

# BSW Sudden Unexpected Death in Infancy (SUDI) Policy



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## 1. PURPOSE

This policy has been developed as a result of findings from a SUDI audit carried out in B&NES and Swindon in 2022.

It forms a prevent and protect framework (See Appendix 2), to ensure that all partner organisations working with families across BSW are able to provide parents/carers with evidence-based interventions and information that prevents the Sudden Unexpected Death of an Infant (SUDI) resulting from unsafe sleep practices.

The aim of this policy is to:

1. Set out clear expectations of all partner agencies, who as part of their role encounter families expecting a baby or who already have an infant;
2. Signpost to up to date, evidence- based advice and information about safer sleeping, which should be shared with all parents and carers;
3. Provide evidence-based information for agencies about known risk factors and families with pre-disposing vulnerabilities;
4. Provide evidence-based information about the importance of recognising and providing guidance to families on out of routine situational risks and out of routine circumstances.

A separate '*BSW SUDI prevention guidance and pathway; promoting safer sleep for infants*' document has been produced alongside this policy providing high level and accessible guidance for staff who may come into contact with families and prospective families and might be in a position to deliver safer sleep message or advice. It also includes a SUDI Prevention action card (Appendix 3) which aims to guide staff in their conversations when supporting parents to apply safer sleeping practice for their babies, particularly where situational risk or 'out-of-routine sleeping' may be a factor.

## 2. BACKGROUND

Despite substantial reductions in the incidence of sudden unexpected death in infancy (SUDI) in the 1990s, at least 300 infants die suddenly and unexpectedly each year in England and Wales (NHS digital, 2019) with a steady increase in these tragedies happening predominantly in families from deprived socioeconomic backgrounds.

In July 2020, The National Child Safeguarding Practice Review Panel published their review of SUDI in families where the children are considered at risk of significant harm; [Out of routine: a review of sudden unexpected death in infancy \(SUDI\) in families where the children are considered at risk of significant harm' \(DfE, 2020\).](#)

Between January 2022 and March 2023, the National Child Safeguarding Practice Review Panel received 483 serious safeguarding incident notifications for children who had died or suffered serious harm. Of those, 33 (21%) related to incidents of SUDI, representing over a fifth of cases notified to the Panel. 26 of these (79%) involved a parent who had alcohol and/or substance misuse recorded.

In addition, there were wider safeguarding concerns, often involving cumulative neglect, domestic abuse and parental mental health concerns.

Pre-disposing risks were often combined with out of routine incidents or situational risks where unexpected changes in family circumstances meant an infant was placed in an unsafe sleeping environment such as: moving to different accommodation, a family party or the arrival of a new partner. Sadly, most were preventable.

The cases reviewed demonstrated continuum of risk. Background risks such as limited access to preventive services and fragmentation between providers, predisposing vulnerabilities and specific situational risks all contributed to the circumstances in which the SUDI occurred (NSPCC, 2020).

It was apparent to the CSPR Panel that safer sleep advice is not clearly received or acted on by some of those families most at risk. For this group of families, the risks to their children extend beyond the direct risks of abuse or neglect to include wider risks to their health, development and wellbeing. The CSPR Panel is calling for local areas to adopt a practice model that encompasses reducing the risk of SUDI within wider strategies for promoting infant health, safety and wellbeing including:

- Robust commissioning to promote safer sleeping within a local strategy for improving child health outcomes
- Multi-agency action to address pre-disposing risks of SUDI for all families with targeted support for families with identified additional needs
- Practitioners in all agencies working with families with children at risk to develop a clearer evidence informed understanding of parental decision making in relation to the sleep environment and how this might be changed
- Differentiated and responsive multi-agency practice with families to promote safer sleeping in the context of safeguarding concerns and other situational risk
- Underpinning systems and processes with relevant policies, procedures and practice tools that support effective multi-agency practice across the continuum of risk of SUDI.
- Development of a prevent and protect model incorporating a continuum of risk. See Appendix 2

Information taken from the Office of National Statistics states: “In 2020, there were 150 unexplained infant deaths in England and Wales, which accounted for 6.7% of all infant deaths that year. This is a decrease from 2019 (187 deaths) and 2018 (213 deaths)” This figure from 2020 represents a rate of 0.24 deaths per 1,000 live births.

Between 1<sup>st</sup> April 2017 and 31<sup>st</sup> March 2022 there were 15 SUDI cases notified to the Child Death Overview Panel (CDOP) from across B&NES (3), Swindon (2) and Wiltshire (10). For context, the respective population sizes of the 3 local authority areas in the 2021 census were: B&NES 193,400, Swindon 233,400, Wiltshire 510,300

The table below shows a breakdown of these 15 cases by year, local authority, age of infant and categorisation of death at CDOP. These reported cases are for infants aged 0-2 whose death was unexpected or unexplained and who were resident in each local authority area at the time.

<b>Date of death reporting year</b>	<b>Local Authority Area</b>	<b>Age at death</b>	<b>Age Group</b>	<b>Event occurred</b>	<b>Categorisation of death at CDOP</b>
2017/2018	Wiltshire	0y 2m 2d	28-364 days	SUDI	Sudden unexpected, unexplained death
2018/2019	Wiltshire	0y 1m 12d	28-364 days	SUDI	Sudden unexpected, unexplained death
2018/2019	Wiltshire	0y 1m 0d	28-364 days	SUDI	Sudden unexpected, unexplained death
2019/2020	Wiltshire	0y 2m 14d	28-364 days	SUDI	Sudden unexpected, unexplained death
2020/2021	Wiltshire	0y 3m 4d	28-364 days	SUDI	TBC
2020/2021	Wiltshire	0y 4m 18d	28-364 days	SUDI	Sudden unexpected, unexplained death
2020/2021	Wiltshire	0y 3m 16d	28-364 days	SUDI	Sudden unexpected, unexplained death
2021/2022	Wiltshire	0y 3m 18d	28-364 days	SUDI	Sudden unexpected, unexplained death
2021/2022	Wiltshire	0y 0m 20d	0-27 days	SUDI	Sudden unexpected, unexplained death
2021/2022	Wiltshire	0y 11m 11d	28 - 364 days	SUDI	TBC
2017/2018	Swindon	1y 1m 15d	1-4 years	SUDI	Sudden unexpected, unexplained death
2019/2020	Swindon	1y 11m 0d	1-4 years	SUDIC	Sudden unexpected, unexplained death
2017/2018	B&NES	0y 5m 12d	28 days- 1 year	SUDI	Perinatal/ neonatal event (included as this case was categorised as SUDI at point of notification)
2021/2022	B&NES	0y 1m 6d	28 days- 1 year	SUDI	TBC
2021/2022	B&NES	0y 3m 1d	28 days- 1 year	SUDI	TBC

### 3. SCOPE: Who is this policy for?

This policy is intended for:

- All agencies and practitioners who provide support or services to parents antenatally, or parents of infants and wider family members/carers who provide care for an infant.
- All agencies and practitioners who or are in a position to discuss risk reduction of SUDI and safer sleep messages.
- This includes all workers in the statutory, voluntary, community or private sector.

There is an expectation that all services providing support to families incorporate this policy into practice and promote the safe sleep messages as appropriate to their role.

### 4. DEFINITIONS

*Taken from Out of Routine: A Review of Sudden Unexpected Death in Infancy (SUDI) in families where the children are considered at risk of significant harm (DfE 2020)*

- **Bed sharing:** Where the parent or parents sleep in the same bed with their infant. It is often done by mothers or caregivers to extend breastfeeding, to employ easy access to breast for night feeding, and to foster bonding or physical closeness with infants.
- **Co-sleeping:** The practice of sharing a bed, sofa, armchair or other surface with an infant for sleep, which can take place intentionally or unintentionally.
- **Families with children at risk:** Families whose circumstances indicate high risk of significant harm, including:
  - current or previous child protection or children in need plan
  - cumulative neglect
  - known misuse of alcohol or drugs
  - domestic violence or criminal behaviours
  - mental health problems deemed to present a risk to children's wellbeing
  - unsuitable housing or frequent moves of home
  - parents who are care leavers\*
  - other children removed from care or courts involvement
  - young parents

\* We recognise that although included in this list of additional risk factors, the fact that a parent is a care leaver does not in and of itself indicate that their child is at higher risk of significant harm. However, the baby and parent(s) may be more vulnerable due to a lack of family network, increased likelihood of parent(s) having experienced childhood trauma, and the family may need additional support from services.

- **Out-of-routine incidents:** Unexpected changes in family circumstances immediately before SUDI, in which an infant is placed in an unsafe sleep environment. These situations occur across the full continuum of risk. In high-risk families they may be associated with situations where there is escalating safeguarding risk.

- **Pre-disposing risks:** Factors that are strongly associated with the incidence of SUDI. Local interventions by partner agencies focus on modification of the risk through universal and targeted services.
- **Situational risks:** Where an infant is at risk of significant harm as a result of neglect, domestic violence, parental mental health concerns or substance misuse. In high-risk families, these factors are present in combination with factors such as deprivation, worklessness and poor housing conditions. Work by partner agencies to reduce the risk of SUDI in these families often takes place within a framework of statutory intervention.
- **Sudden infant death syndrome (SIDS):** The sudden death of an infant less than one year old that apparently occurs during normal sleep, which remains unexplained after a thorough investigation, including a complete autopsy, review of the circumstances of death and the clinical history (Krous et al., 2004).
- **Sudden unexpected death in infancy (SUDI):** An unexpected death may be defined as the death of a child that was not anticipated as a significant possibility 24 hours before the death, or where there was a similarly unexpected collapse leading to or precipitating the events that led to the death (Fleming et al., 2000). SUDI refers to all unexpected deaths up to one year of age at the point of presentation.

## 5. RESPONSIBILITIES

Each individual organisation has a role to play in preventing SUDI and supporting delivery of safe sleeping messages and practice for all infants within all families across BSW.

The majority of opportunities for working collaboratively with families and supporting safe sleep infant practices sits with core health and social care teams, including Maternity Services, Family Nurse Partnership, Health Visiting, Children's Social Care and Early Help Services.

However, there are also important opportunities to support safe sleep practice when family contacts are made by workers from organisations such as acute hospitals, adult social care, primary care, police, probation, housing, fire service, drugs and alcohol services, smoking cessations services etc. These contacts may be in the family home or any other environment, such as a hospital or clinic. It is important that any workers going into family homes should be alert to the infant's sleep space and make every contact count. All workers should be able to support parents to maintain a safe sleep environment for their infants through the provision of key safe sleep messages, enabling parents to understand SUDI risk factors and understanding how to escalate concerns about unsafe infant sleeping practices.

It is the responsibility of the organisation to ensure that workers have appropriate training and access to resources to enable them to deliver key messages and guidance and escalate any concerns. Any concerns should be raised in line with individual agencies' policies and procedures and following local safeguarding children procedures.

Information should be provided in such a way that it is understood by the infant's parents or carers. For parents or carers who do not understand English, an approved interpreting services should be used. The [Lullaby Trust website](#) has links to leaflets available in over 20 languages and easy read guidance.

Sharing of information with other agencies relating to the infant of families moving between services and/or out of area should include a record of any safe sleep risks and action plans, support and conversations with parents/carers.

## **6. IN HOSPITAL**

All new parents in hospitals and midwifery led units should be encouraged to spend time in skin to skin contact with their new baby to establish bonding, settling babies and establishing breastfeeding, where relevant. Staff should be vigilant in ensuring skin to skin contact is safe and the possibilities of any accidents are minimised. Examples of possible risk exposure includes on ward transfer, after operative birth, after sedative medication, and during extreme tiredness. All mothers should be encouraged to stay close to their babies whatever their preferred infant feeding choice.

Literature consistent with the Safer Sleeping Guidance, on reducing the risk of SUDI, should be given and discussed with all mothers early in the postnatal period. The safest place for a baby to sleep whilst in hospital is in a cot by the side of parent's bed, or a sidecar crib.

If a mother chooses to share her bed with her baby whilst in hospital, to maintain skin to skin contact, for cuddling or feeding her baby, staff should ensure that:

- The benefits and risks of bed sharing are discussed to allow fully informed choice.
- Written information on bed sharing is provided (documentation must be made in the care plan/records that the information has been given discussed and understood).
- The effects of analgesia are discussed and documented.

If the mother makes a fully informed choice to bed share with her baby, all information and care given should be documented. Staff should discuss appropriate sleeping positions (in case the mother falls asleep with or without intention). The mother and baby should be monitored by staff as frequently as is practicable. Effective communication with other members of staff and on hand over of care is essential. Mothers will need to take responsibility for protecting her baby from falling out of the bed/entrapment/overheating. In hospital the bed should always be lowered as far as possible. In hospital, advise the mother to keep the curtains or door open if taking the baby to bed so that staff can observe if she inadvertently falls asleep whilst bed sharing.

If there are any professional concerns regarding the safety of an infant this should be addressed and raised through local procedures.

## **7. ALL CURRENT EVIDENCE BASED INFORMATION**

All practitioners and workers should be able to provide the same consistent message in relation to safe sleeping and to challenge any factors that contribute to unsafe sleeping. Messages must be based on the most current evidence-based information enabling parents and carers to create a safe sleep space and protect against SUDI.

For the most up to date messages, visit [The Lullaby Trust](#) . The separate '*BSW SUDI prevention guidance and pathway; promoting safer sleep for infants*' document



includes up-to-date key safe sleep information and links. It also includes a SUDI Prevention action card (Appendix 3) and can be used to support safer sleep conversations.

## 8. SAFER SLEEP APPS

Parents and carers may be provided with details of the following free Safer Sleep Apps:

- The Infant Sleep Info App provides key information from the Basis website in a handy format for mobile devices. Covering normal sleep development, sleep location and sleep safety the familiar info from the website is delivered in smaller chunks. A bed-sharing decision tool guides parents through the key considerations for safer bed-sharing and explains when bed-sharing may be inadvisable and why. A [Sleep log tool](#) helps parents track their baby's sleep, displaying this info on a chart depicting the range of normal sleep for infants of different ages to provide reassurance.
- The [Baby Check app](#) from the Lullaby Trust features 19 simple checks that parents can do if their baby is showing signs of illness. Each check tests for a different symptom and when completed, a score is calculated that tells parents or carers how ill their baby is. The app then lets parents know whether their baby needs to see a doctor or health professional.

NOTE: Any parent should use the app as an aid if their child is unwell but if concerned, they should seek medical assistance.

## 9. KNOWN RISK FACTORS AND RISK ASSESSMENT

All practitioners and workers should make parents and carers aware of the following known risk factors:

- Falling asleep on a chair, sofa or beanbag with an infant. This can be associated with SIDS due to entrapment as the baby may get wedged causing suffocation. If the parent is sleeping with the parent/carer they may roll over on a sofa and suffocate the infant.
- Smoking during pregnancy or breastfeeding
- Infants being in the same room as someone who is smoking
- Bed-sharing in certain circumstances (see section 11.15)

It is important to remember that ALL families should receive the same universal safer sleep information, as outlined in section 13. Where a family may be eligible for extra support, there are known risk factors or out of routine circumstances present, more in depth safer sleep conversations should be had.

While we don't currently have a recommended risk assessment tool to use with families in the BSW area, work is being done by the University of Bristol to develop a Baby Sleep Planner, which will be shared when available.

## 10. OUT OF ROUTINE

Out of Routine Situational risks and out-of-routine circumstances act together to increase the risk of SUDI and may mean that families find it difficult to or impossible to engage with standard safer sleep messages (The Child Safeguarding Practice Review Panel, July 2020). Parents must be advised to consider how they can continue to practice safer sleep behaviours when out of their own home.

Examples of situational risk or 'out-of-routine sleeping' factors may include:

- Temporary and emergency housing (Local Authorities must ensure space for, and access to a cot for all babies under 2) [Homelessness code of guidance for local authorities - Chapter 17: Suitability of accommodation - Guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities-chapter-17-suitability-of-accommodation-guidance) – Section 17.12 and 17.13
- Altered sleeping arrangements (holidays, family occasions, staying with relatives, illness fleeing domestic abuse)
- Deprivation and poverty indicators, overcrowding
- Evidence of neglect, domestic abuse and parental criminality

Practitioners and workers should advise families in these circumstances to:

- Remember **ABC**:
  - **Always** sleep your baby...
  - ...on their **back**...
  - ...in a **clear** cot or sleep space.
- If baby is staying elsewhere, ensure that grandparents, babysitters or other carers have information about safer sleep, especially the ABC message above.
- Use a cot or Moses basket if possible.
- Infants need just a few basic items for sleep: a firm, flat, waterproof mattress and well-fitted bedding.
- **Travel cot mattresses** are thinner than a standard cot mattress but are fine for an infant to sleep on. Follow all of the safer sleep advice outlined in the previous pages of this document.
- If using a **pram/carrycot or a buggy**:
  - ensure the base is flat and not sloping or tilted
  - keep the hood down when indoors
  - keep checking the infant's temperature. The padded sides of a buggy/pram/carrycot may trap more heat. If their skin on their neck or chest feels sweaty, remove a layer of bedding or clothing.

Families should be reminded not to:

- use products such as swings and baby bouncers as sleep spaces; they are not firm and flat.
- cover the buggy or pram/carrycot if parents/ carers are using one.

The link below to The Lullaby Trust provides further guidance about safer sleep in away from home or emergency situations: [Safer-sleep-for-babies-away-from-home-or-in-emergency-situations](https://www.lullabytrust.org.uk/Safer-sleep-for-babies-away-from-home-or-in-emergency-situations).

## **11. REDUCING THE RISKS: GUIDANCE ON PREVENTION FOR ALL FAMILIES**

### **11.1 Cots and cot bedding**

The safest place for an infant to fall asleep is in a cot, in the same room as the parent/ carer for the first 6 months. For details of safe sleeping products and guidance, visit the Lullaby Trust: [www.lullabytrust.org.uk/safer-sleep-advice/sleeping-products/](http://www.lullabytrust.org.uk/safer-sleep-advice/sleeping-products/)  
<https://www.lullabytrust.org.uk/safer-sleep-advice/mattresses-and-bedding/>

### **11.2 Moses baskets and cribs**

The same sleeping advice should be given for Moses Baskets and cribs as is given for cots. Again, they should be kept in babies' carers' room for the first six months.

### **11.3 Travel cots**

Travel cots should be used following manufacturers' instructions. The advice in relation to cots, cribs and Moses basket also applies to use of travel cots.

### **11.4 Car seats**

Car seats are essential for safety when travelling, but infants should not sleep in a car seat for long periods as many aren't flat, which can mean the infant is slumped over. It is recommended on longer journeys to take regular breaks and use these to remove the infant from the car seat. Detailed information about car seat safety is available at the lullaby trust:

[www.lullabytrust.org.uk/safer-sleep-advice/car-seats-and-sids/](http://www.lullabytrust.org.uk/safer-sleep-advice/car-seats-and-sids/)  
[www.lullabytrust.org.uk/wp-content/uploads/9-car-seat-factsheet-2019.pdf](http://www.lullabytrust.org.uk/wp-content/uploads/9-car-seat-factsheet-2019.pdf)

It is illegal to smoke in a car (or other vehicle) with anyone under 18. The law changed on 1 October 2015, to protect children and young people from the dangers of second-hand smoke. Both the driver and the smoker could be fined £50. The law applies to every driver in England and Wales, including those aged 17 and those with a provisional driving licence

### **11.5 Slings and other baby sleep devices**

When wearing a sling or infant carrier, keep in mind the TICKS guidelines:

- **T**ight;
- **I**n view at all times;
- **C**lose enough to kiss;
- **K**eeP chin off the chest;
- **S**upported back

Further information on safe use of slings is available at:  
<https://www.lullabytrust.org.uk/safer-sleep-advice/swaddling-slings/>

## 11.6 Bedding and swaddling

If parents and carers decide to adopt swaddling, it is important to follow the safety advice given by the lullaby trust: <https://www.lullabytrust.org.uk/safer-sleep-advice/swaddling-slings/>

**Remember: The safest place for a baby to sleep is in a separate, clear cot or Moses basket with a firm, flat, waterproof mattress.**

## 11.7 Sleeping position

The best sleeping position for a baby is on their back with the baby's feet at the foot of the cot. Information about safe sleeping positions can be found at: <https://www.lullabytrust.org.uk/safer-sleep-advice/sleeping-position/>

If a family has twins, see the guidance below for the lullaby trust and BASIS twin sleep information sheets. <https://www.lullabytrust.org.uk/safer-sleep-advice/twins/>  
<https://www.basisonline.org.uk/twins/>

## 11.8 Sleepwear

Parents and carers should be advised to:

- Remove bibs before sleep
- Ensure that suitable clothing is worn for the temperature of the room
- Ensure flame retardant sleepwear

## 11.9 Temperature

All practitioners need to be aware of the increased risks of SUDI in warm weather. Infants can overheat easily. Parents and carers should be helped to understand this and be provided with additional information on how to ensure safer sleep in warm weather. <https://www.lullabytrust.org.uk/safer-sleep-advice/baby-room-temperature/>

## 11.10 Use of dummies

If parents choose to use dummies, the guidance below from the lullaby trust should be given: <https://www.lullabytrust.org.uk/safer-sleep-advice/dummies-and-sids/>  
<https://www.lullabytrust.org.uk/wp-content/uploads/7-dummy-factsheet-2017-1.pdf>

## 11.11 Breastfeeding

Even breastfeeding for a short time can be protective for an infant. Both partial and exclusive breastfeeding have been shown to be associated with a lower SIDS rate, but exclusive breastfeeding was associated with the lowest risk. SIDS risk is halved in infants who are breastfed for at least 2 months (The Lullaby Trust). For more guidance, see:

[The Lullaby Trust, Breastfeeding and SIDS;](#)

Breastfeeding support for parents:

- [NHS.UK, Breastfeeding: the first few days;](#)
- [UNICEF, Support for Parents;](#)
- National Breastfeeding Helpline **0300 100 0212**
- **Breastfeeding Friend.** Sign in with Facebook and message the Start4Life Breastfeeding Friend chatbot for fast, friendly, trusted NHS advice anytime, day or night. Also works with Google Assistant and Amazon Alexa.
- Essential guide to feeding and caring for your baby in BSW: [Essential Guide to feeding and caring for your baby](#)
- [Somer Valley Breastfeeding Network](#)
- Breastfeeding Welcome Swindon and Wiltshire: [Breastfeeding Welcome Scheme](#)

## 11.12 Immunisations

Immunised infants have a significantly lower risk of SIDS and as such, practitioners have a responsibility to ensure families have all the information they need to make informed decision regarding immunisations.

## 11.13 Illness

Guidance in respect of COVID-19 is available from the lullaby trust, based on public health advice: <https://www.lullabytrust.org.uk/safer-sleep-advice/coronavirus-and-caring-for-your-baby/>

Always seek medical advice if you are worried about an infant– either linked to coronavirus (COVID-19) or any other health issue

Parents, carers and healthcare professionals can access expert advice about common childhood illnesses and how to treat them via a free mobile app, called HANDi App.

Developed and approved by Paediatric Consultants at the Royal United Hospital (RUH), the HANDi App provides expert advice on how best to manage the six most common childhood illnesses: diarrhoea and vomiting; high temperature; chestiness; newborn problems and stomach pain. The HANDi App aims to give parents and carers more confidence in dealing with minor conditions at home.

It's easy to use as it takes the user through a series of questions about the symptoms their child is experiencing and then advises on the best course of action, whether that's to treat at home, make a GP appointment or to go to A&E.

B&NES and Wiltshire residents can search for 'HANDi App' in their app store to download it.

To find out more about the HANDi App, [visit the RUH website.](#)

## 11.14 Smoking

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

Taken together with the risks of smoking around a baby at home, this means that smoking could be linked to 60% of sudden infant deaths (The Lullaby Trust).

[Saving Babies' Lives, Version 3](#) care bundle, provides evidence-based best practice, for providers and commissioners of maternity care across England to reduce perinatal mortality.

Element 1 focuses on reducing smoking in pregnancy by implementing NHS-funded tobacco dependence treatment services within maternity settings, in line with the [NHS Long Term Plan](#) and [NICE guidance](#). This includes carbon monoxide testing and asking women about their smoking status at the antenatal booking appointment, as appropriate, throughout pregnancy. Women who smoke should receive an opt-out referral for in-house support from a trained tobacco dependence adviser who will offer a personalised care plan and support throughout pregnancy.

All agencies coming into contact with a family should provide the following information to parents from the lullaby trust: <https://www.lullabytrust.org.uk/safer-sleep-advice/smoking/>.

Support and information on accessing smoking cessation services should always be provided.

#### B&NES:

<https://bathneshealthandcare.nhs.uk/wellness/stop-smoking-support/>

[Health in Pregnancy.](#)

[ruh-tr.hipsteam@nhs.net](mailto:ruh-tr.hipsteam@nhs.net)

#### Swindon:

Specialist	Stop	Smoking	Midwife
Tel:	07585		402192
Email:	<a href="mailto:gwh.stopsmokingmidwife@nhs.net">gwh.stopsmokingmidwife@nhs.net</a>		

[Smoking in Pregnancy Service | Great Western Hospital \(gwh.nhs.uk\)](#)

#### Wiltshire:

Smokefree Wiltshire: [Smokefree-Wiltshire](#)

[ruh-tr.bloomproject@nhs.net](mailto:ruh-tr.bloomproject@nhs.net)

Other useful resources for smoking cessation include:

[The National Centre for Smoking Cessation and Training \(NCSCT\)](#), which has a range of online briefings and training on:

- [Smoking cessation: a briefing for midwifery staff](#)
- [Standard Treatment Programme for Pregnant Women: a briefing for midwifery staff](#)
- [Brief Advice on smoking for pregnant women online training](#)
- [Secondhand smoke: promoting smokefree homes and cars online training](#)
- [E-cigarettes: a guide for healthcare professionals](#)

The smokefree pregnancy challenge group has a range of materials / infographics and videos that can be shared <https://ash.org.uk/resources/view/training-materials>

### 11.14 Sharing a bed with your baby

Some families will choose to share a bed with their baby.

Both the NHS and Lullaby Trust have guidance on how to most safely share a bed with an infant:

<https://www.lullabytrust.org.uk/safer-sleep-advice/co-sleeping/>

<https://www.nhs.uk/conditions/baby/caring-for-a-newborn/reduce-the-risk-of-sudden-infant-death-syndrome/>

Key messages from these are that if parents choose to share a bed with an infant, they should:

- make sure the infant sleeps on a firm, flat mattress lying on their back and does not have any pillows or duvets near them.
- not have other children or pets in the bed at the same time
- not smoke, have had 2 or more units of alcohol, have taken recreational drugs, have taken medicine that causes drowsiness (as outlined in the risk factors below)
- Ensure they are planning on co sleeping in a bed. Do not sleep on a sofa or armchair with an infant.

It is important to note that bed sharing with an infant presents an increased risk under the following conditions:

- If the parent/ carer has been drinking alcohol
- If the parent/ carer regularly takes or has taken drugs (illegal, prescription or purchased over the counter including anaesthetics after day case or dental surgery)
- If the parent/ carer has any illness (physical or mental) or condition that affects awareness of the baby
- If the baby has a high temperature (then medical advice should be sought via GP or 111)
- If the parent/ carer in the bed has a high temperature
- If the parent/ carer's response to their baby is impaired, for example they are excessively tired or unwell
- If the baby was small at birth (born before 37 weeks or weighing less than 2.5kg at birth).

## 12. PREVENTION IN FAMILIES WITH PREDISPOSING RISKS

The risk of SUDI is increased in families who experience socio-economic deprivation, living in poor or overcrowded accommodation, parents with adverse childhood experience, parents with reduced ability to detect harm in their own interpersonal relationship, parental mental health problems, alcohol or substance misuse, ongoing and cumulative neglect, parental criminal behaviours, relationship breakdown and/or new partners. These factors may be exacerbated when there is limited engagement with services, including late ante-natal booking and/or mistrust of professionals. Prematurity or other vulnerabilities in the infant are additional risk factor ([Out of routine: a review of sudden unexpected death in infancy \(SUDI\) in families where the children are considered at risk of significant harm, DfE, 2020](#)).



Professionals such as police, fire services, housing, drug and alcohol services, smoking cessation services and probation are well placed and have a significant role to play in identifying predisposing and situational SUDI risk factors. Professionals should discuss and provide the family with safe sleep information. The '*BSW SUDI prevention guidance and pathway; promoting safer sleep for infants*' includes a SUDI Prevention action card (Appendix 3) and can be used to support safe sleep conversations.

Furthermore, in cases where the risks are assessed to be of concern due to situational risks and vulnerabilities professionals should consider a referral to children's social care.

In some instances, the family may already be open to children's social care. If a new referral is made to children's social care this will be screened and a decision made whether this should progress for further assessment. The screening process will take account of safe sleep risk factors. If the family is an existing open case to children's social care any new information received should inform whether a new assessment is required. In both instances the assessed risks will determine what additional safeguarding actions should be considered. Discussion with the multi-agency team around the child will take place and will inform planning in order to safeguard the child. Where the child is subject to a child in need plan or child protection plan these plans will be updated accordingly to incorporate safe sleep expectations. Where a family has an early help assessment and plan, this plan should also be updated to incorporate safe sleep expectations.

### 13. LOCAL SUPPORT FOR MENTAL HEALTH, DRUGS AND ALCOHOL, DOMESTIC ABUSE

	B&NES	Swindon	Wiltshire
<b>Mental Health</b>	<p>Bath Mind 01225 316199 <a href="mailto:admin@bathmind.org.uk">admin@bathmind.org.uk</a> AWP Primary Care Liaison Service 01225 325680 <a href="#">AWP primary care liaison service</a>  <a href="#">AWP perinatal mental health</a>  See <a href="https://livewell.bathnes.gov.uk/">https://livewell.bathnes.gov.uk/</a> for information about available services for families.  Further signposting and support information for professionals can be found on the B&amp;NES Early Help App (search for 'B&amp;NES' Early Help' in the App store to download)</p>	<p><a href="#">Swindon IAPT (LIFT)</a> 01793 836836  <a href="#">AWP primary care liaison service</a> 01225 325680  NSPCC Pregnancy in mind 01793 <a href="#">Pregnancy in Mind   Parental mental health service   NSPCC Learning</a>  <a href="#">SHINE postnatal depression support</a> 07886570933 <a href="mailto:lauraine@shine-support.org">lauraine@shine-support.org</a>  <a href="#">AWP perinatal mental health</a> 01249 767851 <a href="mailto:awp.referralsbswperinatal@nhs.net">awp.referralsbswperinatal@nhs.net</a>  Ocean: birth, loss and trauma service 01249 477399 <a href="mailto:awp.bswmmhs-referrals@nhs.net">awp.bswmmhs-referrals@nhs.net</a></p>	<p>Wiltshire Mind: <a href="#">Wiltshire Mind - here for you</a> <b>01225 706532</b>  <a href="#">AWP perinatal mental health</a> 01249 767851 <a href="mailto:awp.referralsbswperinatal@nhs.net">awp.referralsbswperinatal@nhs.net</a>  <a href="#">Wiltshire Talking Therapies: AWP</a>  SHOUT 24/7: <a href="#">Free mental health support by text   Your care Your support Wiltshire</a>  Family Hubs: <a href="#">Family hubs -</a></p>



		<a href="http://www.gwh.nhs.uk">Baby bereavement   Great Western Hospital (gwh.nhs.uk)</a>	<a href="#">Wiltshire Together</a>  <b>0800 970 4669</b>
<b>Drugs and Alcohol</b>	<p>DHI 01225 329411 <a href="mailto:TheBeehive@dhbath.org.uk">TheBeehive@dhbath.org.uk</a></p> <p>See <a href="https://livewell.bathnes.gov.uk/">https://livewell.bathnes.gov.uk/</a> for information about available services for families.</p> <p>Further signposting and support information for professionals can be found on the B&amp;NES Early Help App (search for 'B&amp;NES' Early Help' in the App store to download)</p>	<p><a href="#">Change grow live drug and alcohol service</a> 01793328150 <a href="mailto:SwindonInfo@cgl.org.uk">SwindonInfo@cgl.org.uk</a></p> <p><a href="#">Nelson Trust</a> 01793 495812 <a href="mailto:Swindon.info@nelsontrust.com">Swindon.info@nelsontrust.com</a></p>	<p>Connect Substance Use service <a href="#">Connect Wiltshire   Turning Point (turning-point.co.uk)</a> Tel: 0300 555 0157 <a href="mailto:connectreferrals@turning-point.co.uk">connectreferrals@turning-point.co.uk</a></p> <p><a href="#">The Nelson Trust</a></p>
<b>Domestic Abuse</b>	<p>Southside Family Project 01225 331243 <a href="mailto:enquiries@south-side.org.uk">enquiries@south-side.org.uk</a> Julian House 01225 354650 <a href="mailto:admin@julianhouse.org.uk">admin@julianhouse.org.uk</a></p> <p>See <a href="https://livewell.bathnes.gov.uk/">https://livewell.bathnes.gov.uk/</a> for information about available services for families.</p> <p>Further signposting and support information for professionals can be found on the B&amp;NES Early Help App (search for 'B&amp;NES' Early Help' in the App store to download)</p>	<p>Swindon Women's aid 01793 610610 <a href="https://swadomesticabuse.org/">https://swadomesticabuse.org/</a></p>	<p>Fear Free <a href="http://www.fearfree.org.uk/refer/wiltshire">www.fearfree.org.uk/refer/wiltshire</a> 01225 775 276 Enquiries and referrals <a href="mailto:spa@fearfree.org.uk">spa@fearfree.org.uk</a></p>

## 14. YOUNG PARENTS (UNDER THE AGE OF 20)

Babies born to parents below the age of 20 are three times more likely to die from sudden infant death syndrome (ONS, 2017). The Lullaby Trust provides dedicated support for young parents. See: [Little Lullaby website](#).

Family Nurse Partnership (FNP) is a preventative programme offered to first time mothers. FNP is an intensive, targeted intervention which has been shown to improve vulnerable children's development, their readiness to learn at school, and their early educational attainment: factors which are known to influence improved health, wellbeing and economic outcomes for people in the long term. In B&NES the offer is universal for clients 19 and under with their first baby and targeted for the 20–24-year-old who meets specific eligibility criteria that were designed to meet the needs of the B&NES demographic. There is no extended eligibility in Swindon and Wiltshire.

<https://bathneshealthandcare.nhs.uk/childrens/family-nurse-partnership/>

<https://wiltshirechildrensservices.co.uk/our-services/fnp/>

<https://localoffer.swindon.gov.uk/earlyhelpservices>

## 15. THE ROLE OF CORE HEALTH AND SOCIAL CARE PRACTITIONERS IN PROTECTION

Core health and social care practitioners who work with children and families are expected to be able to provide parents and carers with consistent safer sleep messages, and to have the skills to engage parents in safe sleep conversations and to provide respectful challenge if they have concerns in relation to unsafe sleeping arrangements and/or factors that increase the risk of SUDI to the baby such as smoking, alcohol and substance misuse. This includes sharing information and concerns with the relevant lead professional for the infant. The '*BSW SUDI prevention guidance and pathway; promoting safer sleep for infants*' document includes a SUDI Prevention action card (Appendix 3) and can be used to support conversations.

- Midwifery/health visiting teams to take on the lead on assessing risk and setting out advice to enable the early identification of an infant with predisposing vulnerability, such as maternal ill health, parental smoking, prematurity, previous SUDI in the family etc. Core professionals should collaborate with these families and co-produce personalised safe sleep action plans to reduce the risk of SUDI, which the Social Worker can also feed into;
- Core professionals undertaking safe sleep risk assessments should discuss the heightened risk of smoking during pregnancy and the infants first year of life, the association between smoking and SUDI should be explained and professionals should explore mitigating factors with parents. Stop smoking advice and referrals should be discussed at every opportunity. All conversations and actions should be noted on safe sleep risk assessment and safe sleep action plan which should be shared with the parents;
- Core professionals undertaking safe sleep risk assessment with the family should incorporate substance misuse and alcohol consumption into the safe sleep risk assessment. Referral needs and support to access appropriate support services should be considered and discussed with parents. Safe sleep action plans should be completed accordingly;
- Whilst the aim of core professionals is to work in partnership with the family to enable a best safe sleep environment and practices it is vital that core professionals at all times work in accordance with safeguarding policy ensuring paramountcy of the infant's safety. In cases where a family continue to place their infant at unnecessary risk of SUDI despite being provided with a clear outline of the risks, advice and support, a referral for additional parenting support through safeguarding processes should be made;
- All Pre-birth assessments and assessments of infants and toddlers undertaken by children's social workers should also include an assessment of risks associated with SUDI and parental understanding and responses to safe sleep. Where concerns emerge, these will be addressed through safety planning and incorporated in to plans going forward (Early Help Assessments, Child In Need plans and Child Protection Plans);
- Where a child is subject to a child protection plan the Child Protection Conference chair will have a key role in ensuring safe sleep is incorporated into the plan and will ensure this is appropriately reviewed at core groups and during visits to ensure progress is being made and the risks are reduced;

- Where the child is subject to a child in need plan the social worker as lead professional with the multi-agency team around the child will be responsible for ensuring plans lead to reducing risks and where this does not happen the social worker will discuss the case planning with their manager with regards to the current plan and whether any further escalation or protective action is required;
- Social worker managers will be responsible for ensuring social workers include an assessment of safe sleep in their assessments and that they receive appropriate training in having safe sleep conversations and understand wider safe sleep research and guidance. Managers will ensure that safe sleep discussions take place in supervision for all cases where there are unborn babies, infants and toddlers;
- The Safe Sleep Risk Assessment and Action Plan should form part of any multi-agency plan for infants and families in receipt of additional support from agencies due to vulnerability and/or safeguarding needs;
- The Safer Sleep Action Plan should be reviewed and updated at all multi agency meetings with the family. It is the responsibility of all agencies to provide and reiterate safer sleep advice during their contacts parent and carers, providing support to enable the family to provide a safe sleep environment for their infant;
- Families need transparent, consistent support and advice to ensure their baby/ infant's safety in their sleep;
- The Safer Sleep Action Plan should state review dates of Safer Sleep Risk Assessments. It should also include actions to escalate concerns if the plan is not being followed by the parents/carers.

All factors that contribute to increasing the risk of SUDI should be openly discussed with the parents/ carers and support provided to reduce risks.

Links to BSW social care threshold documents:

<https://bcssp.bathnes.gov.uk/safeguarding-children>

<https://safeguardingpartnership.swindon.gov.uk/>

<https://www.wiltshiresvpp.org.uk/p/children/about-safeguarding-children>

## **16. HAVING EFFECTIVE SAFER SLEEP CONVERSATIONS**

The Out of Routine report found that when it came to safer sleep, parents were often aware of the advice, but did not act on it for a variety of reasons. Disrupted routines were a common finding in SUDI cases and these often led to parents not following safer sleep advice, either because they were unable to, or because they did not consider it relevant in the circumstances. Models of intervention that rely 'solely on giving information are unlikely to produce meaningful change in this group' (Pease et al., 2020, p6). Parents often treated advice as a list of options, rather like a menu, from which you could choose the most appropriate items; thought the goal was to follow most of the advice most of the time, rather than all of the advice all of the time; and saw occasional risky scenarios as acceptable.

It is therefore important that practitioners and workers are aware of how families may respond to advice and have the necessary training and tools to confidently carry out effective safer sleep conversations.

Evidence shows that interventions are most effective when they are personalised, culturally sensitive, enabling, empowering, relationship building, interactive, accepting of parental perspective, non-judgemental and are delivered over time (National Child Safeguarding Practice Review Panel, 2020).

The Lullaby Trust identifies the following principles that should be applied when discussing safer sleep with families. These principles are also reflected in the [NICE guidance on behaviour change](#):

- Be open and non-judgemental.
  - Creating an environment where families can discuss their situations and concerns without fear of judgement is crucial.
  - Focus on assessing needs rather than making assumptions. For example, breastfeeding families are not automatically 'safer' co-sleepers, and neither are formula fed babies always at a much higher risk. Both groups need guidance that's tailored to their needs.
  - Shock messages that increase fear do not work. For example, shocking messages that imply that all/any co-sleeping leads to death are not helpful. They do not reflect the evidence, and they frighten parents and staff, induce guilt and close down honest conversations (UNICEF, 2019).
- Explore.
  - A relationship-based approach – developing supportive yet challenging relationships – can facilitate more effective safer sleep conversations. Parents are more likely to act on advice from someone they trust and believe.
  - Safer sleep conversations and advice should be tailored to each family's needs. Take time to understand the family's experiences and circumstances. What is influencing the family's sleep practices?
  - Conversations should combine empathy and support with appropriate challenge. Do not be afraid to tell families if their circumstances mean their baby is at higher risk.
  - Remember that it isn't helpful to tell parents what they must or mustn't do; instead, listen carefully and offer information appropriate to their needs (UNICEF, 2019).
- Plan.
  - It may be necessary to focus safer sleep conversations and information on risky situations, and to initiate 'what if' discussions about arrangements to ensure a safer sleep environment.
  - Every family needs a plan to avoid potentially hazardous sleep situations on those occasions when something different happens.
  - For example, questions could include: what's happening tonight? Having a drink? Going on holiday or staying with friends? Letting your partner sleep? What's the family's plan if baby is unwell?
- Be Realistic.
  - Higher risk families may co-sleep either because they are sleep deprived and it's the easiest way to keep their baby settled through the night, or because their house is overcrowded.
  - We need to understand what equipment a parent has available to them, whether they can afford to buy a smaller cot that will fit in the parents' bedroom and if they need any financial support in obtaining the

equipment they need as this will be the primary barrier for most vulnerable families.

- Financial difficulties/poverty are a barrier to a parent having the sleeping equipment they require to facilitate safe sleep. If families are struggling with the costs of buying new cots / mattresses etc, they can speak to an early help practitioner (e.g. Health Visitor or Children's Centre worker) who may be able to help.
- Explain.
  - We know from research and discussions with parents that they are much more likely to follow advice if they understand the reason.
  - It might be helpful to some families to explain normal baby behaviour and discuss expectations. Acknowledge that young babies wake and feed frequently in the night and that this is normal and not modifiable, as young babies are not capable of 'learning' to defer their needs. Accepting this reality can be helpful, as parents are reassured that their baby is normal, and they aren't doing anything wrong. It can also relieve the pressure to find 'solutions' (UNICEF, 2019).
- Give clear advice.
  - Information must be provided in such a manner that it is understood by the baby's carer. For those babies' whose carers do not understand English, an approved interpreter should be used where possible and appropriate. Families with other language and communication needs, including learning disabilities, should be offered information in such a way to aid understanding.

We would also recommend taking a Making Every Contact Count (MECC) approach including supporting people to come up with their own solutions, use of open discovery questions and making the most of brief interactions. More information about MECC training across BSW is available at [www.bathnes.gov.uk/services/public-health/public-health-training/making-every-contact-count](http://www.bathnes.gov.uk/services/public-health/public-health-training/making-every-contact-count)

Further information:

[UNICEF Baby Friendly Initiative – Caring for your baby at night: a guide for parents;](#)  
[UNICEF Baby Friendly Initiative – Having meaningful conversations with mothers;](#)  
[The Lullaby Trust – Safer sleep: saving babies lives: a guide for professionals.](#)

[Promoting Safer Sleeping for Babies in High Risk Groups in England](#) was published in February 2023 by the National Institute for Health and Care Research. The following points should be considered as part of communicating messages effectively with parents:

- The analysis in this report around decision making found some parents reported that occasionally health professionals did not take the time to explain safer sleep recommendations if it wasn't their first child, leaving parents unsure of current recommendations, which highlights the need to safer sleep conversations to take place with families **with every new child that is born.**
- Two interventions which were looked at in this study included young mums accessing advice from their peers via the Little Lullaby website. Parents believed it was a strength that they were peers, which made it easier for them to start conversations with other parents about safer sleep as they already had something in common.

- Practitioners at a stakeholder workshop spoke about the influence of the wider family and discussed the value of interventions aimed at the wider family (e.g. social media campaigns aimed at grandparents).
- Continuity of care was also described as being key for building relationships with parents, to enable open conversations.

One recommendation from the Out of Routine report was to use theories of behavioural change to support the development of safer sleep interventions, taking into account families' experiences and perspectives. The study described in Promoting Safer Sleeping for Babies in High Risk Groups in England used the COM-B model of behaviour change to identify modifications to practice that involve delivering safer sleep messages to parents who have a social worker. The COM-B model, which is detailed in the report, states that capability, opportunity and motivation are essential for behaviour change. The report goes on to describe the Theoretical Domains Framework (TDF) which builds on the COM-B model. The study uses this framework to analyse data from interviews (with families and stakeholder workshop) and systematic reviews on decision-making and safer sleep interventions data, in order to suggest modifications to ways of working with parents who have a social worker. More information about this framework can be found in the report link above.

For easy read information and community languages, visit: [www.lullabytrust.org.uk/professionals/publications/](http://www.lullabytrust.org.uk/professionals/publications/) (you will need to scroll down towards the bottom of the page).

The Lullaby Trust have also produced this image only video, to help share messages: [https://youtu.be/RZA7\\_qpF2H0](https://youtu.be/RZA7_qpF2H0)

## 17. ICON PROGRAMME

The idea for the ICON programme and the different interventions within it was conceived by Dr Suzanne Smith PhD following a Winston Churchill Memorial Trust Travel Fellowship to USA and Canada in 2016 which included the study of effective interventions and research into the prevention of Abusive Head Trauma (AHT). Research suggests that some parents lose control when a baby's crying becomes too much. Some go on to shake a baby with devastating consequences. Dr Smith found that the most effective evidence-based programmes studied provide a simple message that supports parents/care givers to cope with infant crying. Apart from preventing AHT, most people who have ever cared for a baby appreciate some advice about how to comfort a crying baby and how to cope when it goes on for a long time.

The ICON programme has now been commissioned across BSW: [Home – ICON Cope](#)

ICON is all about helping people who care for babies to cope with crying.

ICON 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



Practitioners and workers are advised to:

- Give every prospective and new parent, ideally mum and dad together the ICON leaflet
- Ensure this is read through with the parent (s).
- Direct parents/carers to photograph the leaflet, ideally the male attending the birth, so they have the information on their phone.
- The leaflet, along with the 6-minute key talking point guide and the ICON personal plan and information can be downloaded and printed from the SSCP website as well as the ICON website [www.iconcope.org](http://www.iconcope.org). Parents/caregivers should also be encouraged to access the website.

## 18. SAFER SLEEP TRAINING

Information about safer sleep training can be found at:

<https://www.lullabytrust.org.uk/professionals/training/>

BSW Safer Sleep in Under 1s webinar, October 2022:  
<https://vimeo.com/759637515/227756d49e>

## 19. SUPPORT FOR PARTNERS

It is really important for partners/ 2<sup>nd</sup> parents/ carers to be involved in safer sleep conversations. Partners/ 2<sup>nd</sup> parents/ carers may also benefit from additional guidance and resources. The following links may be helpful for partners to access support and guidance:

Lullaby Trust provides up to date safer sleep guidance for parents and families:  
<https://www.lullabytrust.org.uk/>

Proud2bParents is an inclusive organisation for all routes to parenthood, including LGBT+ parents and carers: <https://www.proud2bparents.co.uk/>

BSW Maternity Voices provide resources on a wide range of topics for parents and families: <https://www.bswmaternityvoices.org.uk/resources/>

Family Rights Group advises parents, grandparents, relatives and friends about their rights and options when social workers or courts make decisions about their children's welfare. They work with parents whose children are in need, at risk or are in the care system and with wider family members and friends who are raising children (known as kinship carers). <https://frg.org.uk/>

In B&NES there is a dedicated page for Best Start in Life guidance and support available for parents: <https://livewell.bathnes.gov.uk/best-start-life> or from the Early Help App (Under the Family Support and Parenting- Best Start in Life section)

### 19.1 Advice for Dads/ Male Carers

All of the advice and recommendations within this policy is equally important to communicate to male as well as female parents and carers.

[The myth of invisible men: safeguarding children under 1 from non accidental injury caused by male carers](#) was published by the Child Safeguarding Practice Review Panel in September 2021. The report looks at cases of babies under 1 year old who have been harmed or killed by their fathers or other males in a caring role. 35% of all

serious incident notifications involve serious harm to babies, with research suggesting that men are between 2 and 15 times more likely than women to cause this type of harm in under 1s. The report states that “The greater prevalence of male abusers sits alongside a description of men as too often being ‘hidden’ or ‘invisible’ to safeguarding agencies” and in part seeks to address how the safeguarding system can be more effective at engaging, assessing and planning for and with men in the protection of children. While the report examines acts of violence against babies rather than SUDI, it does highlight that men can be overlooked or less often engaged by professionals working with families.

The report highlighted a need to support practitioners to understand the potential impact of crying as a precipitating factor in non-accidental injuries and references the ICON programme (See section 20 above for more information).

The Lullaby Trust has recognised the key role played by dads in the care of infants and a survey of over 500 dads revealed that only 32% of new and expectant dads had been given safer sleep advice by a health professional. In response to this, they have created a dedicated page to provide information to dads. For more information, visit Dad's Zone: [Safer-sleep-advice - Dad's Zone](#).

[Dad Pad](#) has been developed with the NHS as an essential guide for new dads.

## **20. COMMUNICATION AND DOCUMENTATION**

Maternity services will record conversations or information given to parents regarding safe sleeping or other interventions to reduce the risk of SUDI either in the handheld records or in the electronic maternity information system. Information about safer sleep is given at the 36-week ante-natal visit and on discharge, following the birth.

Health Visitors will give generic literature that includes safe sleeping at the 28–32-week antenatal visit. Further documentation regarding advice given to parents by Health Visitors will be recorded on the System 1 client medical record and in the personal child held record (red book) if the client has one. This is currently only in use as a hard copy record.

Family Nurse Partnership will discuss safer sleep with parents/carers, using resources as facilitators, at the new birth visit, 6–8-week review and 3–4-month contact. FNP will also share The Lullaby Trust and the infant feeding padlet link with parents and carers. The contents of any leaflet issued must be explained in full at the time it is issued. All communication difficulties (including learning difficulties) and language barriers must be addressed at the time the leaflet is issued checking with the parent(s) that they have understood the advice given.

Staff should aim to foster a culturally sensitive care approach in accordance with the religious and cultural beliefs of the parents and families whilst maintaining the safer sleep message.



## 21. CARE OF NEXT INFANT

Parents who have experienced a sudden and unexpected death of a baby often feel anxious when they have another baby. Working with local public healthcare providers The Lullaby Trust facilitate a service for bereaved parents: <https://www.lullabytrust.org.uk/bereavement-support/how-we-can-support-you/our-care-of-next-infant-scheme/>

**Sands** supports anyone affected by pregnancy and baby loss to offer understanding and comfort through its Freephone helpline, mobile app, online community and resources, and locally through a UK-wide network of around 100 regional support groups.

Sands works in partnership with health care professionals, trusts and health boards and offers a range of training programmes and bereavement care resources to ensure that every bereaved parent and family receives the best possible care wherever they are in the UK.

Sands supports and promotes research to better understand the causes of baby deaths, improve maternity safety and save babies' lives. The charity also raises awareness of baby loss and works with governments, key influencers and other stakeholders to make reducing the number of babies dying a priority nationally and locally.

## 22. RECOMMENDED RESOURCES

- Safer Sleep for Babies – A guide for Parents: [www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-babies-a-guide-for-parents-web.pdf](http://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-babies-a-guide-for-parents-web.pdf)
- Arden's neonatal baby check template: <https://support.ardens.org.uk/support/solutions/articles/31000154479-neonatal-baby-check>
- Easy Read information comes in various languages and can be found by following this link: [www.lullabytrust.org.uk/professionals/publications/](http://www.lullabytrust.org.uk/professionals/publications/) you will need to scroll down towards the bottom of the page.
- Text free animations: [www.lullabytrust.org.uk/professionals/video-resources/](http://www.lullabytrust.org.uk/professionals/video-resources/)
- Safer Sleep Product Guide: [www.lullabytrust.org.uk/product/safer-sleep-product-checklist/](http://www.lullabytrust.org.uk/product/safer-sleep-product-checklist/)
- Safer Sleep for Emergency Situations Guide: [www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-emergency-situations.pdf](http://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-emergency-situations.pdf)
- Safer Sleep online training presentations: [www.lullabytrust.org.uk/safer-sleep-advice/safer-sleep-for-babies-online-presentations/](http://www.lullabytrust.org.uk/safer-sleep-advice/safer-sleep-for-babies-online-presentations/)
- Baby sleep planner: <https://babysleepresearch.co.uk/baby-sleep-planner/>
- Baby Buddy by Best Beginnings App: [www.bestbeginnings.org.uk/Pages/Category/commission-baby-buddy-app-services](http://www.bestbeginnings.org.uk/Pages/Category/commission-baby-buddy-app-services)
- Action for Children: [Where should my baby sleep? - Support for Parents from Action For Children](http://www.actionforchildren.org.uk/where-should-my-baby-sleep/)
- Sleep – BASIS. Information on Safer Sleep: [www.basisonline.org.uk/sleep-health-safety/](http://www.basisonline.org.uk/sleep-health-safety/)
- MVP BSW Infant Feeding Padlet: <https://padlet.com/BSWMVP/infant-feeding-padlet-bsw-mvp-t3phb5hsufeat0w3>

- The Sleep Charity tips on babies and sleep: <https://thesleepcharity.org.uk/information-support/children/babies-sleep/>
- UNICEF: Caring for your baby at night and when sleeping: [www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/](http://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/)
- Arden's neonatal baby check template: <https://support.ardens.org.uk/support/solutions/articles/31000154479-neonatal-baby-check>
- B&NES HUB SUDI resources page: <https://thehub.bathnes.gov.uk/Page/30650>
- B&NES Early Help App. Search for this in Google Play and the Apple Store
- Best Start in Life Pages on B&NES Live Well: <https://livewell.bathnes.gov.uk/best-start-life>
- B&NES Early Help Toolkit and Threshold Document: <https://thehub.bathnes.gov.uk/Page/23702>

## 23. APPENDICES

### Appendix 1: References

Department for Education (2020) Out of routine: a review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm Available from: [Safeguarding children at risk from sudden unexpected infant death - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/431111/Safeguarding_children_at_risk_from_sudden_unexpected_infant_death_-_GOV.UK.pdf)

Child Safeguarding Practice Review Panel (2021) [The myth of invisible men: safeguarding children under 1 from non-accidental injury caused by male carers](https://www.proceduresonline.com/barnsley/cs/)  
Barnsley Children's Social Care Online Procedures: <https://www.proceduresonline.com/barnsley/cs/>

Salford Safeguarding Children Partnership safer sleep policy <https://safeguardingchildren.salford.gov.uk/parents-and-carers/safe-sleep>

NIHR: Policy Research Unit Children and Families (2023) Promoting safer sleeping for babies in high-risk groups in England [https://www.ucl.ac.uk/children-policy-research/sites/children\\_policy\\_research/files/sudi\\_report.pdf](https://www.ucl.ac.uk/children-policy-research/sites/children_policy_research/files/sudi_report.pdf)

## Appendix 2: The Prevent and Protect Model

### Robust commissioning to promote safer sleeping

- 1** Commissioning focused on healthy pregnancy, good infant care and safety – combining action to address deprivation with health-related interventions  
 Ensure workforce capacity to meet requirements of Healthy Child Programme (particularly transition to parenthood and early weeks)  
 Analyse local data about child health outcomes to inform multi-agency commissioning priorities, including action to promote safer sleeping  
 Research and understand parental perspectives on content and process of safer sleep advice  
 Use behavioural insights and models of behaviour change to design, deliver and evaluate interventions to promote safer sleeping

### RESPONDING TO SUDI – CONTINUUM OF RISK

Pre-disposing risks of SUDI		Situational risks	
2	Smoking in pregnancy Maternal obesity Premature birth Low birth weight Socio-economic deprivation Low-income household Overcrowding and temporary accommodation Adverse childhood experiences Previous safeguarding concerns Mother under 20	3	'Late booking' Cumulative neglect Domestic abuse, mental health concerns, substance misuse and other safeguarding risks Reluctant engagement with professionals Co-sleeping Other pre-disposing risks
	Engaging with HV, midwifery and GP support Promoting breastfeeding and smoking cessation High quality and engaging safer sleep information including safer sleep advice staged and differentiated in line with ante-natal and post-birth cycle		Out-of-routine / critical incidents / unsafe sleep environment
	Targeted safer sleeping advice and support from midwives, HV and GPs Effective, timely, consistent and grown-up safer sleep conversations Early help and targeted support for vulnerable parents – 'coaching' model Adult-focused, child safeguarding aware, advice and support signposting from other professionals		Up-to-date view of the household circumstances and current risks Mental health support – awareness of impact on parenting capacity Domestic abuse – including risks in separated families Understand patterns of alcohol and substance misuse – and signpost support
Multi-agency systems and processes			
		4	CIN and CP plans with impact Multi-agency guidance on safer sleep with differentiated training offer SUDI risk included in thresholds Effective risk assessment processes and timely review of safeguarding risk Safer sleep assessment and risk tool Safer sleeping risk in relevant policies, procedures and practice tools Service culture promotes 'authoritative practice'

**Appendix 3: SUDI Prevention Action Card** (included in *BSW SUDI prevention guidance and pathway. Promoting safer sleeps for infant's* document.)

