

Safer Sleeping

A risk assessment tool for practitioners



Nottinghamshire
Safeguarding
Children Partnership

In Nottinghamshire there are - on average - 6 deaths each year of babies (up to 15 months old) that are likely to be due to an unsafe sleep environment. These deaths are potentially preventable.

This tool helps you identify those babies that are most at risk.

Safe sleep advice is given out to all new parents in pregnancy and the first few days and weeks of a baby's life by universal health services. To prevent further deaths, we need everyone working with families in Nottinghamshire to help ensure safe sleep advice is followed.

This tool allows professionals and workers to identify, and therefore support, families who may be vulnerable by identifying the risk factors. The expectation is that all workers who come into contact with families with infants up to 15 months use this risk tool to assess the sleeping environment and as a basis for discussion to reinforce safe sleeping messages.

Remember, every sleep needs to be a safe sleep – whether baby is sleeping at night or during the day, at home or away from home (staying with grandparents, Dad, friends, babysitters).

The safe sleep advice for parents/ carers is:

- Always place your baby on their back to sleep
- Keep your baby smoke free during pregnancy and after birth
- Place your baby to sleep in a separate cot or Moses basket in the same room as you for the first 6 months
- Breastfeed your baby, if you can
- Use a firm, flat, waterproof mattress in good condition
- Never sleep on a sofa or in an armchair with your baby
- Never sleep in the same bed as your baby if you:
 - Smoke
 - Have drunk alcohol
 - Have taken drugs
 - Are extremely tired
 - Your baby was born prematurely
 - Your baby was of low birth- weight
- Avoid letting your baby get too hot
- Don't cover your baby's face or head while sleeping or use loose bedding

To avoid accidents, remove all pillows, soft bedding, cot bumpers and soft toys from the cot.

Find a comprehensive information guide for professional using the link below to the Lullaby Trust

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

A review of the deaths in Nottingham city and Nottinghamshire from April 2008 up to March 2021 has identified the key characteristics/risk factors of Sudden Unexpected Infant Deaths where unsafe sleeping was a factor:

- maternal smoking in pregnancy (75% of deaths)
- mental ill health (54% of deaths)
- substance misuse (26% of deaths)
- alcohol misuse (25% of deaths)
- young mother under 20 (9% of deaths)
- boys (62% of deaths)
- low birth weight (<2.5kg) (31% of deaths)
- premature (< 37 weeks) (37% of deaths)
- parental smoking in the household (80% of deaths)
- domestic violence (39% of deaths)
- co-sleeping- including co-sleeping on a sofa (58% of deaths)
- unsafe sleep environment e.g. position, sofa, cluttered cot, excess covers (46% of deaths)

These mostly mirror the national evidence about who is most at risk.

National Learning

A recent national review conducted by the National Child Safeguarding Practice Review Panel, found that of 40 cases notified to the National Panel in one year (June 2018 – August 2019) involving infants who had died suddenly, (SUDI) co-sleeping featured in 38 of them. Parental alcohol and drug use were common, and in 8 of the 14 cases studied in-depth alcohol or drug misuse was a factor at the time of the last sleep”

The report stressed the need for safe sleep practice to be firmly embedded within safeguarding practice and identified a continuum of risks that are reflected in our risk assessment tool below.

Click here to view the [full report](#).

How to use this tool

The tool helps you to identify who is most at risk of sudden unexpected death in infancy as a result of unsafe sleep practices and allows you to identify and map out the associated risk factors. It should be **completed together with the parent or carer** and used to guide a conversation about safer sleep practices. Observing safer sleep practice is a key element to risk assessment. Using this tool will enable you to share your observations with the parent. For more information see associated guidance.

It's not about how many boxes are ticked; these are all risk factors in their own right.

You can complete the risk assessment below either by using a printed paper copy or electronically which ever works for you and the family, or as guided by your organisation.

Child's Name

Date of assessment

Parent/Carer Name

Date of Review

Red Flags:



- Co-Sleeping after consuming alcohol / using substances
- Sleeps where the baby is outside of their usual routine e.g. different accommodation, baby unwell, family party etc.
- Parental smoking
- Poor Mental health
- Domestic violence within the household



Predisposing Vulnerability and Risk (Child)

- Low birth weight (<2.5kg)
- Mild symptoms - 'snuffle', cold
- Prematurity (<37 weeks)
- Under 1 year

Predisposing Vulnerability and Risk (Parenting / Family circumstances)

- Smoking in pregnancy
- Smoking in household
- Co-sleeping together with associated risk factors [Co-sleeping with your baby: advice from the Lullaby Trust](#)
- Unsafe sleep environment including position, sofa, cluttered cot, excess covers, unsafe or unsuitable products used for sleeping in etc.
- Parental Mental ill-health problems
- Alcohol or Substance misuse

Environmental factors

- Socio-economic deprivation
- Poor or overcrowded accommodation
- Adverse childhood experience of parents impacting on inability to detect harm in interpersonal relationships
- Ongoing and cumulative neglect
- Relationship breakdown and/or new partners
- Limited engagement with services, including late ante-natal booking and mistrust of professionals
- Parental criminal behaviours

Situational risks / out of routine incidents

- Altered sleeping arrangement
- Alcohol or drug use on the night in question
- Temporary Housing
- Change of partner.

What to do next

If you identify any of the risk factors, follow these steps:

- Check whether the family know what the safe sleep advice is: check their understanding both of the advice and why it's so important to follow it. Share with them the Lullaby Trust guide for parents: <https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-babies-a-guide-for-parents-web.pdf>
- Are they following the safe sleep advice? Ask where the baby woke up. Remember, **every sleep needs to be a safe sleep** – whether baby is sleeping at night or during the day, at home or away from home.
- Ensure that the safer sleep for babies' information from the Lullaby Trust is given out in the parent's first language. Their easy read card is available in 23 different languages; <http://www.lullabytrust.org.uk/publications-2015>

- Explore what might be preventing the family from following the advice. This could be a range of things. Where you can, put in place support and follow up as much as your professional role allows.
- Consider referring to another service for support, this may be with smoking, mental health, domestic violence. Try and explore why they haven't engaged before and follow up any referral you make.
- Remember, families can always access advice and support from universal health services as required.
- If you have concerns, liaise with other professionals working with the family.
- If concerns remain and there is continuing risk to the infant, consult the "Family Support Pathway" (Nottingham City) or the "Pathway to Provision" (Nottinghamshire) which will help you to understand the level of need and identify the services that may be available, including whether or not a safeguarding referral is required. Links to these documents are below:
Family Support Pathway – [Nottingham City](#) / Pathway to provision – [Nottinghamshire](#)

Recording your findings

What risks have you identified?	
What actions have you agreed with the parents as a result of completing the risk assessment?	Actions for the Parents / Carers:
	Actions for the worker:
Review date agreed	

Remember: If you have completed the risk assessment electronically save it to the child's case file/record. If you have completed a paper copy, add / scan / upload to the child's case file /record. **Don't forget to give the parent/carer a copy**