**Bury Safeguarding Children Partnership**



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**Safer Sleeping Toolkit and Guidance for Professionals**

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**Introduction**

Relationships are at the heart of Bury’s Let’s Do It Strategy, as is improving population health and wellbeing.  The devastating loss of a child has huge implications for the whole community and the ripples are far reaching.  The immediate aim of Safer Sleeping work across the Borough is to reduce preventable child deaths; in doing so, we will also positively impact wider population health.

By working together as a safeguarding partnership, we want to embed the ethos of protecting children from harm before they are even born and in those first few important months.  We want to work with family and community strengths to ensure the right message and support is available to individual families, at the right time.

A key priority identified for the safeguarding partnership is to embed the messages about safer sleeping, to reduce the risk of infant deaths. Our toolkit promotes the importance of safer sleep and can be used by professionals to support them having the right conversations at the right time with parents and carers to reduce risks.

We want Safer Sleeping to be everyone’s business and we’re asking all partners to deliver safer sleeping messages when working with families.

**Why are we introducing this in Bury?**

For many years, professionals in Bury have been delivering research based ‘Safer Sleeping’ messages to all new parents (see [The Lullaby Trust - Safer sleep for babies, Support for families](https://www.lullabytrust.org.uk/)). Despite this, unsafe sleep practices have been an identified factor in five infant deaths in Bury since 2020. In all cases there was clear evidence of safer sleep messages being delivered verbally and in writing to the parent/s by Midwifery and Health Visiting Services, but the advice was not being adhered to at the time of the infant’s death.

Safer sleep advice is routinely given out to all mothers during pregnancy and in the first few weeks of a baby’s life. We also want safer sleep messages to be given to new fathers, carers and family members who are supporting the family.

Responsibility for delivery of these public health messages currently rest mainly with health providers. Babies with additional vulnerabilities often have contact with other services too. This Toolkit aims to support all professionals working with babies and their families to support a unified message of risk identification and reduction, through open and honest dialogue with parents.

Reviews following the aforementioned deaths identified additional vulnerabilities in the babies and their families including; co-sleeping, alcohol/substance intake, smoking, unsafe sleeping environments, poor parental mental health or the presence of domestic abuse.

These additional vulnerabilities and their contribution to unsafe sleeping related deaths were considered in two national documents:

The National Child Safeguarding Practice Review Out of Routine: [A Review of Sudden Unexpected Death in Infancy (SUDI) where the children are considered at risk of significant harm 2020](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901091/DfE_Death_in_infancy_review.pdf)

The National Child Mortality Database programme thematic report, [Sudden Unexpected Death in Infancy and Childhood (2022)](https://www.ncmd.info/wp-content/uploads/2022/12/SUDIC-Thematic-report_FINAL.pdf)

What these two documents tell us is that, where babies have additional vulnerabilities, their risk of dying in an unsafe sleeping environment increases significantly. The guidance within these documents directs us to develop a ‘prevent and protect’ approach; a generic, population wide, preventative public health message delivered to all families and a more bespoke, targeted approach delivered to those families where other vulnerabilities are known.

The research cited within the above documents highlights that motivational interviewing and relationship based practice is more likely to effect change or positive action when discussing safer sleeping messages with families; this obviously ties in well with the adoption of the Family Safeguarding Model in Bury.

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| Our GENERIC messages to ALL parents and carers are in line with the Lullaby Trust advice and are listed below:   * **Every sleep needs to be a safer sleep**. Have an infant sleep plan and routine, particularly if there is a change in sleep environment. e.g. staying with friends/relatives overnight * Always place your baby to sleep on their **back, on a firm, flat, waterproof mattress.** * Always sleep your baby in a moses basket, crib or cot for every sleep episode, day or night, in the same room as parent / carer for the first six months. * Never leave your baby to sleep on a sofa chair or bed. * Do not cover your baby’s head, face or use lose bedding. * Smoking in pregnancy or during the first 12 months after your baby is born increases the risk of sudden infant death. * Avoid letting your baby get too hot. The ideal room temperature is between 16 and 20 degrees centigrade. * Babies who are unwell need fewer bed clothes, not more.   It is recognised that some parents choose to share a bed with their baby. If so, parents need to seek advice from a health professional to discuss risks and ensure a safer sleep plan is in place.  More information for parents can be found at the [Lullaby Trust](https://www.lullabytrust.org.uk/) |

The Lullaby Trust public health messaging above is a research-based programme aimed at all families. It does not specifically consider the families with additional vulnerabilities, as stated above.

This Toolkit aims to support practitioners to identify additional vulnerabilities in families which will then inform individual risk assessments.

**How to use the tool**

The tool allows practitioners to identify, and therefore support families who are most at risk of unsafe sleeping and sudden unexpected death in infancy.

It is intended for use by all practitioners working with families and infants up to the age of 12 months to assess the sleeping environment and as a basis for discussion to reinforce safer sleeping messages.

It should be used to promote an open, honest conversation with families, ensuring that any increased risk is fully understood by those caring for the baby.

The tool involves mapping known risk factors. It is not about how many boxes are ticked; all are vulnerabilities that singularly will increase the risk of a baby dying in an unsafe sleeping environment. Several vulnerabilities together are cumulative, and the overall risk increases the more vulnerabilities are present.

Babies and unborns who are subject to child protection and child in need planning will, by virtue of their increased level of need, be considered as vulnerable in this context and the use of tool and subsequent risk assessment and planning is especially important in these circumstances. The conversation should be dynamic and part of the wider assessment of context and risk, i.e. an integral part of the child and family assessment and on-going support or protection plans. Where risk is identified, explicit safety goals in relation to sleeping environment should be evident in planning for the baby.

Conversations around some areas of safer sleep advice can be challenging but professionals have a responsibility to explain to parents and carers why this advice is important and, where appropriate, why the risks are higher for specific families.

The guidance states that co-ordinated, multi-agency approaches to addressing the issue of safer sleeping related deaths are the most successful.

* Primary Care Staff (midwives, health visitors, GPs)
* Stop smoking advisers, breast feeding support
* Housing officers, landlords
* Benefits advice
* Social workers
* Early intervention workers
* Police and PCSOs
* Probation officers
* Youth offending
* Children’s centres, family outreach
* Mental health workers
* Substance Misuse Workers
* Complex case holders

**Child at risk of sudden unexpected death in infancy**

The triangle includes all known risk factors that singularly will increase the risk of a baby dying in an unsafe sleeping environment. Several vulnerabilities together are cumulative, and the overall risk increases the more vulnerabilities are present. Please see the appendix for more information about the risk factors.

**What to do next**

**Remember, all families should receive the generic Lullaby Trust messages.**

**If there are any additional risk factors identified (and especially where Child Protection or Child In Need planning is on-going), follow these steps:**

* Check whether the family are aware of safer sleep advice. Check their level of understanding both of the advice and why it is so important to follow it.
* Are they following Safer Sleep advice? Don’t just ask where baby sleeps, **Ask where baby woke up.**
* Remember **every sleep needs to be a safer sleep**: both day and night-time sleeps, and sleeps at and away from home. Research shows us that risk increases when families are ‘out of routine’. Ask parents what their plans are for nights away from the family home. Do they have access to a travel cot? Do they know that sleeping in a car seat for lengthy periods is an additional risk?
* Ensure that the safer sleep for babies information from the Lullaby Trust is given in the parent’s first language.
* Explore what might be preventing the family from following the advice. This could be a range of things including advice from wider family members. Put a support plan in place and follow up as much as your professional role allows.
* Consider referring onto other services for support including mental health services, domestic abuse services and smoking cessation services. Try to explore why they have not engaged before and follow up on any referrals made.
* Complete the Individual Risk Assessment Form below.
* Where risks are raised and additional vulnerabilities have led to statutory intervention, ensure safer sleeping is included on child protection/child in need plans.
* If you have concerns seek advice from your agency’s safeguarding lead.
* Liaise with **other professionals** working with the family e.g. Health Visitor, support worker etc.
* Consider whether the family would benefit from an **Early Help Assessment.**
* Seek advice via **Early Help at** [**earlyhelp@bury.gov.uk**](mailto:earlyhelp@bury.gov.uk) **or please contact the Early Help Consultants** within your locality:

Bury (including Tottington/Ramsbottom) – 0161 253 5200

Radcliffe – 0161 252 7465/7468

Whitefield (including Prestwich) – 0161 253 5077

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| **Individual Safer Sleep Risk Assessment** | | |
| **Name of child** |  | **Date of Birth** |
| **Parent(s) name** |  | |
| **Date of assessment** |  | |
| **Practitioner completing assessment** | **Name** | **Title** |
| **Risk factors**  **identified** | | |
| **Actions taken:** |  | |
| **Review date:** |  | |

**Lullaby Trust Resources**

The Lullaby Trust have lots of safer sleep resources for both parents and practitioners which can be accessed by any practitioner, including those listed below:

Link to current available resources:

[www.lullabytrust.org.uk/publications-2015](http://www.lullabytrust.org.uk/publications-2015)

Safer sleep guidance document for parents and carers:

<https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-babies-a-guide-for-parents-web.pdf>

Easy read card which has been translated into multiple languages: <http://www.lullabytrust.org.uk/publications-2015>

‘Make a Room’ and ‘Spot the Risks’ game which help parents visualise the best sleeping arrangement:



A guide to buying safer sleep essentials:

<https://www.lullabytrust.org.uk/wp-content/uploads/The-Lullaby-Trust-Product-Guide-Web.pdf>

Further resources:

[Out of routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901091/DfE_Death_in_infancy_review.pdf)

[Sudden, unexpected deaths | NCMD](https://www.ncmd.info/publications/sudden-unexpected-death-infant-child/)

**Acknowledgements**

With agreement and thanks, the following resources were localised:

* Rochdale Safeguarding Children Partnership
* Manchester Safer Sleep Guidance
* Nottinghamshire LSCP Safer Sleep Risk Assessment Tool

**Why have we chosen the risk factors in the triangle?**

**Highest risk factors**

**Substance misuse in the household and during pregnancy**

Antenatal use of alcohol and drugs can contribute to premature birth and low birth weight. These factors themselves carry increased risk of SIDS. Whilst the developing foetus is greatly affected by maternal alcohol misuse that is habitual, it is known that binge drinking is harmful to the foetus. Some studies have shown that babies exposed to alcohol during pregnancy have a reduced response when in a situation that challenges their breathing.

The effect of drugs can have a similar effect. Illegal drugs aside, even use of prescription drugs can have an effect on decision-making and sleeping patterns. Drug misuse may often involve a combination of different substances which compound the increased risks.

Parents who drink excessively or misuse drugs can become emotionally less responsive to their babies. Substance misuse by a parent or carer is widely recognised as one of the factors that puts children at risk of harm. The biggest risk posed to children is that parents, when under the influence of drugs or alcohol, are unable to keep their child safe (including overlay through co-sleeping and accidents caused through lack of supervision).

Research from the Foundation for the Study of Infant Deaths (FSID) show that parents sharing a bed with their babies (co sleeping) are associated with an increased risk of unexpected infant death, particularly for parents who smoke, drink alcohol or use drugs.

**Mental health**

Research shows that parental mental health concerns places baby at higher risk of SIDS.

Maternal mental health can affect a mother before, during and after pregnancy and can have a detrimental effect on her capacity to care for her child if she is not supported.

The number of men who become depressed in the first year after becoming a dad is double that of the general population. Twenty five percent of dads experience mild depressive symptoms and around 10% to 12% have a diagnosis of depression. Whether it’s sleep deprivation, money worries, new responsibilities, or the relationship dynamic shifting, dads also have a lot to take on board. Other factors that make postnatal depression in men more likely include: sleeping or crying issues with the baby; drug abuse or dependence; and feeling unsupported by their partners.

**Domestic abuse**

Research shows that domestic violence or abuse places baby at higher risk of SIDS. Wider safeguarding concerns such as domestic violence may be a contributory factor which puts babies at the increased risk of harm.

**Smoking and/or vaping in the household and during pregnancy.**

Smoking cigarettes during pregnancy or after birth can significantly increase the chance of SIDS for baby. Scientific evidence shows that around 30% of sudden infant deaths could be avoided if mothers didn’t smoke when they were pregnant.

Vaping will expose mum to some toxins, and we do not yet know what the risks might be in the longer term. Some vapes contain nicotine, which is an addictive substance, so can still affect baby.

We know that even if a baby’s parents don’t smoke, the baby’s risk is increased by being in smoky environments after birth. A smoky environment is anywhere near someone who is smoking, or in a room where someone has smoked. We know tobacco smoke is harmful to other aspects of baby’s health as well.

**Child**

**Low birth weight (<2.5kg) Prematurity (<37 weeks)**

Babies who are born prematurely (before 37 weeks) or of low birth weight (under 2.5kgs/5.5lbs) are particularly vulnerable, and it is important that all the safe sleep advice is followed.

Premature babies are sometimes slept on their front in hospital for special medical reasons. When they are getting ready to go home these babies should **always sleep on their back** to reduce the risk of sudden infant death syndrome (SIDS).

**Mild symptoms – snuffly, cold**

Research shows that in the 24 hours preceding death, signs of an illness (e.g., cold or viral symptoms) were recorded for 31% of babies.

**Under 1 year**

SIDS is the leading cause of death among infants 1 month to 1 year old. Around 83% of SIDS deaths happen when a baby is six months old or less. The most vulnerable period is under 3 months but it is important to follow safer sleep advice until baby is 12 months old.

**Parenting Capacity**

**CONI / Previous Death**

Parents who have experienced a sudden and unexpected death of a baby often feel anxious when they have another baby. Care of Next Infant (CONI) support is available through health visitors, midwives, paediatricians and GPs for bereaved parents.

**Dad or Co-Parent no receiving safer sleep messaging**

A survey of over 500 dads by The Lullaby Trust revealed that only 32% of new and expectant dads have been given safer sleep information by a health professional. It is vital that dads or co-parents receive safer sleep messaging in addition to mothers.

Similarly, wider family members and friends should know about safer sleeping, ensuring that all sleeps are safe sleeps, even when ‘out of routine’

**Alcohol use**

Some parents choose to share a bed or other sleep surface (also known as co-sleeping) with their babies. Co-sleeping with your baby is very dangerous if you or anyone in the bed has recently drunk **any** alcohol. In these scenarios, it is always best to put baby in their own safe sleep space, such as a cot or Moses basket.

**Young parent under 20**

Research shows unexplained deaths are strongly associated with younger parents. We want young parents to feel better informed, more confident and less isolated through pregnancy, birth and beyond.

**Family and Environment**

**Housing conditions**

Poor home conditions have been reported as a factor in SIDS. Concerns include overcrowding, lack of cleanliness, houses in poor repair, faulty boilers and the presence of damp and/or mouldy conditions.

Families living in overcrowded conditions may have no choice but to sleep together in an unsafe environment, e.g., families not having enough space for a full-size cot for the baby to sleep in. Households with lower incomes are more likely to be overcrowded and living in an overcrowded household is associated with worse health outcomes.

**Temperature of room**

Research has shown that overheating arising from excessive insulation, high room temperature (overwrapping) or both, is associated with an increased risk of SIDS. It is important that baby’s room is a comfortable temperature – not too hot or too cold. The recommended room temperature is between 16 -20°C. It is also recommended to use a room thermometer in the room where baby sleeps. A safe environment for baby includes light bedding or a lightweight well-fitting baby sleep bag. It is also important that baby does not wear a hat whilst they are sleeping as their head is important for maintaining their body temperature by releasing heat. Baby needs to be checked regularly to see if they are too hot. It is normal if baby’s hands and feet are cooler – and baby’s chest or back of their neck should be checked.

**Financial hardship**

Research shows there is a link between unexplained deaths of infants and deprivation. Nationally, a significantly larger proportion of unexplained deaths were of infants living in the most deprived neighbourhoods (42%) than those in the least deprived neighbourhoods (8%).

**Unsafe sleep environment**

The sleep environment is of primary importance and national guidance is definitive in recommending that during the first six months of life, an infant should be placed on their back to sleep, day and night, in a separate cot or Moses basket in the same room as the parents.

A firm and flat mattress that is protected by a waterproof cover should be used. This will help keep the mattress clean and dry, as the cover can be wiped down. Baby’s mattress needs to be in good condition and it needs to fit the Moses basket or cot properly.

Avoid bulky bedding such as pillows and duvets. Soft bedding is not recommended for babies under 1 year due to risk of overheating and head covering.

Never fall asleep on a sofa or armchair with your baby. The risk of SIDS is 50 times higher for babies when they sleep on a sofa or armchair with an adult. They are also at risk of accidental death as they can easily slip into a position where they are trapped and can’t breathe.

Car seats are designed to keep babies safe while travelling, not as a main sleeping place. Car seats should only be used for transport and not as an alternative for cots or highchairs. Baby should be placed on a firm, flat surface to sleep.

A graph with blue and green lines

Description automatically generated with medium confidence**Figure 1 shows the risk factors identified in national cases (taken from Out of Routine)**