

# 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 3: Supporting parents with a learning disability

**Nicola Eschbaecher**

Designated Nurse for Child Death Reviews, Surrey Heartlands ICB

# 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**
- Overlay difficult to prove and very unlikely to be intentional
- Often confused about how they woke up, so proving beyond reasonable doubt can be problematic



If after all investigations, there is absolutely no explanation and no other causes identified, it may be classified as SIDS, which is a subcategory of SUDI – less commonly used as bed sharing can confuse the certainty, which may also result in the use of '**unascertained**'

**SIDS – Sudden Infant Death Syndrome**

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

**Term 'Cot Death' no longer used**

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# Why SUDI prevention is so important

SUDI already appears heavily in the work of many and is well embedded...

- Surrey Child Death Review Team and Surrey Child Death Overview Panel (CDOP)
- National Child Mortality Database
- Surrey Safeguarding Children Partnership
- Case Review Group, Learning from Practice Group – Rapid Review, Local Child Safeguarding Practice Reviews
- National Child Safeguarding Practice Review Panel
- Surrey 0-19 Teams Health Visiting
- Surrey Maternity Teams
- Surrey Neonatal Outreach
- Surrey Police – Child Death Investigation
- Surrey Childrens Services – working with families
- Surrey GP Services



# 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

# 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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## NICE Impact – People with a learning disability (2021)

- 950,000 adults in England have a learning disability
- Advocating to reduce health inequalities
- Experience poorer health
- Die at a younger age – over 20 years less life



## Public Health England – Health inequalities: Pregnancy and Birth

- Greater risks during pregnancy – (pre-term birth, low birth weight – risks for SUDI)
- More likely to have a safeguarding process during pregnancy and early years
- Less likely to seek or attend antenatal care
- May struggle to understand information communicated during this period
- Less positive perceptions of staff and relatability to staff
- Staff reported less likely to be able to meet the needs of women with a learning disability due to time constraints, staffing etc
- Social determinants – more likely to be single, socio-economically deprived, less likely to breastfeed and more likely to smoke

[NICE impact people with a learning disability](#)  
[Health inequalities Pregnancy and birth.pdf](#)

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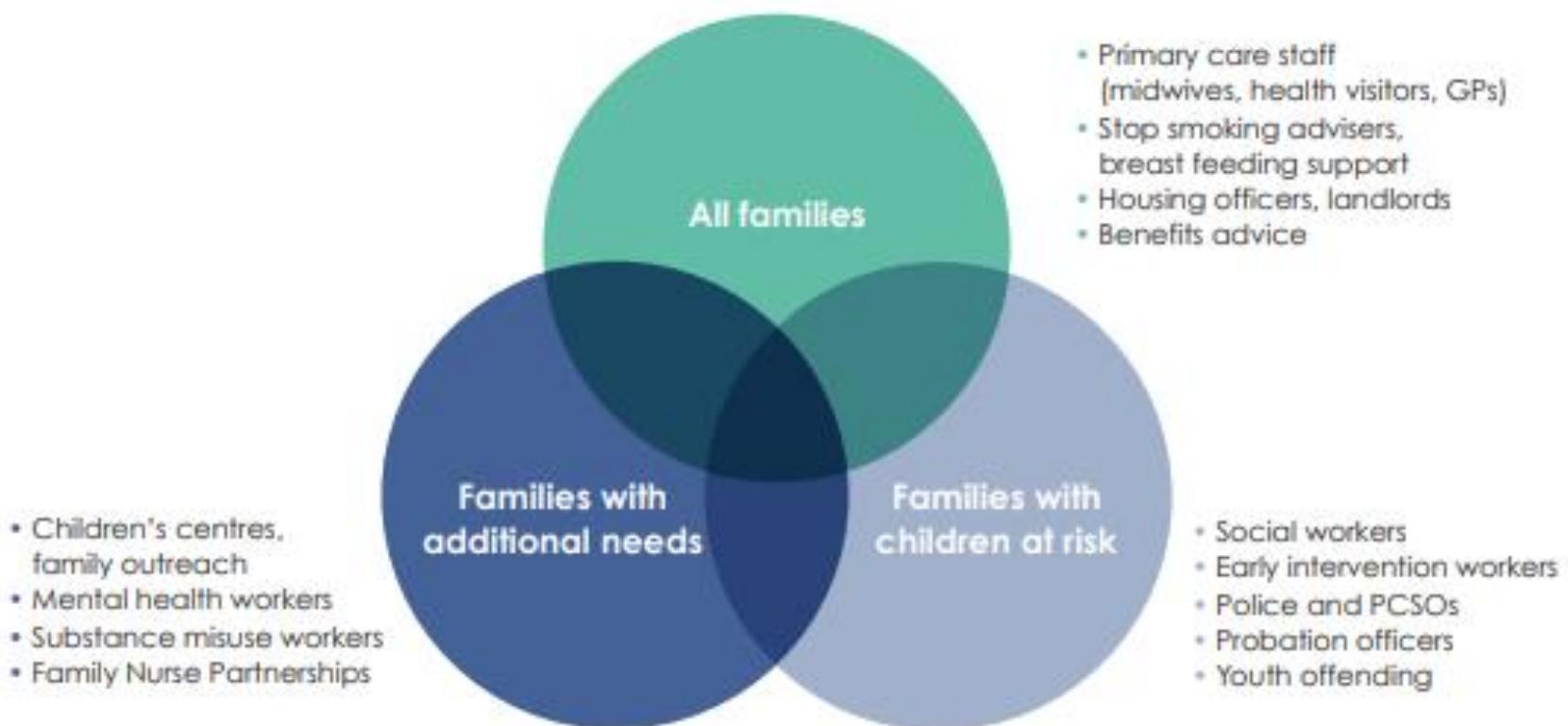
[Re-envisioning Professional Curiosity & Challenge](#)

[A multi-agency approach to preventing Sudden Unexpected Death in Infancy \(SUDI\)](#)

# Why SUDI prevention is so important

Figure 5: The SUDI continuum of risk: key professionals

CSPRP - Out of Routine (2020)



Pre-disposing risks of SUDI		Situational risks	
<b>2</b>	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	<b>3</b>	'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
		Out-of-routine / critical incidents / unsafe sleep environment	
<b>4</b>	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	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			
		<b>4</b>	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](http://publishing.service.gov.uk)

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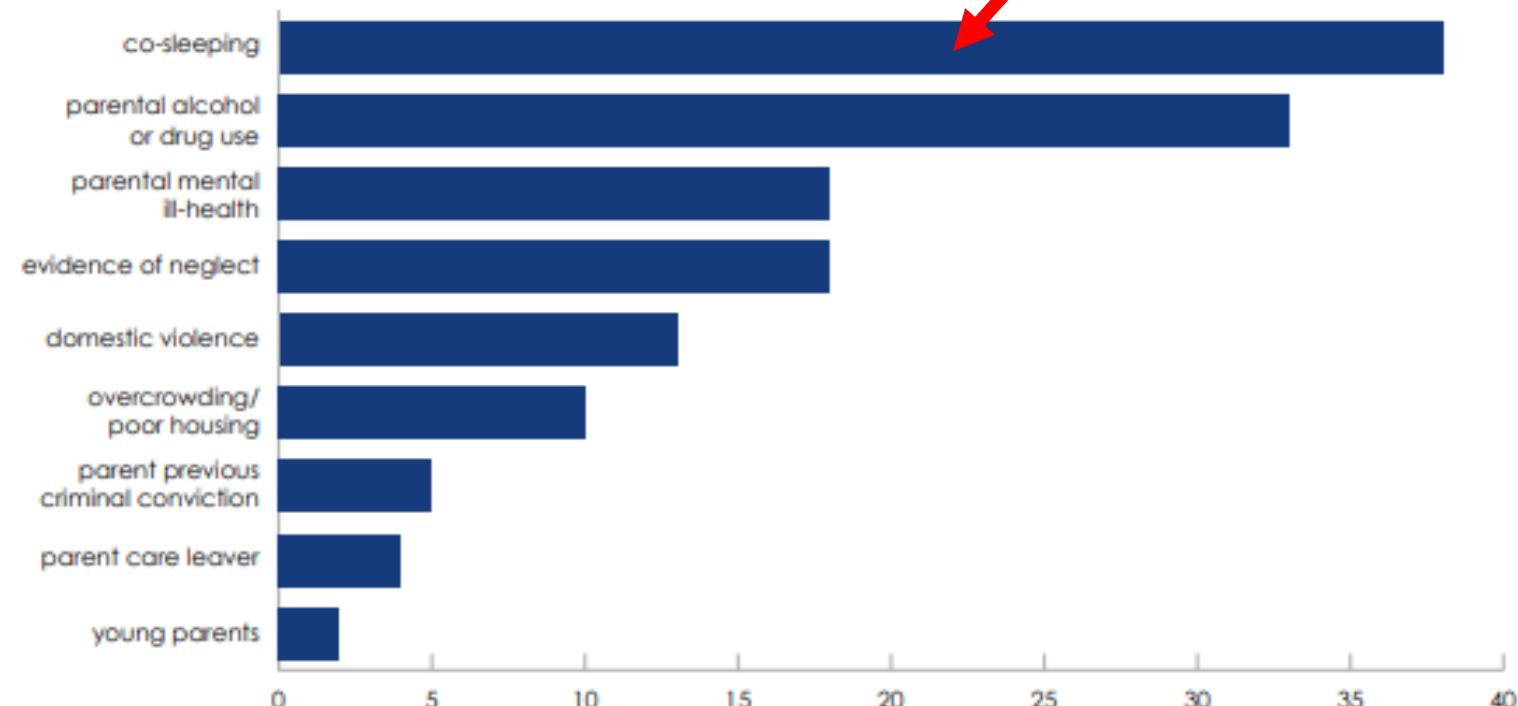
# CSPRP - Out of Routine (2020)

## 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

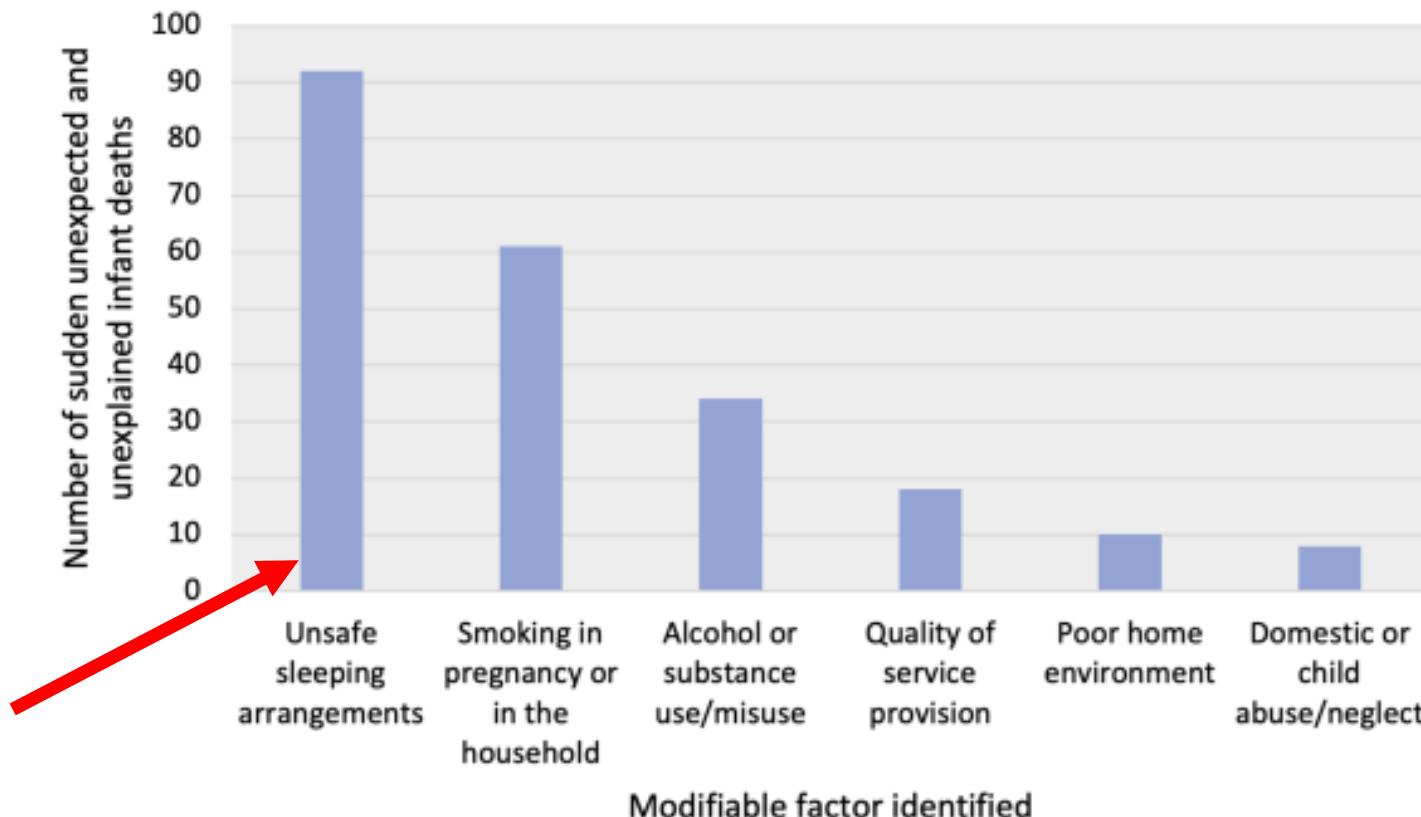


Figure 3: Risk factors identified in the notified cases (n=40)



## NCMD SUDI Report (2022)

Figure 7: Sudden unexpected and unexplained infant deaths in 2020, by modifiable factor recorded



[Sudden, unexpected deaths | NCMD](#)



## Surrey CDOP SUDI Report (2022)



[Child-Death-Review-Partnership-SUDI-thematic-review-002-1.pdf](https://www.surreyscp.org.uk/Child-Death-Review-Partnership-SUDI-thematic-review-002-1.pdf)  
(surreyscp.org.uk)

[Infographic A3 \(surreyscp.org.uk\)](https://www.surreyscp.org.uk/Infographic-A3)

[Safer Sleep Re-audit](https://www.surreyscp.org.uk/Safer-Sleep-Re-audit)  
(surreyscp.org.uk)

# What increases the risks of SUDI?

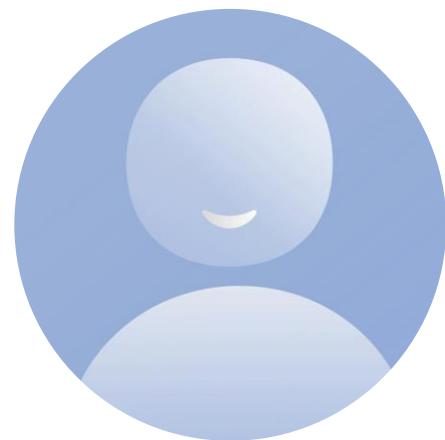
- Co-sleeping that is unplanned – baby or parental illness, holiday, tired, relatives staying...
- Drugs, alcohol, prescription medication that alters arousal (anti-depressants)
- Baby in the middle between adults
- Risk of pillows, duvets and other bedding
- Other children in the bed
- Smoking (during 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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# What 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**



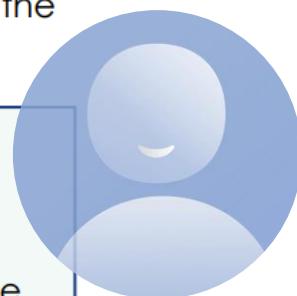
## CSPR – Myth of Invisible Men (2021) p.24

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 AHT<sup>17</sup>. 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.

Specifically uses a case study of a parent with a learning disability – p.34

# ICON Week – 23<sup>rd</sup>-27<sup>th</sup> September

Work for SUDI and Safeguarding both highlight a lack of sleep/sleep deprivation as a risk factor for unsafe sleep decisions

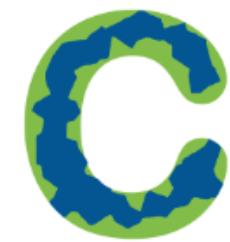
CSPRP – Out of Routine

CSPRP- Myth of Invisible Men

ICON – coping with crying with crying



Infant crying  
is normal



Comforting  
methods can  
help



It's OK to walk  
away

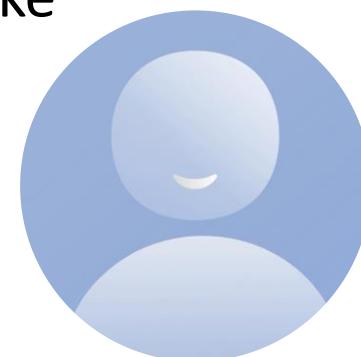


Never, ever  
shake a baby

[Home - ICON Cope](#)

## Public Health England – Health inequalities: Pregnancy and Birth

- Greater risks during pregnancy – (pre-term birth, low birth weight – risks for SUDI)
- More likely to have a safeguarding process during pregnancy and early years
- Less likely to seek or attend antenatal care
- May struggle to understand information communicated during this period
- Less positive perceptions of staff and relatability to staff
- Staff reported less likely to be able to meet the needs of women with a learning disability due to time constraints, staffing etc
- Social determinants – more likely to be single, socio-economically deprived, less likely to breastfeed and more likely to smoke



# Durham University's Infancy and Sleep Centre

## All Eyes on Baby (2023)

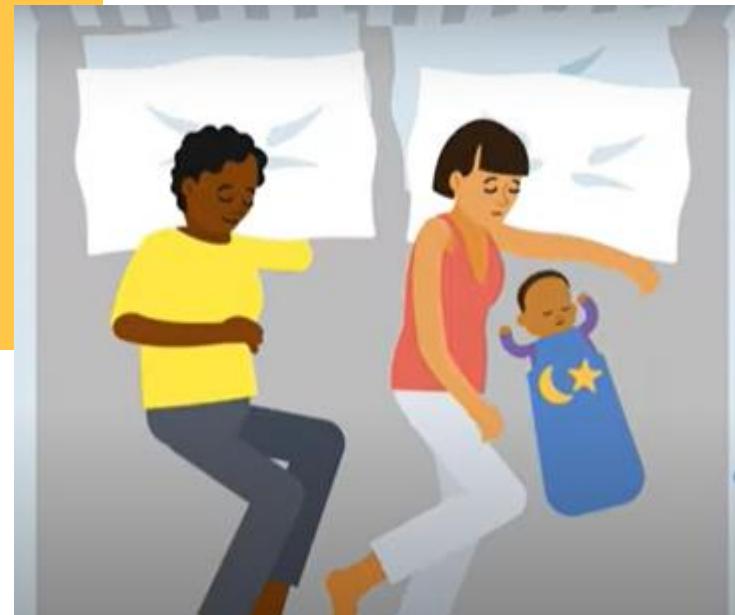
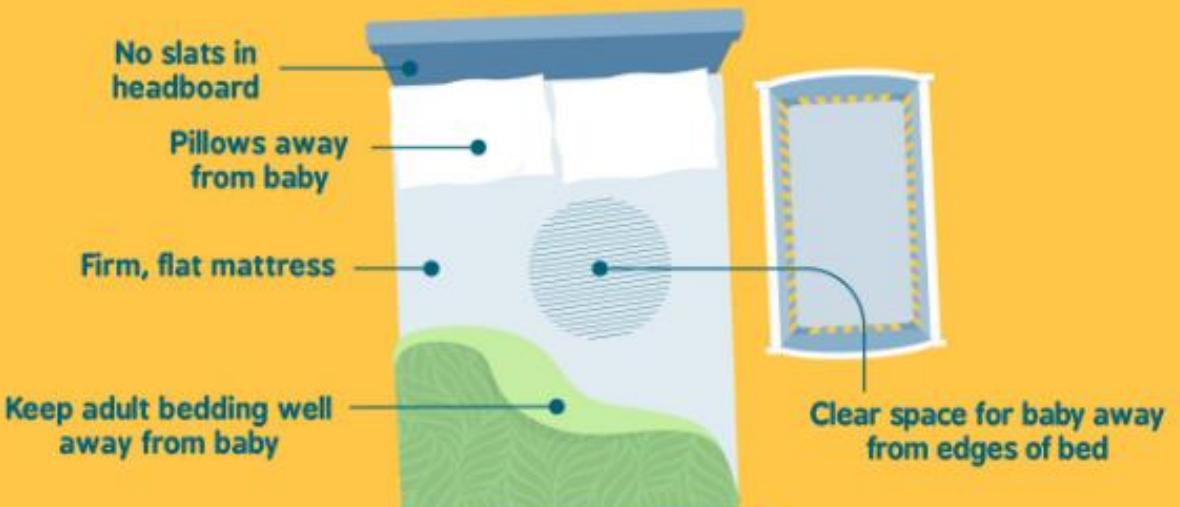


However, some families miss the opportunity to receive this information for a number of often complex reasons, including:

- 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.

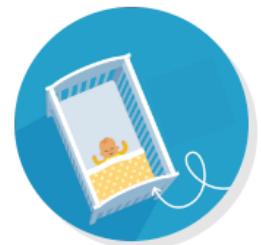
## PREPARING A BED FOR CO-SLEEPING



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



## 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 work with and support people with a learning disability who have a baby?
- What are the strengths and opportunities within your role to offer support?
- What barriers have you experienced, or can you foresee for SUDI prevention?
- How could we work together as professionals to support parents with a learning disability to make safer sleep choices?
- What do you feel you or your teams need to move this forward?

# Slide Links

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

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[NICE impact people with a learning disability](#)

[NICE impact people with a learning disability](#)

[Health\\_inequalities\\_Pregnancy and birth.pdf](#)



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