

# Eyes on the Baby

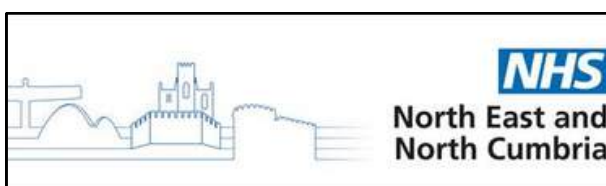


A multi-agency SUDI prevention training & implementation programme

## Information for decision-makers

### Why do we need multi-agency workforce SUDI prevention?

Sudden unexpected infant deaths (SUDI) now cluster in the most impoverished communities in the UK, affecting the highest priority families facing multiple challenges. Universal SUDI prevention guidance delivered by midwives and health visitors, while crucial for maintaining awareness of SUDI prevention within the general population, is insufficient for preventing infant deaths in these complex circumstances. Multi-agency workforce (MAW) SUDI prevention leverages the relationships and contact opportunities that other professionals and services have with at-risk families, and makes use of every opportunity to support infant safety in the most challenging situations, and avoid preventable infant deaths.



## Targeted SUDI prevention is needed to reduce infant deaths

Increasingly the families at risk for SUDI in the UK are also at risk of other adverse outcomes, including child abuse and neglect. The National Child Safeguarding Practice Review panel's *Out of Routine* report (2020) notes that although universal SUDI prevention information is rigorously delivered by health professionals, many of the families most at-risk of SUDI are unwilling or unable to receive or act on this information, and that "something needs to change in the way we work with these most vulnerable families" to prevent avoidable SUDI.

The panel recommended SUDI prevention should be understood as safeguarding work to include partnership working within local areas for responding to issues of neglect, social and economic deprivation, domestic violence, parental mental health concerns and substance misuse, as well as disruptions to everyday life known as 'out of routine'. This work, they noted, "needs to be embedded in multi-agency working and not just seen as the responsibility of health professionals". Local authorities and safeguarding partnerships were encouraged to implement targeted multi-agency workforce approaches for these families.



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

**Starting Well Strategic Manager,  
Public Health.**

*Eyes on the Baby* is an evidence-based training and implementation programme (TIMP) for local authorities, safeguarding partnerships, and front-line organisations, developed in the North-East of England, and designed to embed targeted SUDI prevention into the practice of multi-agency workforce (MAW) staff at every level. With three graded training strands tailored for a wide variety of job roles, *Eyes on the Baby* can be used to efficiently upskill hundreds of staff across a wide range of job roles to signpost, nudge, refer, support and engage relevant families in prioritising their babies' safety and making the safest choices they can in their specific circumstances.

**This programme is relevant to all strategic leaders and stakeholders who are committed to delivering MAW SUDI prevention across their organisation to enable their staff to better support priority families with young babies.**

**NIHR** | Applied Research Collaboration North East and North Cumbria

[NIHR ARC NENC Impact Summary](#)



[NIHR ARC NENC Evidence Hub](#)



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## Programme Objectives

- Organisations and partnerships will develop a community of practice around SUDI prevention.
- Service teams will foster an organisational culture where MAW SUDI prevention is part of normal working.
- SUDI prevention will be consistently delivered to priority families by all relevant staff with whom they interact across the full range of services.
- SUDI prevention will reach targeted portions of the community where universal SUDI prevention is ineffective.
- Relationships between priority families and other professionals will be leveraged to reinforce SUDI prevention while reducing the load on healthcare professionals
- Awareness will be increased among the highest risk families to understand and use safer sleep guidance to the extent they are able, with support, thereby reducing preventable infant deaths over time.

## Staff training

Training content is based on the most up to date UK-based evidence and recommendations from National Institute for Health and Care Excellence, the National Child Mortality Database, Lullaby Trust, and UK Health Security Agency. Designed and delivered by academic experts and experienced practitioners **it is tailored to staff working across health and social care, children's and adult services, education, housing, emergency services, including frontline staff, support and admin staff, management, strategic leads, trainees and student practitioners.** The programme upskills and updates staff, supports them to embed SUDI prevention in their day-to-day roles, and fosters multi-agency working to optimise consistent SUDI prevention messaging across teams, job roles and services. Collaborative working supports ongoing management and staff engagement with MAW SUDI prevention implementation at all levels of the operational workforce.



Led by Professor Helen Ball, in conjunction with Dr Nicola Cleghorn, and Durham County Council, the Durham Infancy & Sleep Centre (DISC) team developed this training & implementation programme with the aim to eliminate unexpected deaths of babies (under 1 year of age). [1]



Professor Ball is an academic and infant sleep researcher who has been involved in setting national and internal SUDI prevention guidance for over 20 years. She is the Director of DISC, a member of the Lullaby Trust Scientific Advisory Group, Chair of the Lullaby Trust Research & Grants Committee, national mentor, author and was awarded the Queens Anniversary Prize in 2018.



Dr Cleghorn is a Consultant Community Paediatrician working in safeguarding specialist roles to support vulnerable children and priority families. She is the Designated Dr for Safeguarding NENC ICB (County Durham, Darlington and North Cumbria), Chair NENC ICB Safeguarding Learning and Progress Sub Group, Member Co Durham & Darlington Child Death Overview Panel and Chair of Performance and Learning Group, Durham Safeguarding Partnership.

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[1] The Eyes on the Baby programme was originally developed and piloted in County Durham in partnership with Durham County Council and Durham Safeguarding Partnership in 2022-23 where 397 MAW staff were trained and evaluated the programme in 2022-23. It was then implemented in Northumberland 2023-24 through partnership with Northumberland County Council, Family Hubs and Northumbria Healthcare NHS Foundation Trust where 627 MAW staff were trained and evaluated the programme. Eyes on the Baby has subsequently been adopted in 2024-25 by Darlington Borough Council, the North-East Ambulance Service (NEAS), and Durham Constabulary.

## Training and implementation package



***Eyes on the Baby* includes a fully-online graded training package emphasising the key UK national infant sleep safety guidance, its underpinning rationale, and how to explain it.**

LEARNING STRANDS	STAFF FEEDBACK
<p><b>1 Staff who have occasional contact with priority families</b> (e.g. whose work takes them inside homes or who provide help in a crisis) learn how to sensitively ask families about baby safety awareness, signpost them to useful information, and make referrals for additional support (Strand 1).</p>	<p>“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!” <b>Rural Librarian</b></p>
<p><b>2 Staff who regularly work with priority families</b> and have existing relationships learn how to engage families in conversations on challenging topics about the care of their baby, and to ask ‘what if questions’ to encourage parents to plan for unexpected circumstances (Strand 2).</p>	<p>“If we need to stay in there longer then we can do that and we can carry on just revisiting, and if we've gotta do something two or three times then we're happy to relay that message until we're confident enough that that family [understands].” <b>Early Help Team</b></p>
<p><b>3 Staff who encounter priority families in both general and specialist healthcare settings</b> are updated on the latest evidence around SUDI prevention and health inequality, informed about the MAW approach, and prepared to support colleagues across multi-agency landscape and respond to their referral requests (Strand 3).</p>	<p>“The workforce are starting to recognise that actually there's a lot of work out there, there's a lot of vulnerability and there are many people who can actually help. It's everybody's business. They [Health Visitors and Community Midwives] can't do it all.” <b>0-19 Service Manager</b></p>

## What will staff learn?



The e-learning training package comprises three graded strands tailored to the needs of the different staff groups. Each strand involves: Training videos for staff (to complete individually or as teams), self-test quizzes to assess understanding, and practice tools and resources to support staff in implementing MAW SUDI prevention.

## How is the programme delivered?

TRAINING STRANDS	VIDEO TRAINING TOPICS
Strand 1. For workforce members who go inside homes, who talk to new parents, or who help in a crisis. They will keep 'Eyes on the Baby': observe, listen, nudge, and refer/report.	Protecting priority families
Strand 2. For workforce members who provide direct support to priority families. They will raise awareness of and reinforce SUDI prevention: explore, remind, support and refer/report.	Understanding SUDI Safer sleep guidance Talking to families
Strand 3. Healthcare professionals will offer targeted SUDI prevention advice, support, inform and guide families, referring to additional services as required. Healthcare professionals will respond to concerns raised as needed from people in strands 1 and 2.	Safer Sleep for all babies Understanding co-sleeping Inequalities & targeted prevention

Online delivery allows staff to learn at their own pace while facilitated practice discussions or optional group training gives staff the opportunity to share ideas on how they can safely use their new learning in practice. The e-learning materials will be available via a training platform which will be accessible to all partner agencies.



## Training Resources

Each training strand includes relevant level graded resources to assist staff when implementing SUDI prevention. For example, Strands 1 and 2 receive a Decision Tree Tool to help them decide what to do in a particular scenario. Strands 2 and 3 receive a list of 'What if?' prompts to help them support a family in planning for unexpected events that might mean they are out of routine. The combination of up-to-date training and tailored resources in the *Eyes on the Baby* programme allows staff to understand their role in SUDI prevention.



## Training Evaluation

The evaluation package uses Normalisation Process Theory to assess how well staff are embedding SUDI prevention in to their roles over time. The information gained will represent the implementation of the MAW SUDI prevention work that takes place across your workforce. Your organisation will use this information to assess what improvements can be made to support staff and service users and highlight what is working well.

## Training Support

Programme leads and strategic stakeholders are provided with manualised implementation and project management guidance, and tools to track how SUDI prevention is embedded into team cultures and working practices. Tried and tested strategies for creating communities of practice are included. Building a community of practice around priority families and staff with cross-service support are integral features of the *Eyes on the Baby* programme to ensure longevity as part of normal working.



## Value of Eyes on the Baby

VALUE TO STAFF	EQUIPPING THE WORKFORCE
<p>Staff feel more confident discussing safe sleep/SUDI prevention with priority families and more able to engage with difficult conversations. Having up to date knowledge and resources supports them to do this. Staff who had not previously been involved in SUDI prevention felt that they had a valuable role to fulfil in an important activity. All staff receive a certificate of completion that counts towards CPD requirements including appraisals and revalidation processes.</p>	<p>“The staff absolutely accept that it's everybody's responsibility ... and they can see that where we have a lot of interactions with families, especially pre-birth or in those first few weeks and months, they definitely think it's their responsibility to have those conversations” <b>Early Help Manager</b></p>
VALUE TO FAMILIES	WORKING IN PRACTICE
<p>Feedback from parents highlighted that the discussions they had with staff helped them understand the need to be more vigilant about safer sleep. They also felt they could trust what they were being told as safe sleep messages from staff were more consistent, reasons for guidance were explained, and information was shared in a non-judgemental way. Discussion of ‘What if?’ scenarios was particularly singled out as being valuable for thinking about unexpected events.</p>	<p>When delivering our prevention programme Brilliant Babies we discuss safe sleeping in a non-judgmental way. Parents have felt comfortable to share if they do co-sleep so we always share the guidelines for every parent. <b>Family Practitioner</b></p>



VALUE TO SERVICES	WHAT SERVICE LEADERS SAY
<p>Stakeholders and Service Leads who quickly saw the benefits of <i>Eyes on the Baby</i> have engaged enthusiastically and encouraged their staff to do the same. Children’s Services, including Early Help Teams, Housing Services, including Housing and Maintenance Officers, and Crisis Services such a Domestic Violence teams, Paramedics and Call-Handlers have all expressed a firm belief they have a crucial role to play in SUDI prevention given the unique opportunities afforded to them by the nature of their roles.</p>	<p>“When I reached out to some of our housing colleagues, substance misuse and others, there was a keen uptake of wanting to get people involved.” <b>Strategic Manager, Children’s Social Care</b></p> <p>“The ambulance service is the gateway to healthcare for an awful lot of people, and we get to see them in unfiltered circumstances, and so we’re much more likely to capture evidence of how people genuinely live their lives.... So for us, we fit into that space really well and anything that we can do as an organisation to protect the most vulnerable service users ... and infants are service users ... anything we can do to protect them is time well spent. So yeah, it's an easy space for us to fill.” <b>Ambulance Service Training Manager</b></p>

## What support will we get?

*Eyes on the Baby* was designed to help you and your staff implement multi-agency working (MAW) SUDI prevention across your organisation and services. There are three required stages to implementing the *Eyes on the Baby* programme, with an optional fourth stage.

1. **Registration of Interest**, allows us to contact you to discuss the scope of delivery for your organisation or partnership, pricing options, and proposed implementation dates. Receipt of a purchase order for the full programme will secure your date to commence stage 2.
2. **Certificate of Commitment** involves identification of all relevant strategic leads and stakeholders to serve on the local Steering Committee, and the appointment of a Core Implementation Team. Attendance of the core team at a half-day training workshop (delivered face to face at your location) on how to implement *Eyes on the Baby*, ensures the programme will operate with fidelity and commitment, and ensure it will be effective in engaging the relevant MAW. Attendance of the relevant strategic leads and stakeholders at an inaugural Steering Committee (online) ensures all relevant partners are identified, informed about, and engaged in implementing *Eyes on the Baby*, and stakeholders have input into determining the scope of the local MAW.

“Like most change management, it's crucial to be getting those early adopters and early implementers and engaging with senior managers.” **Strategic Manager, Public Health**



3. **Initial Programme Roll-out** begins after the certificate of commitment has been completed. A roll-out date is agreed, and the full training and implementation package is made available for training to commence, guided by a comprehensive Programme Implementation Manual (print and digital) with online progress checklists. A series of quarterly check-in meetings are scheduled with the *Eyes on the Baby* management team to support the 12-month implementation process, and remote support via email and Teams is available for the core implementation team during this time.
4. **Ongoing Roll-out** options are available should organisations wish to expand roll-out to additional partners or areas.

Contact details and call to action