

Embedding safeguarding in practice by supporting a learning culture

Re-envisioning Professional Curiosity & Challenge

A multi-agency approach to preventing **Sudden Unexpected Death in Infancy (SUDI)**



Roundtable Event 2: Supporting fathers and the wider family

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What is SUDI?

SUDI stands for Sudden Unexpected Death in Infancy <12 months of age

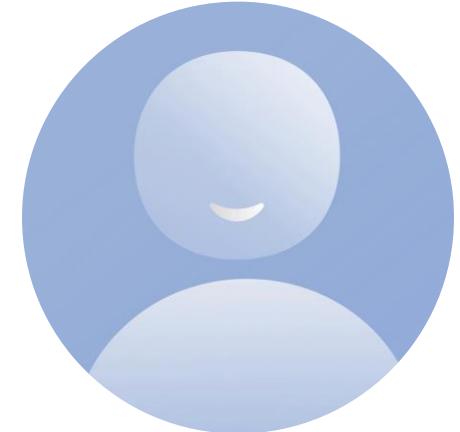
- No definitive cause can be identified following postmortem and investigation
- Process of exclusion
- Risk factors are not causes

[Understanding SIDS and SUDI – BASIS \(basisonline.org.uk\)](https://www.basisonline.org.uk)



Why SUDI prevention is so important

But SUDI is also relevant for others who may see/spot signs of increased risk...



- Anyone who works with families who have a baby in any capacity
- Anyone who visits a home where a baby may be sleeping
- Anyone who supports wider family members who may care for baby – foster carers, siblings, grandparents, aunts, uncles
- Anyone teaching the future generation of parents
- Anyone who offers lessons in babysitting

- Anyone who has a service where a baby may be in attendance indoors - schools, GP surgeries, hospitals, government services (housing, benefits etc), birth registration or attending TAF, CIN, CP meetings
 - Long periods sleeping in a car seat increases the risks (no more than 2 hours in a 24-hour period)
 - For a baby who is not at any increased risk – premature, respiratory or muscular condition, poor tone/head control
 - Long periods in an outdoor coat (in a car seat) can increase risks of overheating



Why focus on supporting fathers and wider family members?

‘It takes a village to raise a child’ – Proverb

- We know that having a baby is an enormous undertaking, often with the support from wider family members
- It’s noted within research that conversations about safer sleep are often only undertaken with one parent. This is commonly with the Mother of the baby and may miss the vital role fathers and others play in the early months.
- Timing of visits may unintentionally exclude a carer who is working.
- Sometimes carers are aware of some of the safer sleep messaging but may not be fully aware of the ‘why.’
- Grandparents may not be aware of the latest research about SUDI prevention
- Considering the input and exploring the sleep practices of the wider family increases professional curiosity

Where does SUDI prevention feature?

SSCP LCSPR – Rowan (2023)

NCMD SUDI Report (2022)

CSPRP - Out of Routine (2020)

The Lullaby Trust (2024)

Surrey CDOP SUDI Report (2022)

CSPRP – Myth of Invisible Men (2020)



SSCP SCR Becky (2021)

Surrey CDOP Safer Sleep Audit Report (2023)

Durham University's Infancy and Sleep Centre – All
Eyes on Baby (2023)

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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 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		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'

CSPRP - Out of Routine (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
publishing.service.gov.uk

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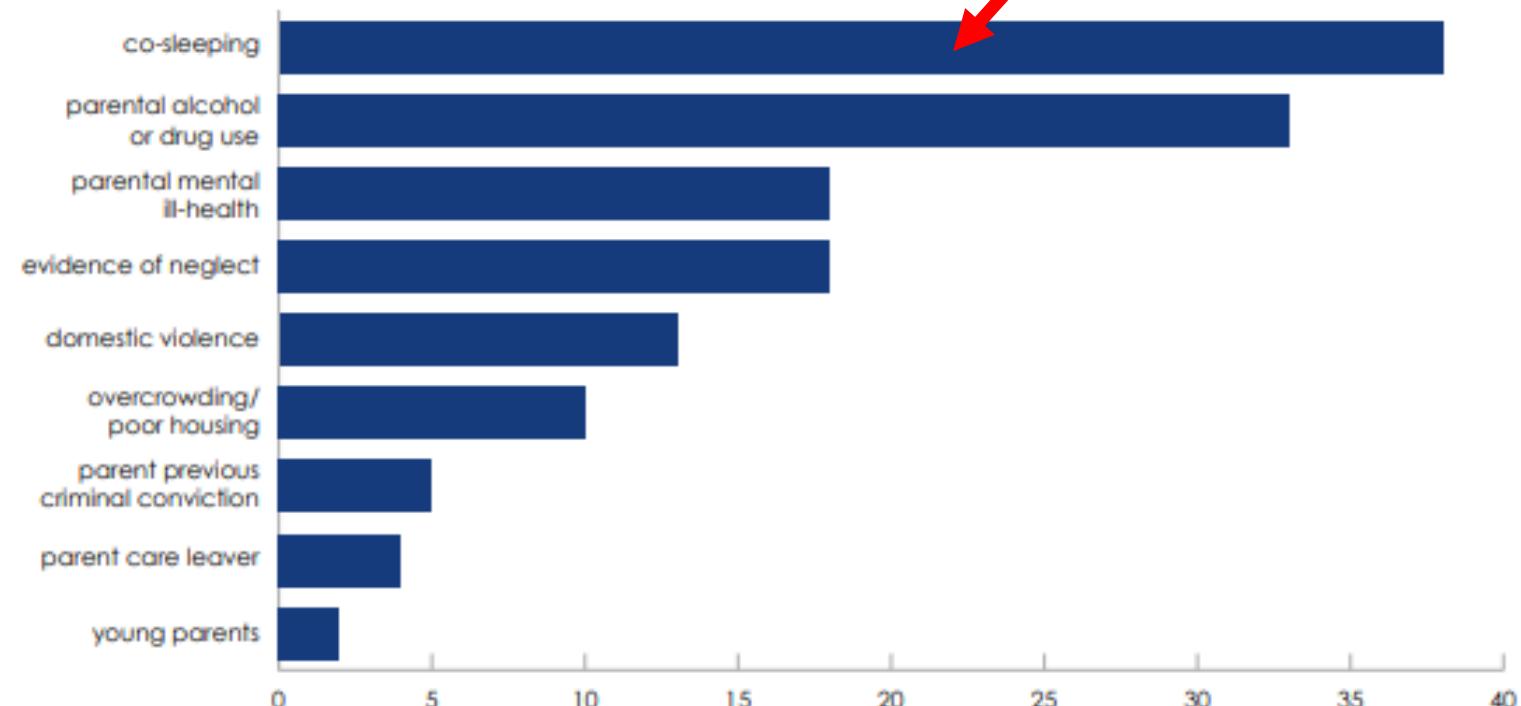
A multi-agency approach to preventing Sudden Unexpected Death in Infancy (SUDI)

CSPRP - Out of Routine (2020)

Pre-disposing risks of SUDI	
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



Figure 3: Risk factors identified in the notified cases (n=40)



Research in Practice – Promoting safe sleep and preventing SUDI p.3

- Effective interventions were identified as being characterised by approaches that are 'personalised, culturally sensitive, enabling, empowering, relationship building, interactive, accepting of parental perspective, non-judgemental and are delivered over time' (Pease et al., 2020, cited in Child Safeguarding Practice Review Panel, 2020, p. 31).
- Strategies that were embedded within usual services, which began prior to the birth of the child and which continued after, were most effective.
- The report highlighted concerns around interventions based solely on providing information, which it found did not go far enough in bringing about change in practices. These concerns included the finding that many parents perceived safer sleeping advice as a range of options to choose from. There was also a perception that sleeping advice should be followed most of the time, rather than all of the time, with some risks being acceptable on occasion.



[co-sleeping-and-
sudden-unexpected-
death-in-
infancy_final_web.pdf](https://researchinpractice.org.uk/co-sleeping-and-sudden-unexpected-death-in-infancy_final_web.pdf)
[\(researchinpractice.org.uk\)](https://researchinpractice.org.uk)

Research in Practice – Promoting safe sleep and preventing SUDI p.5

1. Understanding the views of parents

Are the views of parents about safer sleep information (format, accessibility, timing, key messages and 'conversations' with practitioners they trust and believe) understood and integrated with messages around normal infant care and safety?

2. Knowledge, understanding and skills of the workforce

Do practitioners in our workforce have the right knowledge and understanding appropriate to promote safer sleeping? Does this role form part of a multi-agency response, and if so how is it integrated?

3. Multi-agency systems and processes

How is the risk of SUDI, and un-safe sleeping arrangements in particular, incorporated into multi-agency safeguarding procedures and practice tools for responding to other safeguarding concerns?

4. Workforce capacity

Is workforce capacity adequate in order to support parenting (including safer sleep advice) in families with additional needs and for families experiencing challenges that leave them vulnerable? If not, how can sufficient support be provided within the constraints?

5. Quality assurance

What measures need to be in place to assess the effectiveness of work to promote safer sleeping and reduce the risk of SUDI?



[co-sleeping-and-sudden-unexpected-death-in-infancy_final_web.pdf
\(researchinpractice.org.uk\)](https://researchinpractice.org.uk/co-sleeping-and-sudden-unexpected-death-in-infancy_final_web.pdf)

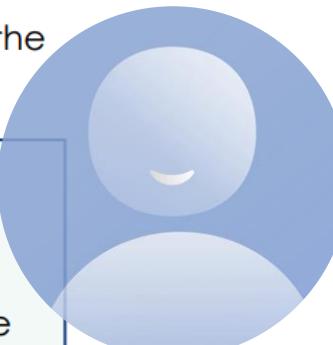
CSPR – Myth of Invisible Men (2021) p.24

6.14. Their behaviours may also have been exacerbated by other, more immediate, factors such as poor sleep. Many of the men with significant substance misuse problems were caught up in precisely these types of negative cycles. As a result, their lives were spiralling out of control. The only thing that stopped this from continuing was, tragically, the death or serious injury of a vulnerable infant.

6.15. To borrow from a theme identified by Dickens, this review found that 'normal' parenting activities (dealing with crying, babies being unwell, not sleeping) were being responded to within an abnormal context and behaviour, with tragic results.

6.16. There is some limited research evidence (set out in the literature review) about whether infant crying constitutes a significant trigger for father-perpetrated infant shaking and AHT¹⁷. Two of the men interviewed referred to a baby crying as having been a key trigger issue for them in losing control. This is exemplified in the account from one man interviewed for this study:

At 3 am he fed and changed (the baby), who continued to cry ("a piercing cry"). He was walking around the living room trying to soothe him, thought he'd settled, but then it started up again and he "sort of dropped him into the Moses basket". He went into the kitchen and when he came back found the baby struggling to breathe. He immediately called for an ambulance.



Sleep is specifically mentioned 7 times, normally in the context of the adult lacking sleep. It often noted is in correlation with drug use.

Drug use is a risk factor for safer sleep.

When combined with the research on babies being more likely to be restless and cry within the first 12 weeks of life it is a vulnerable time for babies and parents.

Sleep routines are being established which is tough for families.

ICON Week – 23rd-27th September

Work for SUDI and Safeguarding both highlight a lack of sleep/sleep deprivation as a risk factor for unsafe sleep decisions and increased risks of shaking/abusive head trauma

CSPRP – Out of Routine

CSPRP- Myth of Invisible Men

ICON – Coping with crying



Infant crying
is normal



Comforting
methods can
help



It's OK to walk
away



Never, ever
shake a baby

[Home - ICON Cope](#)

Durham University's Infancy and Sleep Centre – All Eyes on Baby (2023)



However, some families miss the opportunity to receive this information for a number of often complex reasons, including:

- They don't or can't engage with the antenatal or postnatal care opportunities they are offered.
- They were given the advice but not at a time or in a way they could absorb it and so they don't recall it.
- The circumstances of their lives or the context in which they find themselves, makes it difficult or impossible for them to act on the advice – for example their living space or conditions, or access to financial resources.

These families need additional support to prevent SUDIs and reduce the growing regional and socio-economic disparities in infant death rates across the UK.

What increases the risks of SUDI?

- Co-sleeping that is unplanned – baby or parental illness, holiday, tired, relatives staying...
- Drugs, alcohol, prescription medication that alters arousal (anti-depressants)
- Baby in the middle between adults
- Risk of pillows, duvets and other bedding
- Other children in the bed
- Smoking (during and after pregnancy)
- Room temperature <16 or >than 20°C
- Young parents <20 years
- Adverse childhood experiences of parents
- Maternal obesity
- Previous safeguarding concerns
- Increased risks of SIDS
 - Premature (before 37 weeks), low birth weight (<2.5kg)



Smoking

- Opportunities to talk about smoking cessation
- Pre-birth
- In hospital
- After delivery
- Up to 5 years
- Over 5 years
- Hospital attendances, GP attendances, Statutory visits
- Included in support plans for families
- Information and education opportunities

[One You Surrey | Free Health & Wellbeing Service](#)



Situational Risks

- Late booking
- Cumulative neglect
- Domestic Abuse
- Mental Health concerns
- Safeguarding concerns
- Reluctant engagement with professionals
- Temporary accommodation and overcrowding
- Socio-economic deprivation



CSPRP - Out of Routine (2020)

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Speak about the importance of the role of Fathers



- [Dads Zone - The Lullaby Trust](#)



Dads Zone

Dads play a key role in the care of their baby. 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 so we have created this dedicated page filled with everything you need to know.



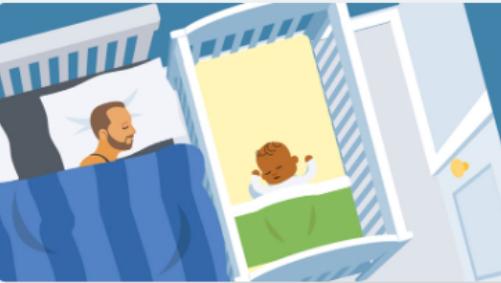
Role of Fathers



Sleep your baby on their back for all sleeps – day and night – as this can reduce the risk of SIDS by six times compared to sleeping them on their front.



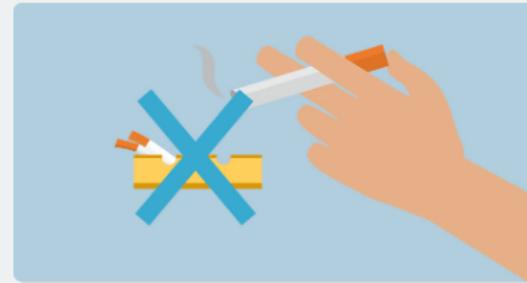
Never sleep on a sofa or armchair with your baby as this can increase the risk of SIDS by 50 times.



Share a room with your baby for the first six months – this can halve the risk of SIDS.



Do not co-sleep with your baby if you or your partner have drunk any amount of alcohol, smoke, or have been taking drugs or medication that may make you drowsy.



Keep your baby smoke-free during pregnancy and after birth. Around 60% of SIDS cases could be avoided if no baby was exposed to smoke during or after pregnancy.



Our co-sleeping advice is especially important for babies who were born premature or of low birth weight, as these babies are at a higher risk of SIDS.

- [Dads Zone - The Lullaby Trust](#)



What else can professionals do?

CSPRP - Out of Routine (2020)

Up-to-date view of the household circumstances and current risks

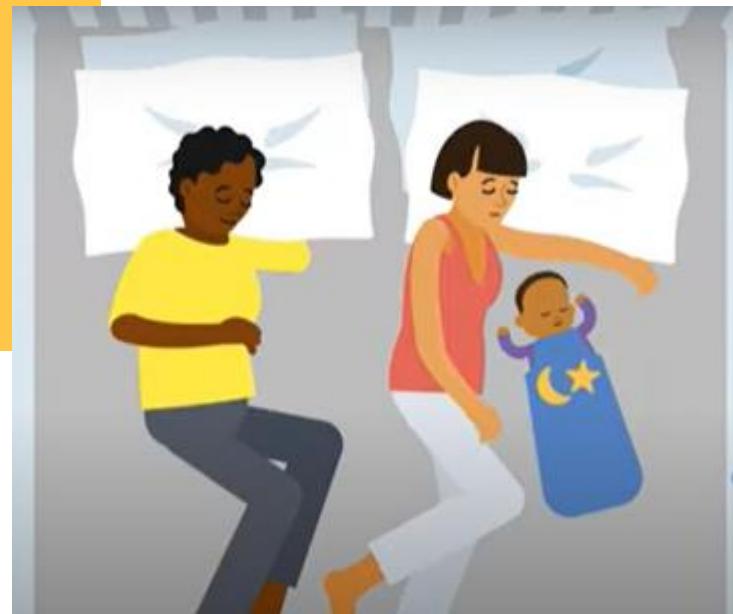
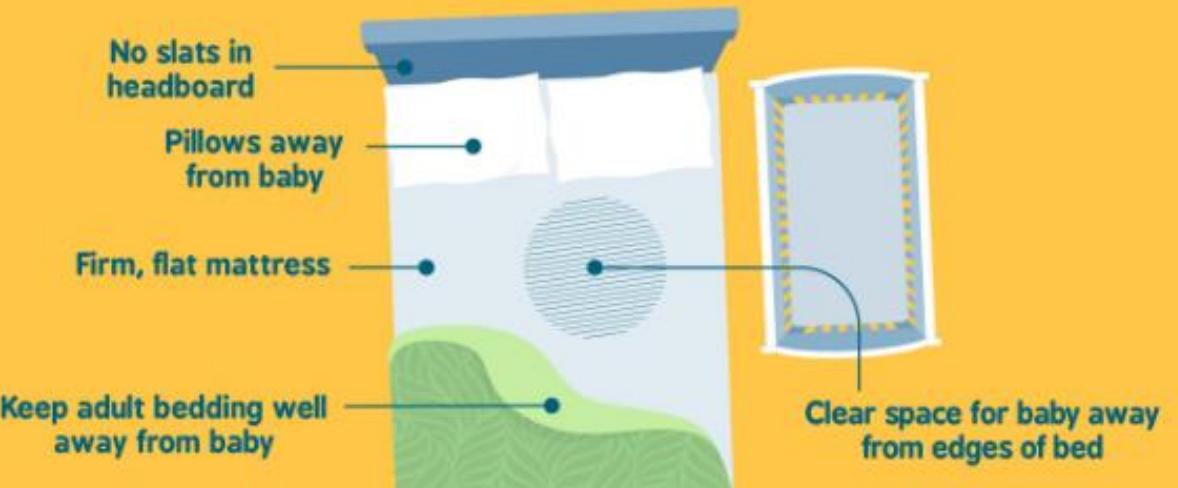
Mental health support – awareness of impact on parenting capacity

Domestic abuse – including risks in separated families

Understand patterns of alcohol and substance misuse – and signpost support



PREPARING A BED FOR CO-SLEEPING



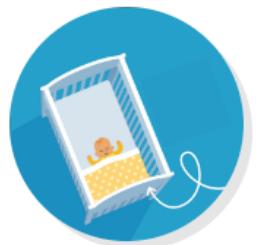
[Co-sleeping with your baby: advice from The Lullaby Trust - The Lullaby Trust](#)

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KEY SAFER SLEEP ADVICE



Lie your baby on their back



Keep the sleep space clear



Use a firm, flat, waterproof mattress



Keep your baby smoke-free



Avoid your baby overheating



Sleep your baby in the same room as you for at least the first six months



[How to reduce the risk of SIDS for your baby - The Lullaby Trust](#)

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Roundtable Discussion



- How does your service engage fathers and wider family?
- What are the strengths and opportunities within your role to working with fathers and wider family members?
- What barriers have you experienced, or can you foresee for SUDI prevention with fathers and wider family?
- How could we work together as professionals to support families to make safer sleep choices?
- What do you feel you or your teams need to move this forward?

Slide Links

[co-sleeping-and-sudden-unexpected-death-in-infancy_final_web.pdf \(researchinpractice.org.uk\)](#)

[Car seats and SIDS - The Lullaby Trust](#)

[Understanding SIDS and SUDI – BASIS \(basisonline.org.uk\)](#)

[Out of routine: A review of sudden unexpected death in infancy \(SUDI\) in families where the children are considered at risk of significant harm \(publishing.service.gov.uk\)](#)

[Sudden, unexpected deaths | NCMD](#)

[Child-Death-Review-Partnership-SUDI-thematic-review-002-1.pdf \(surreyscp.org.uk\)](#)

[Infographic A3 \(surreyscp.org.uk\)](#)

[Safer Sleep Re-audit \(surreyscp.org.uk\)](#)

[Child-ROWAN-Report-11-August-2023-FINAL.pdf \(surreyscp.org.uk\)](#)

[SSCP-7-Minute-Briefing-HAZEL.pdf \(surreyscp.org.uk\)](#)

[SSCP-7-Minute-Briefing-Safer-Sleeping-re-Child-Cypress-July-2023.pdf \(surreyscp.org.uk\)](#)

[SSCP-Safer-Sleep-7-Minute-Briefing-Dec-2022-1.pdf \(surreyscp.org.uk\)](#)

[SSCP-7-Minute-Briefing-Professional-Curiosity-November-2023-final.pdf \(surreyscp.org.uk\)](#)

[Becky-SCR-Final-Report-February-2021-1.pdf \(surreyscp.org.uk\)](#)

[SSCP-7-Minute-Briefing-SCR-BECKY.pdf \(surreyscp.org.uk\)](#)

[Co-sleeping with your baby: advice from The Lullaby Trust - The Lullaby Trust](#)

[How to reduce the risk of SIDS for your baby - The Lullaby Trust](#)

[Embedding safeguarding in practice by supporting a learning culture - Surrey Safeguarding Children Partnership \(surreyscp.org.uk\)](#)

['All Eyes on the Baby' – developing a multi-agency approach to preventing Sudden Unexpected Death in Infancy \(SUDI\) - ARC \(nhr.ac.uk\)](#)

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