

# Hampshire ICON Evaluation Report 1 year on



Author: Kim Jones – Designated Nurse for Safeguarding Children, West Hampshire Clinical Commissioning Group on behalf of Hampshire Safeguarding Children Partnership

## 1. Introduction

1.1 The triennial review of Serious Case Reviews (Sidebotham *et al.*, 2016) highlighted that nationally the highest category of fatal physical abuse amongst children was a severe non-accidental head injury, including intracranial bleeds from suspected shaking injuries. Many of the cases appeared to arise from 'out of the blue' and families were described as being open to universal services; however on closer examination some families had vulnerabilities. Vulnerabilities included domestic abuse, particularly in the context of young parents, ambivalent feeling towards the child and overall social isolation.

1.2 Nationally, Abusive Head Trauma affects up to 25 children per 100,000 in the UK (Kemp, 2011) and this is felt to be an underestimation. The evidence suggests that around one third of severely shaken infants subsequently die as the result of being shaken (Bonnier *et al.*, 2003) and more than half of children aged 0-4 years injured by abusive head trauma will die before they turn 21 years old (Joyce *et al.*, 2018). Further, evidence suggests that males are responsible for inflicting Abusive Head Trauma due to shaking, in approximately 70 per cent of cases (Al-Saadoon *et al.*, 2011) however, depending on the research paper this figure can fluctuate anywhere between 60 and 90%.

## 2. Background to the ICON Programme

2.1 The ICON Programme was implemented in Hampshire in response to a recommendation from a Serious Case Review for a baby, referred to as Child U. Child U's Serious Case Review recommended that Hampshire Safeguarding Children Board '*consider developing, running and evaluating the impact of a local public campaign regarding the prevention of injuries to babies especially severe head injury - perhaps as part of a wider campaign relating to the promotion of advice and information about positive and safe parenting*'. In response to this recommendation, the Designated Nurse for West Hampshire Clinical Commissioning Group presented a proposal to the Hampshire Safeguarding Children Board (now Hampshire Safeguarding Children Partnership (HSCP)) in June 2017 for approval and funding for a multi-agency, multifaceted preventative campaign designed to raise the awareness of Abusive Head Trauma amongst parents and carers.

2.2 The proposal was fully endorsed by Board members and a multi-agency Task and Finish Group was commissioned to design, deliver and evaluate a multifaceted programme of intervention, now referred to locally and nationally as the ICON Programme.

2.3 The original concept for a preventative programme was conceived by Dr Suzanne Smith PhD following a Winston Churchill Memorial Trust Travel Fellowship to USA and Canada in 2016 which studied the effectiveness of interventions and research into the prevention of Abusive Head Trauma. Smith's (2016) report concurred with the existing evidence base regarding the coterminous relationship between infant crying and Abusive Head Trauma and was used as a basis for developing the ICON Programme.

2.4 The ICON Programme is now an established programme of intervention, which reinforces a simple message to parents and carers regarding how to cope with infant crying. The term ICON, is a pneumatic which stands for:

- **I** – Infant crying is normal
- **C** – Comforting methods can help
- **O** – It's OK to walk away
- **N** – Never, ever shake a baby

2.5 Within Hampshire, the core message delivery is completed by universal services, in a touch point format – starting in the antenatal period through to the 6 week postnatal check (see [HSCP ICON Toolkit for full programme](#)). Secondary and tertiary services, such as Children's Services and Early Years Settings also reinforce the ICON messages when they are working with families where additional needs have been identified, such as within parenting classes or within nursery settings.

2.6 The rationale for the touch point approach, which combines conversation with literature and visual aids (posters and fridge magnets) is a widely accepted as an approach to help parents and cares to retain information (Hilton, 2001).

### **3. Work across Hampshire**

3.1 Following the Hampshire Safeguarding Children Partnership's Board commissioning a programme of intervention, a multi-agency Task and Finish Group was established. The remit of the group was to develop and design ICON materials alongside parents, carers and children, develop the implementation strategy for Hampshire partners, pilot and evaluate the impact of the programme in one area of the county, launch the ICON Programme to professionals and the general public, develop and launch 'ICON Train the Trainer' sessions and evaluate the impact and effectiveness of the ICON Programme.

3.2 Following the pilots in early 2018, the ICON Programme was officially launched in Hampshire in September 2018 to over 500 professionals. The public launch went ahead as planned in January 2019, which combined a social media campaign and information sharing events in Havant and Basingstoke town centres. The launches were supported by multi-agency professionals and reached a number of parents, carers and grandparents. The public launch also utilised Hampshire County Council's 'Daisy the Bus' which allowed parents and carers to access the information in a safe space.

### 3.3 Images from the Public Launch



3.4 The ICON messages are also designed to be widely available to parents, grandparents and family friends across a range of mediums, including an ICON web-page, social media and through smart phone apps, which endorses the advice of professionals. The Hampshire Safeguarding Children Partnership has also developed an 'ICON Toolkit' to support the work of professionals within the area.

3.5 Following the launch, in 2018 the HSCP has received feedback from a number of professionals who have utilised the ICON materials and promoted the messages with colleagues and parents/carers. An example of how the ICON Programme has positively impacted on one parent's life was received from a Hampshire social work team manager, and who stated:

*'I wanted to share but keep confidential that this week a case came into my team, whereby the mother of a 3 week old baby with no previous parenting experience had been breastfeeding her baby and pushing her baby into her breast to stop the baby breathing, she was struggling and then realised what she had done and stopped herself before any injury was caused and placed the baby down, walked away and re read the ICON leaflet that had been given to her. She called 111 for help and advice, acknowledged on the phone that she was struggling and talked through what had happened and although this intrusive thought had entered her head she was worried that she may act on it again and may in the future be unable to prevent herself.'*

*We received this information and a Social Worker was allocated and visited, a support plan has been developed even in a short space of time this week the mum and baby have been to their first baby group and has made a new friend and they are meeting up on Monday. There is also a professional's support plan in place, which the mother advised to the Social Worker that this has really helped her and that she is feeling more able to manage.'*

*I am delivering some training next month to continue to share the messages of ICON and how important it is and that we ensure that parents are supported to be open and walk away if they need to....Without this message being shared this baby's outcome may have been very different.'*

#### **4. Report aims**

The aim of this report is to evaluate and summarise information, feedback and audits which have been conducted by the below organisations to establish how embedded the ICON Programme is across Hampshire. The report will consider information received from:

- Southern Health NHS Foundation Trust (SHFT)
- Hampshire Hospitals NHS Foundation Trust (HHFT)
- Hampshire CCGs (Primary Care)
- Services for Children and Young People (SfCYP)
- Hampshire Safeguarding Children Partnership

#### **5. Southern Health NHS Foundation Trust (SHFT)**

5.1 Southern Health NHS Foundation Trust provides the Public Health 0-19 service across Hampshire. This includes the Health Visiting Service, School Nursing and Family Nurse Partnership.

5.2 As part of their commitment to the delivery of ICON in Hampshire, SHFT undertook an audit to establish if the ICON message is being delivered and recorded at both the antenatal and new birth visit and to establish if parents and carers are aware of the ICON message and remember the key points within the programme. SHFTs ICON audit forms an integral part of SHFT's audit programme and will be conducted on an annual basis.

5.2 The objectives of SHFTs Annual ICON Audit include:

1. To establish if the ICON message is being discussed and recorded on the Family and Child Assessment form at Antenatal and New Birth contact within Children's division.
2. To establish if parents/ carers are aware of the ICON message and if delivery of the message is recorded on the Parent held Child Health Record (PCHR).

5.3 SHFT have also included ICON as a Key Performance Indicator (KPI) within the delivery of the 0-19 service, which ensures that the delivery of the ICON message will be regularly reviewed and scrutinised to ensure that the agreed targets are met. Below is the KPI outline, which clearly identifies that the target is for 90% of Hampshire parents/carers to have received the ICON message, both conversationally (recorded in the Family and Child Assessment) and also via the red book. SHFT will also ensure that 80% of parents are aware of the ICON message.

#### 5.4 Table 1: KPIs for SHFT

No.	Standard	Key Indicator Y/N	Target Compliance
1.	Recording of ICON message shared with parent on Family and Child Assessment form	Y	90%
2.	Parent aware of ICON message	Y	80%
3.	ICON insert present in parent held record in clinic setting	Y	90%
4.	Parent aware of ICON message when discussed in clinic setting	Y	80%

#### 5.5 SHFT audit Method & Results

5.5.1 A total of 190 records were reviewed across the 19 HV/FNP Teams across Hampshire. There was a 100% compliance rate with the return, which is to be commended. The results are detailed below and demonstrate that 87% of families were aware of the ICON message and when asked 95% of parent/carers were able to confirm that they had received and remembered the messages.

The table below provides more detail in terms of the audit results.

#### 5.5.2 Table 2: SHFT audit results

Audit of the PCHR - Each team audited 10 PCHR records			
<ul style="list-style-type: none"> <li>• 19 Teams across Hampshire completed the audit</li> <li>• 100% compliance rate</li> <li>• 190 records reviewed</li> </ul>			
	ICON message recorded on ICON on the Personal Child Health Record (PCHR) %	% PCHR where it is documented that parent is aware of the ICON/protecting babies heads message?	% RiO records where ICON been ticked on the child and family assessment form on RiO confirming the discussion has taken place?
<b>Total</b>	<b>80%</b>	<b>87%</b>	<b>95%</b>

**Audit of the Electronic Patient Record Universal Partnership / Universal Partnership Plus**  
**Each team audited 5 records**

- 19 Teams across Hampshire completed the audit
- 100 cases reviewed
- 68% of the parents (68 out of 100) contacted provided a response to the question

	% Children where ICON been ticked on the child and family assessment form on RiO confirming the discussion has been documented?	% Parents able to confirm they have heard the ICON message?
<b>Total</b>	<b>98%</b>	<b>95%</b>

5.5.3 Included within the audit was a free text box to capture feedback from professionals delivering the ICON message. Overall, the feedback was extremely positive and the below work cloud captures the key messages.

**5.5.4 Word Cloud 1: Response to ICON**

*Question: When sharing the ICON message with families, how have you found discussing the messages in relation to ICON and how have you found families have responded to you?*



### 5.5.5 Direct quotes from healthcare professionals delivering the ICON message

**Direct Quote from Hampshire Family Nurse:**

*'I find they (parents) respond really well, especially if I take the doll and show them how shaking can affect a brain. It's really good to talk about it antenatally because then it doesn't seem personal or that you are saying they might shake a baby'*

**Direct Quote from a Hampshire Health Visitor:**

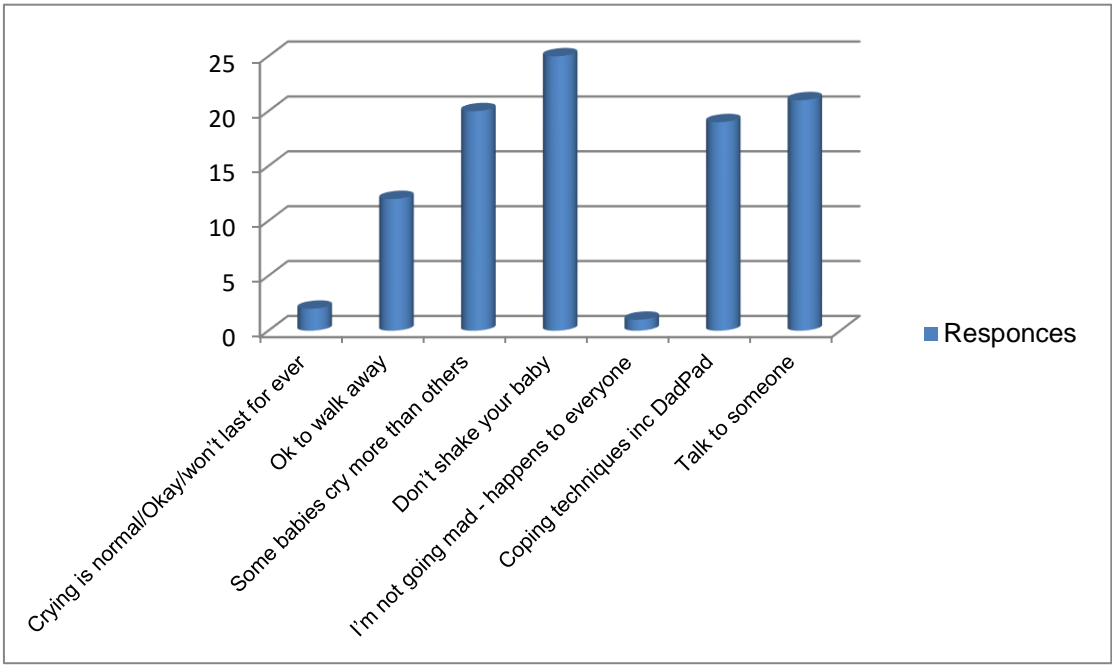
*'I had a lawyer working in child protection feedback, at her antenatal. She loved the simplicity of ICON and how none judgemental I was in discussing it. She felt it was important it was discussed regularly and explained how sad it is as a professional it was for her to work with family's that have harmed babies due to crying and seeing the aftermath of it all.'*

## 6. Hampshire Hospital's NHS Foundation Trust

6.1 Hampshire Hospitals NHS Foundation Trust undertook an evaluation of ICON both amongst parents/carers and also staff members to establish a number of key measures, including the key message parents took from the discussion with the midwife and if their behaviour had changed towards their baby as a result. A total of twenty-five evaluation forms were received from parents/carers (n=25) all of whom remembered discussing coping with crying and eleven from staff members (n=11). Key learning from the parent/carer feedback included:

6.2 **Table 3:** Key messages parents remembered from the ICON discussion with the Midwife





6.2.1 Out of the responses received the message that 100% of parents and carers remembered was 'Don't shake your baby' closely followed by 'talk to someone' and use 'coping techniques including use of the DadPad' and 'some babies cry more than others'.

6.3 A further question was asked of parents and carers, which was could the ICON message be improved on to prevent harm to infants and small children? The details are provided.

6.3.1 **Box 1:** How could the ICON message be improved?

- I say it on the TV, ITV or something I think, would be good as an advert like those Rugby players did
- I like it as it is, the midwives and Health Visitors explain it really well
- It's just another leaflet, I lose them, but I did remember what the midwife said
- I got it in my red book and on Dadpad
- Talk about it more
- I like the Coping with Crying Plan
- My dad liked it too so if was on an advert on TV more people would see it
- My mum thought it was a replacement for antenatal classes, did not get offered classes so was happy to have this
- Gave it to my babysitter she understood it so all good

6.4 When asked '*Would you feel confident to share the advice on crying with other people who care for your baby?*' 100% of the parents and carers responded with 'yes'. Three parents also cited that they had already done so.

6.5 When asked 'After receiving the ICON information did you change your behaviour in relation to your babies crying?'

- 19 - Yes
- 6 - No

Comments included:

- helped when she was crying
- looked up how to comfort a baby, not sure I would have if didn't see the leaflet
- My personal ICON plan helped a lot
- She didn't cry but I was ready if she did
- health visitor was great when I called and asked for help

## 6.6 Patient Story from Hampshire Hospitals NHS Foundation Trust

Mum attended the Emergency Department (ED) because baby Emily\* (pseudonym) who was 15 weeks old had been crying non-stop for 4 days. Emily was alert and well whilst in the department and was settled when mum arrived. Mum broke down in tears and said she could not cope with the crying and was so tired. The staff nurse in ED documented *'discussed ICON and coping with crying, gave advice about rocking baby, singing, asking for help, to make sure Emily is safe and walk away for 5 minutes to get a cup of tea and then go back. Mum said she came to ED because it said in her leaflet to ask for help and she needed to bring Emily somewhere'*.

Baby Emily woke up in the department and the paediatricians reviewed her and information was shared to ensure that Emily's Mum could get support in the community.

On review of the records it highlighted that:

*Baby Emily is well. Mum much more calm now, discussed ICON with mum and gave leaflet as Mum finding it difficult to cope with Emily's crying. Mum reports has already phoned her aunt who is going to stay with her for a few days to help, Mum stated, she feels more comfortable now and is glad that she was reminded about ICON, she said she was happy for the ED team to contact the health visitor for additional support.*

6.7 Staff Evaluation at Hampshire Hospitals NHS Foundation Trust involved asking how they have found discussing coping with crying and ideas on how could the ICON message be improved.

6.7.1 **Box 2:** Survey results for how professionals have found discussing coping with crying with parents.

- Easy
- There are posters everywhere and they already have the leaflet by the time they reach the ward so easy to cover on postnatal ward
- I like it
- It's second nature now if part of our discharge chat
- Have had questions about comfort methods, so need to have time to give advice, sometimes difficult on a busy ward
- Lots of questions during antenatal period, bit difficult to reach dads at the moment because we are not seeing them (due to COVID restrictions)
- One mum asked me about ICON at her 25 week appointment because her friend told her about it and she didn't have a leaflet in her booking pack
- Most women know about it now because dads have accessed Dadpad
- It's in the booking pack so women sometimes ask before 28 weeks, if not we talk to them then
- I have not had an bad responses, I find it ok
- OK

6.7.2 **Box 3:** Survey results for ideas for improving the ICON message to help prevent harm to infants.

- Some changes in the beginning were needed, I think our voices were heard and feel really proud that we piloted the leaflet and it has become such an important message
- More access to support services would be good
- It needs to be talked about and the leaflet not just given so that parents can ask questions, I feel that we rush it a bit when they are discharged from the ward
- That first day home with the baby is always really daunting for parents, I just smile and talk about all the normal things which includes babies crying
- I really hope that I make a difference when I help a mum with advice around comfort methods
- I had a dad ask me why it was OK to leave a baby to cry, he hadn't seen the leaflet, I explain about when baby was safe and not to leave them for too long. He said that needed to be in bold
- No improvement
- More talking
- Need something for younger people
- Website with videos about comfort methods
- Twitter and facebook really hard to look at and difficult to find

## **7. Hampshire CCGs (Primary Care)**

7.1 During 2018, the Named GPs for Safeguarding Children developed a six week check questionnaire based on evidence and research regarding perinatal mental health and coping with infant crying.

7.2 The newly developed six week questionnaire was piloted as part Hampshire's ICON Programme evaluation. Three practices in South East Hampshire and Fareham & Gosport CCGs were included and they used the questionnaire for a period of three months (June – Aug 2018). The results were very favourable with GPs reporting that prior to using the template 90% were not routinely asking about coping with infant crying. Following the introduction of the questionnaire, which included the ICON message, 90% of GPs reported that they felt that their practice had changed and 100% found the ICON message helpful to discuss coping with crying.

7.3 Following the audit, ICON was launched formally across Hampshire including Primary Care in September 2018. This included a rolling programme of promotion and embedding into practice, including introducing ICON within Primary Care training events, conferences and newsletters.

7.4 In January 2020, Hampshire Safeguarding Children Partnership and West Hampshire CCG applied to the Royal College of General Practice (RCGP) for endorsement, which was fully agreed and work was completed with Dr Joy Shacklock to ensure that ICON information is included within the RCGP Safeguarding Toolkit.

### **7.5 Aims of the Primary Care audit**

7.5.1 The aim of the audit was to establish how embedded ICON is within Primary Care practice. The questions included below formed part of the GP Section 11 Audit (Children Act, 2004), the rationale for including within the main s.11 audit was to reduce the burden on Primary Care in terms of reporting.

7.5.2 The ICON questions which were asked of Primary Care were:

- a) Is coping with crying something you usually discuss at the 6 week check?
- b) Are you aware of the ICON Programme and its core message?
- c) Do you find the ICON information helps you discuss crying with parents/carers?

Additional questions were asked, which included:

- a) What actions are required to improve effectiveness?
- b) How will we do this?

## 7.6 Method

7.6.1 The s.11 audit was circulated electronically to Hampshire GP practices. Practices from North East Hampshire & Farnham CCG practices did not complete the full Hampshire s.11 audit as they had recently completed the audit for Surrey CCG. They were however, asked to complete the Hampshire specific questions, which included ICON.

## 7.7 Results

7.7.1 Out of total of 121 GP practices across Hampshire, 104 completed the audit questions in relation to ICON, this converts to a completion rate of 86%. The detail is provided in Table 1 and 2 below.

7.7.2 Overall, the audit demonstrates that there has been a considerable improvement within Primary Care practice, especially regarding asking about coping with crying. The pilot in 2018 indicated that only 10% of GPs routinely asked about crying, however the s.11 audit indicated that 68% of GPs fully meet this requirement and 27% partially meet this requirement, which indicates that overall 95% of practices in Hampshire (who submitted a return) discuss coping with crying at the six week check.

7.7.3 It is also a fantastic achievement and worthy of celebration that 84% of GP practices are fully aware of the ICON programme and only 7% indicated that they are not, which will be addressed as per the action plan.

### 7.7.4 Table 1: Number of GP Practices per CCG Area

Area	Number of GP practices
West Hampshire CCG	48
North Hampshire CCG	15
North East Hampshire and Farnham CCG	20
South Eastern Hampshire CCG	20
Fareham and Gosport CCG	18
<b>Total</b>	<b>121</b>

7.7.5 Table 2: GP audit returns

QUESTION	MET	PART MET	NOT MET
Is coping with crying something you usually discuss at the 6 week check?	68%	27%	5%
Are you aware of the ICON Programme and its core message?	84%	9%	7%
Do you find the ICON information helps you discuss crying with parents/carers?	77%	16%	7%

7.7.6 Additional Information from the Primary Care audit

What actions are required to improve effectiveness?

Overall, the main response from GP practices was that they intend to embed into templates and include the ICON information and discussion within the 6 week check. There was also reference to raising awareness amongst staff by disseminating and delivering/receiving training.



## How will we do this?

Most responses included adding to the template, discussing with colleagues (partners/CCG/practice meetings etc) and reviewing their current practice to ensure that the ICON information is included.



## 8. Training and Development

8.1 To date over 2000 professionals across Hampshire have received ICON training directly from the HSCP and members of the ICON Working Group.

8.2 The HSCP in collaboration with partners, delivered eight 'ICON Train the Trainer' sessions in 2019 in addition to an 'ICON – 12 months on' update which was presented at the HSCP 'Every Sleep Counts' launch in January 2020, which reached over 400 professionals.

8.3 An example of effective assimilation of learning from the train the trainer sessions would be from the Services for Children and Young People (SfCYP). The SfCYP nominated 13 professionals to attend the 'HSCP ICON Train the Trainer' events. In turn, during 2019 the nineteen professionals who received the 'HSCP ICON Train the Trainer', formally trained a further 343 frontline practitioners, who work with children and families. This equates to 26 practitioners per one person trained in understanding what Abusive Head Trauma is, how to deliver the ICON message and what tools are available in Hampshire to support families. Therefore, hypothetically, if this has been replicated by all practitioners who attended the train the trainer sessions, then potentially an additional 2800 practitioners will have received training in delivering the ICON message. The evidence from the SfCYP service provides good evidence that the train the trainer model works in spreading key messages across large staff cohorts.



8.4 Within the SfcYP service there has been a robust evaluation, with regards to the impact of the training, which has led to a number of positive outcomes. For example many settings have displayed the ICON information and are sharing the information via welcome packs. A number of the services are also offering face to face conversations with parents and there are some settings who have scheduled regular conversations with parents and carers to discuss coping with infant crying. Staff within the SfcYP settings also receive updates via their team meetings and the 'crying curve' in particular has been cited as a good opener to have the conversation with parents/carers.

#### 8.5 Direct quote from Young Families Coordinator

*'After attending the Train the Trainer session, our staff have felt passionately about communicating the ICON message to families and expectant parents. We have used the resources provided by ICON in one-to-one sessions and group workshops to raise awareness of infant crying, and to help parents plan for how to manage and cope when it gets tricky.*

*Young Families Coordinator, Shelly, says "I love using the ICON resources with all of our clients. By taking the time to complete a plan and have a meaningful conversation about infant crying, we have the chance to encourage expectant parents to have those difficult conversations with each other, and with family/friends who may look after baby too. Many parents of newborns have found the 'crying curve' particularly reassuring, and we use this to spark conversations around coping strategies and speaking out when it can feel like a bit too much." Thank you ICON!'*

## 9. Hampshire Safeguarding Children Partnership - Cases

9.1 One of the aims of the ICON Programme is to try to reduce the incident of Abusive Head Trauma and the origins of its development within Hampshire stems from a Serious Case Review. Whilst numbers of babies and children who have suffered Abusive Head Trauma is as measurable indicator of whether or not the programme has been successful, there is no way to measure how many cases have been avoided due to the implementation of the programme and successful delivery of the information. Therefore, as per previous reports, the data provided below is solely based on cases which have met the threshold of significant harm and which have been referred into the Hampshire Safeguarding Children Partnership's Learning and Enquiry Group, with a confirmed diagnosis of Abusive Head Trauma.

9.2 Within the timeframe of 1 January 2019 to 1 January 2020, there have been five cases of Abusive Head Trauma referred into the Hampshire Safeguarding Children Partnership's Learning and Enquiry Group and one Serious Case Review was commissioned.

9.3 On closer examination of the cases, there is an interesting finding with regards to where the maternity care was accessed. In all five cases, the maternity care was not provided within Hampshire and in all cases the maternity care was provided in an area who were not (at the time) using the ICON Programme messages. It is difficult to draw evidence based conclusions on a small sample size, however the information would suggest that the maternity element of the ICON message is particularly important, as there have been no cases of Abusive Head Trauma referred into Hampshire Safeguarding Children Partnership's Learning and Enquiry Group, whereby the parent/carers accessed their care from the local maternity provider who have been delivering the ICON message since its launch. This finding reinforces the requirement for the ICON Programme to be delivered fully and by making every contact count at each of the agreed 'touch points'.

9.4 For assurance, the areas where the care was accessed have now commissioned and embedded ICON into their maternity services.

## **10. Bruising referrals**

10.1 One of the known sentinel injuries in infants, which may appear minor, but can be a precursor to ongoing/escalating abuse, is bruising. In Hampshire, there have been cases of observed sentinel injuries, that appear initially to be minor, but that have been a precursor to the baby suffering a significant or fatal injury occurring.

10.2 Alongside the launch of ICON, concurrent activity has taken place by the HSCP in relation to raising the profile of the *Protocol for the management of actual or suspected bruising in infants who are not independently mobile*, locally referred to as the 'Bruising Protocol'. This has taken the form of workshops, conferences, 'Spotlight on' newsletters and other methods to raise awareness, such as via supervision. As part of this concurrent activity, the Designated Professionals within West Hampshire CCG have been overseeing the referrals made under the Bruising Protocol. The intelligence gathered suggests there are more babies being referred into Children's Services than ever before, indeed the number of babies referred under the Bruising Protocol have more than doubled since the launch of ICON. The reasons for this are not fully understood; however it could be hypothesised that professionals and organisations are recognising and responding more effectively to sentinel injuries as a result of training and awareness raising, however conversely there could be more babies being injured than ever before.

## **11. Scalability and sharing the ICON messages**

11.1 ICON continues to be a successful campaign because of its key messages but also because of its scalability across the country and across historical professional boundaries. The HSCP and ICON working group members have worked collaboratively with other areas to support the roll the ICON Programme out nationwide.

11.2 Below are some of the examples of the work which the HCSP and ICON working group members have completed to engage, spread and promote the ICON Programme:

**11.3 Royal College of General Practitioners**



West Hampshire CCG and Hampshire Safeguarding Children Partnership officially presented ICON to the Royal College of General Practitioners, with a request for endorsement. The RCGP fully endorsed the ICON Programme and the Maternal Postnatal Template, which was developed by the Hampshire Named GPs for use at the 6-8 week postnatal check, is fully endorsed by the RCGPs and is included in the RCGPs Safeguarding Children Toolkit.

**11.4 National Paediatric Trauma Network**

The Designated Nurse (West and North Hampshire CCGs) and the HSCP Learning and Improvement Coordinator presented ICON to the Paediatric Trauma Network on 8 October 2019. ICON was then discussed at their business meeting on 11 October and received very positive feedback. An official endorsement has now been offered to the ICON Programme.

**11.5 NHS Parliamentary Award**

West Hampshire Clinical Commissioning Group won the South East Region Parliamentary Award 'Excellence in Healthcare' for the ICON Programme.



## 11.6 Films

The Hampshire ICON Working Group has supported the development of a number of ICON films including:

**11.6.1 Fixers Film:** A film has been produced by three young people, specifically regarding management of a crying infant. This film has been utilised within the ICON E-Learning Programme which has been developed by HSCP for professionals working across Hampshire.



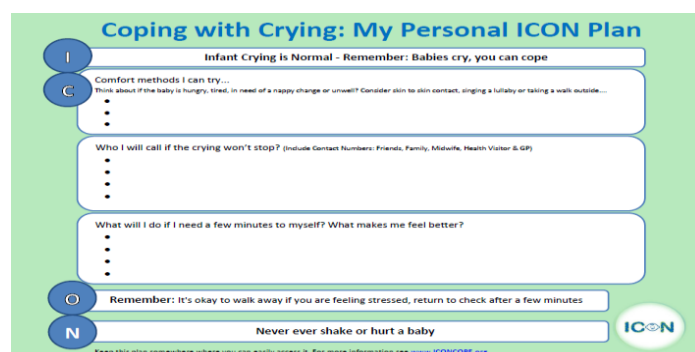
**11.6.2 Ellis' Story:** Mae (Ellis' mother) kindly produced Ellis' Story which has allowed her family's tragic story to be shared at professional training sessions and launch events. Mae also bravely shared Ellis' Story at the Hampshire ICON launch, which made the event poignant and memorable for all who attended.

Ellis' Story can be accessed via this link: [Ellis' Story - told by Mae](#)

**11.6.3 Parent Film:** The film describes the ICON Programme in more detail and discusses how to handle a baby safely, which can then in turn be used in settings to educate parents and carers.

## 11.7 Coping with Crying Plan:

Following the presentation of 'ICON Train the Trainer' to Hampshire Professionals, a recommendation was made for there to be the development of an ICON plan. Following this suggestion, the 'Coping with Crying: My Personal ICON Plan' was developed. This plan is now part of the antenatal/postnatal contact by the midwife and HV. The plan is also available to anyone who cares for a baby and is used by professionals who have contact with the families.

A green-themed form titled 'Coping with Crying: My Personal ICON Plan'. It features a vertical spine on the left with letters I, C, O, N in blue circles. The form contains several sections: 1. 'Infant Crying is Normal - Remember: Babies cry, you can cope'. 2. 'Comfort methods I can try...' with a list of options and a note to think about if the baby is hungry, tired, in need of a nappy change, or unwell. 3. 'Who I will call if the crying won't stop?' with a list of options and a note to include contact numbers for friends, family, midwife, health visitor, and GP. 4. 'What will I do if I need a few minutes to myself? What makes me feel better?' with a list of options. 5. 'Remember: It's okay to walk away if you are feeling stressed, return to check after a few minutes'. 6. 'Never ever shake or hurt a baby'. At the bottom, there is a note to keep the plan somewhere where it can be easily accessed and a website link: www.ICONOFF.org. The ICON logo is in the bottom right corner.

## 11.8 Pharmacy Resources:

West Hampshire Clinical Commissioning Group supported the roll out of ICON to 94 pharmacies across Hampshire to support pharmacists in delivering the ICON message. Dadpad posters are also displayed within all pharmacies.

## 11.9 NHS England Grab Guide

'Prevention of Abusive Head Trauma in Babies' was developed by the Designated Nurse for West Hampshire Clinical Commissioning Group and Dr Suzanne Smith PhD and promoted by NHS England as a quick reference guide to Abusive Head Trauma and ICON.

## 11.10 National Child Safeguarding Practice Review Panel

HSCP and IOWSCP have written to the National Child Safeguarding Practice Review Panel to advise them of the ICON Programme as the Panel are considering Non-Accidental Injury in under 1's as a potential theme for a future national review.

## 11.11 DadPad

DadPad has been re-commissioned for across Hampshire, Isle of Wight, Portsmouth and Southampton.



The DadPad® App is now available in Hampshire for free download!

1. Go to [www.thedadpad.co.uk/app](http://www.thedadpad.co.uk/app) - or use the QR code:
2. Click on the relevant app download button for your device.
3. Once the app is installed, enter your postcode when prompted and select your area.



## 12. ICON and COVID-19

12.1 The ICON Programme has officially been included in the NHS England COVID 19 national effort with some specific COVID-19 related resources having been developed to target those who have become new parents during the pandemic. More information can be found on the [ICON Webpage](#).

12.2 Locally, West Hampshire Clinical Commissioning Group developed a [COVID-19 Primary Care information pack](#) focusing on the 6-8 week check. This reinforced the ICON message and included ICON materials. The information packs have been disseminated to all GP practices across Hampshire and shared with safeguarding colleagues within the local areas.

12.2 The HSCP in collaboration with partners developed key messages for all parents/carers and children/young people which referenced ICON and other HSCP toolkits.

12.3 COVID-19 key messages including ICON have been pushed out to parents/carers via the interactive DadPad App.

### **13. Hampshire's current ICON work and next steps...**

- Hampshire Safeguarding Children Partnership has developed an ICON E-learning programme which has been launched and there is a plan for promotion via social media
- Hampshire Safeguarding Children Partnership have a safeguarding webinar scheduled for professionals regarding the vulnerability of babies and will include Abusive Head Trauma/ICON/Every Sleep Counts and Bruising in non-mobile babies
- Hampshire Police are leading 'Beat' surgeries, which are scheduled for across the county (including IOW, Portsmouth and Southampton), which are promotional stands in prominent places such as supermarkets, which will be promoting ICON alongside other key safeguarding topics such as Domestic Abuse
- Across Hampshire all antenatal education programmes for pregnant women & partners will include ICON information
- There has been an agreement for further develop the Hampshire Safeguarding Children Partnership and Isle of Wight Safeguarding Children Partnership 'ICON Toolkit' to reflect the requests from parents for a 'one stop shop' for all key information. Therefore, this will include ICON and the Hampshire and Isle of Wight Safeguarding Children Partnership's Every Sleep Counts information.

## References:

Al-Saadoon, M., Elnour, I, B., Ganesh, A. (2011) Shaken baby syndrome as a form of abusive head trauma. *Sultan Qaboos Univ Med J.* 11(3):322-7.

Bonnier, C., Nassogne, M, C., Saint-Martin, C., Mesples, B., Kadhim, H., Sébire, G. (2003) Neuroimaging of intraparenchymal lesions predicts outcome in shaken baby syndrome. *Pediatrics.* 112(4):808-14.

Hilton, E. (2001) Differences in Visual and Auditory Short-Term Memory: Psychology Senior Lab.

Joyce, T., Huecker, M. (2018) Pediatric Abusive Head Trauma (Shaken Baby Syndrome)

Kemp, A. (2011) Abusive head trauma: recognition and the essential investigation. *Arch Dis Child Educ Pract Ed.* 96(6):202-8.

Sidebotham, P., Brandon, M., Bailey, S., Belderson, P., Dodsworth, J., Garstang, J., Harrison, E., Retzer, A and Sorensen, P (2016) *Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014: Final report.* Department for Education.

Smith, S (2016). Abusive Head Trauma: The Case for Prevention. Winston Churchill Memorial Trust. Link: [Smith S 2016 WCMT](#)