describe the complexity of families living environments as ‘disadvantaged’. Some felt it was offensive and could be worded more carefully.

“‘disadvantaged’ feels judgemental, concerned client-group would take offence to this.” — PRACTITIONER

“The statement saying it’s more likely to happen to disadvantaged families seemed judgmental and attacking in a way.” — PARENT

“It came across as rude saying that families that aren’t as ‘well off’ as others are more likely to put their baby/child at risk so perhaps word it carefully.” — PARENT

The Lullaby Trust may choose to remove reference to this within the resource itself all together given the breadth of family or home situations that the resource could be used to support, and people’s interpretation of the word ‘disadvantaged’.

6. Conclusion

Feedback suggests that in general, practitioners reported having the capability, opportunity and motivation to implement the resource into practice, and that the resource was easily adopted into their current pathways of support.

Conversations with the resource were positively received across deployment methods, whether in a one-to-one or group session, and whether methodically run through point by point, used in a 'spot the risk factor' type discussion, or used as a visual aid to a conversation. This suggests that the tool can be adapted to fit into existing ways of working, making implementation across settings and practitioners possible and practical.

Practitioners felt that having the resource enabled the discussion of a wider breadth of risk factors and facilitated conversations with people who may have found it more difficult without a visual cue. This highlights the benefit of using the tool over and above the conversations practitioners are already having with the parents they support.

As a result of the conversations, parents reported an increase in awareness of some of the risk factors and an increase in confidence to support their child's safe sleep. Parents also reported making changes to their babies' sleeping arrangements to reduce the risk of SIDS.

These findings suggest that the use of The Lullaby Trust resource, alongside well-informed practitioner guidance about safe sleep is likely to reduce risk in the sleep practices of some families being supported. The learning from the evaluation also suggests that practitioners across and beyond the South West region would likely be willing and able to adopt the resource into their care pathways.

Moving forward, there is then potential for national spread of the resource as it becomes available for more practitioners through The Lullaby Trust website. To achieve this national spread however, the resource would need to also be promoted, with guidance, to reach the practitioners who would benefit, and support them to implement the resource into their practice.