



# Day or night, Sleep right.

**Preventing Sudden Unexpected  
Deaths in Infancy:**

Multi-agency risk minimisation guidance



**North Yorkshire**  
Safeguarding Children Partnership

**City of York**  
Safeguarding Children Partnership







# Multi-agency risk minimisation guidance

## Who is this guidance for?

This guidance is for use by practitioners from all agencies working with families where there is an unborn child or infant (up to the age of 1 year).

By working together, in partnership with parents and carers, we aim to minimise the risks of sudden and unexpected death in infancy (SUDI) in all families. It is critical that all professionals who have contact with parents or carers have the same conversations with parents about these clear messages.

## Why do we need to use this guidance?

The sudden and unexpected death of an infant is one of the most devastating tragedies that could happen to any family. At least 300 infants still die suddenly and unexpectedly each year in England and Wales<sup>1</sup>.

North Yorkshire and City of York Safeguarding Children Partnerships have seen a sharp increase in the number of infants who have died because of unsafe sleep practices over recent years.

Some of these cases have resulted in multi-agency reviews.

In July 2020, the National Child Safeguarding Practice Review Panel published a report on “Out of Routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm”<sup>2</sup>. This report identified that these tragic deaths occur more frequently in families that are particularly vulnerable, with many of the risk factors associated with SUDI overlapping with those for child abuse and neglect.

In response, North Yorkshire and City of York Safeguarding Children Partnerships have agreed to adopt a SUDI ‘Prevent and Protect Model’. A key aspect of this model is the introduction of this multi-agency SUDI risk minimisation guidance.

## How and when to use the guidance:

This guidance should be used with all families where there is an unborn child or infant. It is particularly important to talk about risk minimisation, and have continued conversations with **both** parents and where possible with any alternative carers.

Using this risk minimisation guidance with parents will support discussion and open conversation around safe sleeping and any associated risk factors for that particular family. A better understanding of risk enables families to make more considered decisions regarding safe sleeping practices.

Assessing the risks needs to be seen as a dynamic process and tailored to the individual needs of the family.

It's also important to revisit the discussions regarding SUDI prevention according to the changing circumstances and needs of the family.

Importantly, use of the guidance is not about how many boxes are 'ticked' or 'counting up' risk factors. It is about undertaking a holistic assessment so that you can work together, as partner agencies, with families to minimise the risks.



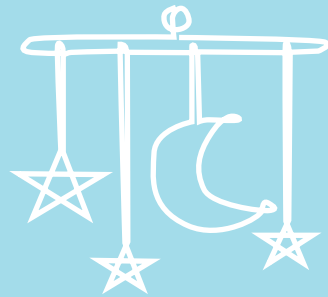
# Universal message

Co-sleeping is a term used to describe parents or carers choosing to share a sleeping space with their infant for most of the night, and not just to be comforted or fed. Research indicates that up to 76% of parents will regularly choose to co-sleep with their infant.

This is often to comfort them, feed them, promote bonding and skin to skin contact. Importantly, 40% of parents admitted to co-sleeping in situations which are dangerous such as on a sofa, having drunk alcohol or as a smoker<sup>3</sup>.

This guidance does not discourage co-sleeping but aims to promote safe co-sleeping and emphasise that the safest place for your infant to sleep is on their back in a cot, crib or Moses basket and in a room with you for the first six months.

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# Understanding the risks

## **Situational risks/out of routine circumstances**

Situational risks are external factors or influences from elsewhere. For example, living in temporary housing, change in partner, altered sleeping arrangement due to a change in circumstances such as fleeing domestic abuse, alcohol or drug use.

Out of routine circumstances would include staying at a relative or friend's house or elsewhere, for example on holiday. Situational risks and out of routine circumstances can act together to increase the risk of SUDI and may mean that families find it difficult or impossible to engage in safer sleep practice.

It is important to strike the right balance between promoting the safer sleep message and exploring the reasons why a parent may choose not to follow them.

It is not about criticising a parent, it is about supporting them to understand the risks and change behaviours that may result in unsafe sleep practice.

## **Working with parents to minimise situational risks or out of routine circumstances**

- It is useful to explore with parents what they will do about safe sleep if the family's circumstances suddenly change, perhaps by sensitively posing scenarios for them to consider.
- How can they make sure their infant is still safe regardless of the change of routine or situational risk?



# Environmental risk factors

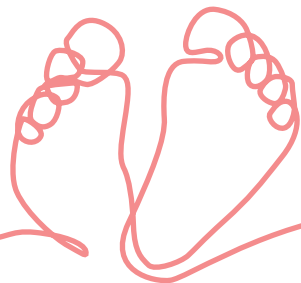
It is important to consider the environment the infant is living in, as hazardous environments can increase the risk of SUDI. Infants sleep at various points during the day and night. It is therefore useful to ask the parent whether the infant sleeps in other places during the day.

An infant's sleep environment should be kept as clear as possible to reduce the risk of accidental strangulation, suffocation, or entrapment. Infants should only sleep on a firm, flat mattress to reduce the risk of SUDI and accidents. The use of duvets, cot bumpers and pillows should be actively discouraged. It's also important to discourage co-sleeping with other young children or family pets.

A sofa is one of the most dangerous places to fall asleep with an infant and increases the risks of SUDI by up to 50 times<sup>4</sup>.

The infant may fall off the sofa or become wedged between the adult and the sofa cushions, making it difficult for them to breathe.

Similarly, accidental deaths have occurred in infants sleeping in sitting devices not designed for this purpose, such as car seats, pushchairs and baby bouncers. Car seats should only be used for transportation. It is useful to explore this with parents, explaining that the airway is very soft in infants therefore it can easily become blocked if their head is in an incorrect position.





An infant's temperature is an important consideration. While it is important to ensure that an infant does not get too cold, it is also important to avoid practices that may result in them getting too hot. The ideal room temperature for an infant is between 10-20 ° C.

It's also important to consider clothing and bedding, and the suitability for the room temperature. For example, infants should not wear hats indoors or when asleep.

It is important to discuss living arrangements and investigate if there are any issues linked to home conditions, for example, the property could be damp, have poor ventilation or may be overcrowded.

The HEAT tool (Home Environment Assessment Tool) can be used help support a comprehensive assessment of the family home.

[www.safeguardingchildren.co.uk/Resources/nyscp-home-environment-assessment-tool-heat](http://www.safeguardingchildren.co.uk/Resources/nyscp-home-environment-assessment-tool-heat)

## **Working with parents to minimise environmental risk factors**

- Support parents to have an increased understanding of the situations and environments that are particularly hazardous by talking through the factors highlighted in this guidance.
- Explore with the parents how they can ensure their infant is in the safest environment for sleep.
- Signpost or support them to gain access to more detailed information on safe sleep environments:

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

# Risk factors for individual children

Infants who are born prematurely (before 37 weeks) or had low birth weight (under 2.5kgs) are more vulnerable to SUDI<sup>4</sup>; therefore, it is particularly important that parents of these children are supported to follow safe sleep advice.

Infants who are unwell can be at increased risk of SUDI due to respiratory issues and/or increased temperature.

It is important that parents are confident in recognising when their infant may be unwell and how to respond.

## Working with parents to minimise the risks for individual children

- Sensitively discuss with parents of premature or low birth weight infants the increased vulnerabilities. It may be helpful to signpost or support them to access additional resources

[www.lullabytrust.org.uk/wp-content/uploads/The-Lullaby-Trust-Safer-Sleep-Advice-For-Premature-Babies.pdf](http://www.lullabytrust.org.uk/wp-content/uploads/The-Lullaby-Trust-Safer-Sleep-Advice-For-Premature-Babies.pdf)

- Explore with parents how they would recognise their infant is unwell and how to access medical attention if this is needed.

[www.lullabytrust.org.uk/safer-sleep-advice/baby-check-app/](http://www.lullabytrust.org.uk/safer-sleep-advice/baby-check-app/)



# Parental risk factors

## Unsupported young parents

Like all parents, teenage mothers and young fathers want to do the best for their children and some manage very well. For a minority, vulnerabilities such as poverty, lower educational attainment, being a care leaver and lack of support can make parenting very challenging.

Statistics show that infants of a teenage mother are significantly more likely to die from SUDI<sup>5</sup>. It is therefore important to consider factors of isolation, along with the role of fathers, as well as the attitudes of friends and family members towards safer sleep guidance.

## Smoking:

Smoking cigarettes during pregnancy or after birth can significantly increase the chance of SUDI. Scientific evidence shows that around 30% of SUDIs could be avoided if mothers didn't smoke when they were pregnant.

Once the infant is born, there is an additional risk of SUDI if there is smoking around the family home.

This means that smoking may be linked to 60% of SUDIs<sup>6</sup>.

If you are working with a family where smoking is a known risk factor, you should explore this with parents and what they can do to reduce the risk. You should also strongly discourage co-sleeping.

## Alcohol use:

Research suggests that moderate to heavy use of alcohol during pregnancy increases the risks of SUDI<sup>7</sup>. Therefore, it is critical for professionals to identify the level of alcohol use during the antenatal period and the usual alcohol intake levels when not pregnant. Professionals should work with the women to either minimise or eliminate use.

Once the infant is born, alcohol use by the parents or carers can lead to unsafe sleep practices. If a parent chooses to co-sleep after using alcohol this can result in the parent accidentally rolling onto the infant or not recognising when the infant is in an unsafe sleeping position.

## **Illegal drug use:**

The use of illegal drugs during pregnancy can have a negative impact on the normal development of the infant and increase the risks of SUDI. There is also clear evidence to suggest that the use of drugs whilst co-sleeping can significantly increase the risk of SUDI<sup>9</sup>.

If you are working with a family and the use of illegal drugs is a known risk factor, you should explore with the parents how they can reduce the risks of SUDI, with a particular focus on avoiding co-sleeping whilst under the influence.

## **Excessive tiredness and use of prescribed medication:**

If a parent or carer is excessively tired or drowsy as a result of taking prescribed medication, co-sleeping should be strongly discouraged as this may increase the risk of SUDI.

Talk to parents and carers about this risk, explore what contingencies they may put in place to avoid this risk.

- Is it possible for parents to ‘take turns’ in getting some rest?
- Who can help safely care for the infant if excessive tiredness or drowsiness is an issue?

## **Mental ill health:**

If a parent is taking prescribed medication for mental health issues, it is important to explore if this medication makes them excessively drowsy or tired, and if so, co-sleeping should be discouraged.

It is also possible that some mental health issues can result in the parent being less attuned to their infant’s needs, this should be sensitively explored in the context of safe sleeping practices.

## **The following questions may help when assessing alcohol use and the risk:**

- Is the mother’s use of alcohol in the antenatal period a concern?
- Does either parent or carer need support with reducing or stopping alcohol use?
- Is there a safety plan in place when either parent or carer chooses to use alcohol?

## **Working with parents where there is increased parental risk factors**

It is important to explore with both parents and alternative carers any identified parental factors that can increase the risk of SUDI and how they can be supported to minimise these risks.

In addition to the suggestions made above, you may find it helpful, according to your knowledge of the risks within individual families, to use the following questions to have an open discussion regarding parental management of risk.

### **Documenting advice given to parents/carers:**

Where safer sleep advice is discussed, or the infant's sleeping arrangements are assessed, a written record should be made. This should provide the details of:

- Who the safer sleep advice was discussed between, i.e. which professional and parent.
- The date and time of the discussion.
- Record the response from parents/carers/relatives, including the choices they plan to make based on advice given.
- Document any risks identified and any advice provided to reduce the risk.
- Record any further action required or any sleep plans agreed.
- Record if you have seen the infant's sleeping arrangements.
- In cases where parents refuse the request from professionals to see the infant's sleeping arrangements, this should be documented. In these circumstances consider whether there may be safeguarding concerns.

### **Examples of useful questions to ask:**

- A friend offered to look after your infant for the night to let you get a good night sleep, how could you ensure your infant would be sleeping safely?
- You have a visitor who is a smoker, how can you reduce the risk to your infant?
- You go to stay at a friend's house for the night, how will you keep your infant safe?
- Some friends bring alcohol, cannabis or other drugs into the house, how do you remove or minimise the risk to your infant?

### **Additional risk factors:**

As described earlier, there is a clear evidence base to suggest SUDIs are much more likely to happen in families with additional vulnerabilities. Many of the risk factors associated with abuse and neglect overlap with those known to increase the risks of SUDI. It is acknowledged that whilst SUDI prevention messages are being rigorously delivered by professionals, families with additional vulnerabilities are either unwilling or unable to accept or implement this guidance.

Therefore, it is critical partners from all agencies understand this challenge and make sure they utilise their skills to find ways of engaging the most vulnerable families in SUDI prevention discussions without appearing critical.

Where there are existing multi-agency plans (Early Help, Child in Need or Child Protection), SUDI risk minimisation must be integral to the plan and ensure that professionals are working with families to support interventions to reduce the risks.

### **What to do if you identify increased risk of SUDI:**

As this guidance has highlighted, SUDI risk minimisation can be complicated and there may be multiple modifiable factors as well as some non-modifiable risk factors in any of the families you are working with.

As with all other areas of safeguarding, it is important to demonstrate professional curiosity in order to understand if there is a safeguarding concern.

If you identify increased risks, you should work with the family to explore the issues and support them to address these.

You should use the multi-agency threshold/decision making guidance to support your thinking and if it is felt that the level of concern requires either Early Help or statutory intervention you should follow the local safeguarding children partnership procedures.

[www.safeguardingchildren.co.uk/professionals/practice-guidance/threshold-document/](https://www.safeguardingchildren.co.uk/professionals/practice-guidance/threshold-document/)

### **North Yorkshire:**

<https://www.safeguardingchildren.co.uk/professionals/procedures-practice-guidance-and-one-minute-guides>

### **City of York:**

<https://www.saferchildrenyork.org.uk/resources/cyscp-documents-resources>

# References

1 NHS Digital. Child Death Reviews (March 2019):

<https://digital.nhs.uk/data-and-information/publications/statistical/child-death-reviews/2019/content>

2 The Child Safeguarding Practice Review Panel : Out of routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm (July 2020):

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/901091/DfE\\_Death\\_in\\_infancy\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901091/DfE_Death_in_infancy_review.pdf)

3 The Lullaby Trust, (2019):

**New survey shows 40% of parents are not co-sleeping safely - The Lullaby Trust**

4 SIDS & SUDI Facts and Figures, The Lullaby Trust (2019)

5 Public Health England, Young Parents Support Framework (2019):

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/796582/PHE\\_Young\\_Parents\\_Support\\_Framework\\_April2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796582/PHE_Young_Parents_Support_Framework_April2019.pdf)

6 Blair, PS, Sidebotham, P, Pease, A & Fleming, P (2014):

**“Bed-Sharing in the Absence of Hazardous Circumstances: Is There a Risk of Sudden Infant Death Syndrome? An Analysis from Two Case-Control Studies Conducted in the UK.” PLOS One.** <http://dx.doi.org/10.1371/journal.pone.0107799>

7 National Institute for Health and Care Excellence (2021):

<https://www.nice.org.uk/guidance/ng194/chapter/Recommendations>

8 Unicef Co Sleeping and SIDS: A guide for Health Professionals (2019):

<https://www.unicef.org/infantfriendly/infant-friendly-resources/sleep-and-night-time-resources/co-sleeping-and-sids/>

Other resources available:

Sign post to multi-agency Training.

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

# Additional resources

## Resources for parents:

The links below provide further information and advice to parents on the risk factors associated with SUDI.

[www.unicef.org.uk](http://www.unicef.org.uk)

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

## Additional resources for professionals:

Both North Yorkshire and City of York Safeguarding Children Partnerships have additional resources as well as training and development opportunities:

<https://www.saferchildrenyork.org.uk/resources/cyscp-documents-resources>

[www.safeguardingchildren.co.uk](http://www.safeguardingchildren.co.uk)

<https://www.safeguardingchildren.co.uk/askme-have-the-conversation>

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