



Nottingham
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**The Early
Years Team**



Welcome to the Early Years DSL Network 10th June 2026

Rochelle Patterson
Childcare Safeguarding Coordinator

Kathryn Bouchlaghem
Early Years Manager



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DSL Network Aims and Purpose

- To promote connectivity with the Nottingham City Safeguarding Children Partnership, other key local authority departments and Designated Safeguarding Leads across the city
- Develop and enhance safeguarding practices and processes across the Early Years sector
- Provide support to DSLs in their role as a DSL
- Sharing of pertinent local and national updates focusing on safeguarding priorities and emerging trends across the City of Nottingham



**TAKE
CARE OF
YOURSELF**



Agenda

Time	Agenda Items	Presenter
9:30-9:35	Welcome and Introductions	Rochelle Patterson Kathryn Bouchlaghem and
9:35-9:55	NCSPC-Local and National Update	Deborah Somerset
9:55-10:10	Family Help Strategy	Michelle Westbury
10:10-10:40	What Makes a Good MARF	Gill Till
10:40-10:50	Social Care Question and Answer	John Carter
10:50-11:00	Break Time	
11:00-11:40	Safer Sleep	Hayley Wright
11:40-11:45	Early Years Safeguarding Training Offer Transition of Safeguarding Files CPD	Rochelle Patterson
11:40-11:55	Close and Evaluation	Rochelle Patterson Kathryn Bouchlaghem



NCSCP Safeguarding Updates

Deborah Somerset
Training Officer
NCSCP/SAB

[@NottinghamCSCP](#)

[Nottingham City Safeguarding Children Partnership - YouTube](#)



NCSCP Updates

Children under 5 Referred to MASH for Neglect - Jan 2025- March 2026

- Referred by Health Visitor - 258
- Referred by Housing - 145
- Referred by Individuals, including neighbours and childminders - 13
- Referred by individuals including family members - 556
- Local Authority Early Help Services - 111
- Referred by the Police - 1672
- Demonstrates the importance and success of multi-agency working and also gives an idea of the different places referrals can come from

NCSCP Updates

Talk Pants Resources - 27th March 2026

- NSPCC has published a new series of Talk Pants videos. These resources are to help teachers, schools and Early Years settings deliver age appropriate sessions with children
- It features videos for use with children aged between 3-5 years, 5-7 years and 7-11 years, in addition to supporting SEND and Additional Special Needs (ASN) for children aged 4-11 years)

Early Years Screen Use - 27th March 2026

- DfE has published findings from an independent report reviewing evidence on the effects of screen use by children under the age of 5.
- Early Years Screen Time Advisory Group draws on a review of scientific literature and discussions with parents, carers, children and professionals.
- Key findings and recommendations include: responsive interaction between children and parents when using screens can prevent harms and promote the development for young children
- Time matters and parents should remain cautious about screen use in young children
- What children are viewing is important in determining whether screen use brings harm or benefits
- [Read the Report Screen use by children aged under 5](#)

NCSCP Updates

Child Neglect - April 2026

- Child Safeguarding Practice Review Panel published a thematic analysis examining multi-agency responses to child neglect in cases of serious harm and death in England
- The literature review was of 100 Rapid Reviews and 34 Child Safeguarding Practice Reviews (CSPR's)
- Explores the prevalence and impact of neglect, the ambiguity around the definition as being problematic, systemic barriers, the relationship between poverty and neglect and the child's lived experience
- [Child neglect: a thematic analysis](#)
- [Neglect: video explainers](#)

Safeguarding Incidents - Report published 29th April 2026

- Child Safeguarding Practice Review Panel has published an annual report on serious child safeguarding incidents.
- Drawing from Rapid Reviews and the national programme of work, the report aims to provide a system wide picture of where children are most at risk, the complex circumstances families find themselves in and improvements needed to strengthen safeguarding practice

NCSCP Updates

- Of the serious incidents notified to the Panel between 1st April 2024 and 1st March 2025, there were 360 children who died or were seriously harmed due to abuse/neglect. Babies under 1 were the most affected
- 60% of the overall cases involved neglect. 51% involved domestic abuse
- [Annual report 2024 to 2025](#)

Domestic Abuse in Pregnancy - March 2026

- NSPCC has published expert insight videos on domestic abuse
- These include practitioner insights on the risk of domestic abuse in pregnancy and the impact on unborn children and families
- [Domestic abuse in pregnancy: expert insight videos](#)

NCSCP Updates

Child Deaths in Temporary Accommodation - 22nd April 2026

- The All Party Parliamentary Group for Households in Temporary Accommodation has published a report on child deaths in temporary accommodation in England between the 1st April 2019-31 March 2025
- 104 children died with temporary accommodation indicted as a contributing factor to their vulnerability, ill health or death. Of the 104 children, 76 of them were under the age of 1
- [Child Mortality in Temporary Accommodation Report - Households in Temporary Accommodation APPG](#)

Childrens Services. Source - Kingston University. Published 30th April 2026

- Research exploring the relationship between financial hardship and child welfare involvement. Partnership between the National Childrens Bureau, Policy in Practice, University of Sussex and Research in Practice
- 111,000 children across 6 LA`s. The report found that the children from poorest households were more likely to experience repeat involvement with CSC and escalation to a CP plan
- Suggests poverty plays a key role in shaping what happens to families once they are in contact with services
- [Linking household benefits, financial precarity and child welfare](#)

NCSCP Updates

Child Safeguarding Practice Review Panel - Thematic Analysis of Neglect - Why Did it Take so Long to Respond - April 2026

- Between 2019-2023 considered 283 RR` s in which neglect featured and was often a significant factor. One hundred cases were sampled for analysis
- Need for increased focus on neglect undeniable
- Neglect still most prevalent form of child maltreatment in England. Often co-occurs with other harms. March 2025, 49,400 children on a CP plan. Over half due to neglect. Cumulative nature of neglect not captured
- Confusion and ambiguity around the definition hampers progress
- Poverty and neglect can get confused
- Systemic barriers such as high thresholds, under resourced services, lack of training and availability of tools can be problematic
- Reluctance to name neglect caused delay and continuing distress for children

NCSCP Updates

- Gaps in the ability to identify neglect and confidence around working with it
- Important to remember neglect occurs across all socio-economic groups but may look different
- Stop/start nature of neglect can be problematic and gives no sustained focus
- Specialist input helped reveal gaps in current practice, around things like unconscious bias, SEND
- Neglect manifests differently across developmental stages, with the under 5`s being especially vulnerable
- Risks at child level. Disability was often seen as reason for condition of child. Behavioural problems also took precedence rather than reason for them
- Risks at parental level - Toxic Trio. Issues often seen in isolation. Assessed in episodes. Impact on child often not considered
- Risks at family level - poverty, social isolation, unstable housing
- Systemic risks - structural inequalities, professional bias

NCSCP Updates

- Definition of neglect often problematic as too vague and defined differently across UK. Missing things such as unsafe sleep
- How do you decide what serious impairment is?
- Repeat interventions, despite previously unsuccessful interventions. WHY?
- Proving parents intended to harm child can be tricky, leads to inconsistency and missed accountability. Practitioners often view neglect as passive or unintentional, linked to, for example, poverty and trauma. Some acts, e.g., locking a child in a room can be seen as a coping strategy, rather than deliberate harm
- We need to understand more regarding omission and commission. What is the crossover between safeguarding and the criminal law. Is parental action active or passive?
- Parents may feel frustrated at being judged without recognition of the socio economic pressures that they face
- Referrals to CSC often lack appropriate detail or have too narrow a focus
- Neglect gradually unfolds and may not present an immediate crisis. Needs may be clearly unmet but not seen as significant harm.

NCSCP Updates

- Often assessments focus on children's behaviour rather than exploring the parenting context shaping it. Not exploring how parenting capacity is shaped, i.e., the parents unresolved loss and trauma, risks missing out on valuable information
- Children from black and other minoritized communities can be missed as we don't think about the impact of discrimination on family wellbeing
- There is a lack of familiarity and training connected with tools to identify neglect. Tools can be lengthy or burdensome. Tools to identify neglect often not integrated into local procedures, audits
- Things such as religion and gender identity often not in assessments, so this reinforces the bias and runs the risk of generic interventions being delivered

NCSCP Learning and Development Opportunities



- The learning and development programme begins in April 2026 and runs until March 2027
- It is split into 4 terms
- Colleagues can find out about the training by accessing Learning Zone, clicking on NCSCP and reading about the appropriate courses. They can also book themselves onto their chosen course (s)
- Colleagues who are external to NCC can still read up on courses they are interested in. You can set up your own account and there is a PDF document on LMS to support you doing this. Any issues, contact us at the Partnership, so a Learning account could be created. Contact details on the last slide
- This is the link to the Learning Zone and our courses..... [Home: NCSCP - Nottingham City Safeguarding Children Partnership](#)

Website Update

We are currently in the process of updating the NCSCP website to ensure information is as current as possible

There are two main websites held by the Local Authority that will be key to supporting the role of the DSL-

- 1- Nottingham City Safeguarding Children Partnership- www.nottinghamcity.gov.uk/ncscp
- 2- [Early Years - Nottingham City Council](#)



Contact Us



Email



safeguarding.partnerships@nottinghamcity.gov.uk



Telephone



0115 876 4762

Family Help Strategy

The Family Help Partnership Strategy 2025–2028 sets out Nottingham City’s approach to delivering earlier, coordinated and inclusive support for children, young people and families.

It strengthens whole-family working, places the voices of children and families at the centre of practice, and aligns local delivery to national reforms through a clear Family Help model, shared priorities and strong multi-agency governance.

The strategy aims to reduce escalation into statutory intervention and improve outcomes through timely, partnership-led support.

The strategy is built around four core priorities:

1. Strengthening whole-family resilience and positive parenting
2. Improving children and young people’s holistic development
3. Embedding strong partnership working across the system
4. Improving data sharing and use of intelligence to support continuous improvement

The strategy replaces the previous Early Help Strategy (2022–2025) and reflects the transition to a broader, integrated Family Help model aligned to national expectations.

Family Help Strategy

Children, Young People and Carers Voices

- Over 500 young people contributed their views on what matters most to them and the support they believe would make the biggest difference.
- A dedicated survey for parents and carers received 55 responses, setting out their priorities and support needs.
- This feedback has directly shaped the priorities and areas of focus within the new strategy, ensuring it reflects lived experience and family-identified need.

Partnership Engagement and Co Design

- A partnership-wide survey was undertaken between November 2025 - January 2026, capturing feedback from a broad range of stakeholders. The findings demonstrated strong support for a refreshed Family Help Strategy, aligned to national reforms and the newly established service structure.
- A multi-agency co-design workshop held in January 2026 was attended by 53 professionals across statutory and voluntary services, which tested emerging messages and agreed shared priorities informed by partner feedback and the voices of children, young people and carers.

Family Help Strategy

Governance

- The first draft of the strategy was shared with the Nottingham City Safeguarding Children Partnership Business Management Group for review, challenge, and suggested amendments. Following this process, the revised strategy was submitted to the Strategic Leadership Group for final consideration and sign-off.

Operational Implementation

- The Families First Partnership operational group will be led by the Health FFP Lead, Police FFP Lead, Education FFP Lead, and the Head of Service – Family Help. The group will work collaboratively, drawing in additional partners and agencies as required to support delivery and respond to emerging needs.
- Each year, the group will agree a one-year operational action plan aligned to the wider Family Help Partnership Strategy. Progress against the plan will be reviewed throughout the year, with a formal annual review. Learning and progress from the annual review will directly inform:
 - The end-of-year annual update report to the Families First Partnership Board
 - The development of the following year's operational action plan, ensuring continuous improvement

What makes a Good MARF



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City MASH- Multi Agency Safeguarding Hub

City MASH assess referrals for children and young people where there are concerns about their welfare.

All referrals are triaged and assessed by MASH managers at what level of support is required when considering the continuum of Need . This will determine which MASH team will assess the needs of the children, young person and their family.

There are two teams within the MASH:

Social Workers- who will screen safeguarding referrals and those requiring a Social work Intervention **Red** and **Amber** rated referrals.

Family Help Workers- who will screen referrals deemed as **Yellow**.

Red and Amber Referrals

Assessed by: Social Worker

Timeframe: Within **24 hours**

Oversight: MASH Managers

Suzanne Eastwood

Samuel Vallee

Angela Mutapiri

Service manager: Gill Till

Yellow Referrals

Assessed by: Family Help MASH Worker

Timeframe: Within **3 days**

Oversight: Family Help MASH Manager

Kerry Reeves & Irvin Shangwa

Service manager: Julia Bramble



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How to make a referral to City MASH?

Operating Hours: Monday to Friday, 8:30 AM – 4:50 PM Outside these hours, the contact number is for **emergency safeguarding enquiries only**.

Eligibility: Referrals are accepted **only for children and young people living within City boundaries**.

Contact: If you're a **child, young person, parent/carer, family member, or member of the public** with concerns about a child or young person, call **0115 876 4800** to discuss.

Anonymous Reporting: You may report concerns anonymously by calling **0115 876 4800**. Practitioners working professionally with the child, young person or family **cannot** make anonymous referrals.

Professionals making a referral to MASH:

If you are a **professional and want to make a referral** to City MASH, you are required to complete an electronic MARF.

Any immediate and urgent safeguarding concerns please telephone the City MASH team.

Where to find the electronic MARF?

[Multi Agency Safeguarding Children Hub \(MASH\) - Nottingham City Council](#)

Parental Consent

As of early 2023, the definition of consent in children's social care in England is heavily informed by the Working Together to Safeguard Children 2026 guidance, which emphasizes that while parental cooperation is ideal, **child safety overrides the need for consent** when significant harm is suspected.

For consent to be valid it must be:

- Consent for a MARF is needing to be from a person who has parental responsibility for the child/ young person or if appropriate the child/ young person themselves.
- Given voluntarily and freely without feeling unfairly pressured, manipulated or coerced into making a decision that does not reflect their true, independent wishes.
- The person giving consent must fully understand what they are agreeing to, if they are not fully aware then their agreement does not count as real consent.

If a family does not consent to Family Help support, practitioners should explore why this is the case, so that reassurance can be given to the family about their concerns. They should ensure the family has understood the consensual nature of support, and range of services available to meet their needs. The practitioner should consider how the needs of the child could otherwise be met, for example, through provision by universal services that the family already engages with.

Working together to safeguard children 2023, Section 1 Early Help. 133.



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MARF: Multi-Agency Referral Form

CONSENT

Is the child you are contacting us about already receiving support from a Social Worker or Family Support Worker?:



If the child is accessing support from a social worker or family help worker, **please record the name, contact details and role of the allocated worker.**

Has the parent given consent to the referral/request being made?:



Parental consent is needing to be gained for a MARF to be completed to family help. If concerns are significant and it is deemed a risk to discuss these with parents and gain consent, please fully provide your reasoning to why consent has not been gained. This will be reviewed by a manager.

Name of Parent/Carer who has given their consent:



The referral is needing to be discussed with parents, informing them of all the contents of the referral. Within this section, **please state the name of the parent who has provided consent.**

What do they think about the worries/concerns being raised?:



This section captures **the voice of the parent** within the referral. When sharing the concerns with parents, please record their views, worries and what support they would like to explore.



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MARF: Continued

EARLY HELP AND TARGETED SUPPORT

Are you contacting the MASH to request support from our Early Help or Targeted Services:



Is the referral requesting support from family help services/ Early help or from social care?

What support are you requesting for the child?:



What support is being requested from MASH. Please explore with the family what support that they are wanting.



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MARF: Continued

ABOUT THE CHILD

Child First Name:



Please ensure that the child's name is spelt correctly and that the name provided is the **legal name of the child**.

Child Surname:

Child Date of Birth:

Ethnicity:



Ensure that the correct date of birth is imputed as well as the child's ethnicity and current home address. If the family do not reside within the city boundaries and are living within Nottinghamshire County. A referral will need to be completed to Nottinghamshire County MASH.

Childs Home Address:

Telephone:

Is English their first language?:



If English is not their first language, it is essential that you state what **the first language of the child is**, this information is vital within the screening process.

Is an interpreter required?:

Any communication needs / language spoken (if not English):

School attended (if known):

Name of person with parental responsibility (if known):



Please provide the details of any person with parental responsibility of the child.

If there are other children within the household, please ensure that all their details are gained from parents and are recorded within the correct section in the MARF.

Are there any other children in the household?:



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MARF: Continued

PARENT/ CARER DETAILS

Full name:

Date of Birth:

Telephone number:

Do you know the parents/carers address?:

Address:

Relationship to the child:

Is english their first language?:

Any communication needs/language spoken:

The correct contact number for the parent/carer is needing to be provided.

If parents do not reside with the child, ensure that their address is recorded.

If English is not their first language, it is essential that you state what the first language of the parent is, this information is vital within the screening process as interpreters will be arranged. Please provide details of any communication or language needs within the family.

Screening normally takes place through telephone calls and letters to parents or carers. If these forms of contact are not appropriate, please indicate preferred methods of communication below so that alternative arrangements can be made.

This information is essential to ensure the family does not miss out on support.

Please specify any needs, including (but not limited to):

- Preferred language(s)
- Requirement for an interpreter
- Hearing or visual impairment
- Literacy difficulties
- Preferred communication method (e.g., text message, email, home visit)
- Any other communication needs or accessibility considerations



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MARF: Continued

ARE YOU MAKING THIS REFERRAL DUE TO CONCERNS THAT THE PARENT/ CARER IS EXPERIENCING PROBLEMS WITH:

Substance misuse:

If there are concerns around parental mental health- **have you explored a referral to adult mental health services.**

Mental Health:



If there are concerns around parental physical health- **have you explored a referral to adult social care**

Physical Health:

If there are concerns around parental substance misuse of alcohol misuse- **have you signposted to GP, recovery network or further local services.**

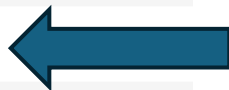
Alcohol Misuse:

ARE YOU MAKING THIS REFERRAL DUE TO CONCERNS THAT THE CHILD IS EXPERIENCING PROBLEMS WITH:

Substance misuse:

If there are concerns around child's mental health- has a referral to **CAMHS** been explored or other emotional support services?

Mental Health:



If there are concerns around substance misuse or alcohol misuse, have you explored a referral to **CGL**.

Physical Health:

Alcohol Misuse:

Are you making this referral due to concerns about domestic abuse?:



If you are raising concerns around domestic abuse, a **DASH RIC is needing to be completed** and shared with City MASH via email at the time of submitting the referral.



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MARF: Continued

Having thought about what you're worried about and what is working well, rate how worried you are about today and why, on a scale of 0-10. When 10 means that everything that needs to happen for the child to be safe and well happening and no extra professional involvement is needed 0 means things are so bad the child is no longer able to live at home:



This section is asking you, as a professional, to scale your concerns that have been raised.

What impact has/could this have on the child?:



What is the impact upon the child/children within the family.

What needs to happen?:



Please provide what is needing to be implemented for the family to increase the scale score that you have provided.



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MARF: Continued

ABOUT YOU

Are you making this referral as professional or member of the public?:

Name:

Job title:

Organisation:

Email Address:

Confirm email address:

Telephone number:

Has this been discussed with your safeguarding lead, manager or team leader?:



Please ensure that you are providing full information including **correct contact details**. You may be contacted for further information needed prior to the screening being completed. **It is essential that you are reachable following submitting the referral** to ensure that the family are to access beneficial support.

Ensure that the **email address provided is for yourself**, an outcome letter/conclusion of the screening process along with any further recommendations will be share with you once the screening process has been completed. It is essential that you record the correct email and that you regularly check this as you may be contacted for further information's, actions to complete and the outcome of the screening.

It is recommended that the **safeguarding leads are completing the MARFS**. If this is not possible, please ensure that you have had a discussion with management or safeguarding lead to ensure that submitting a MARF is the most appropriate action to take.

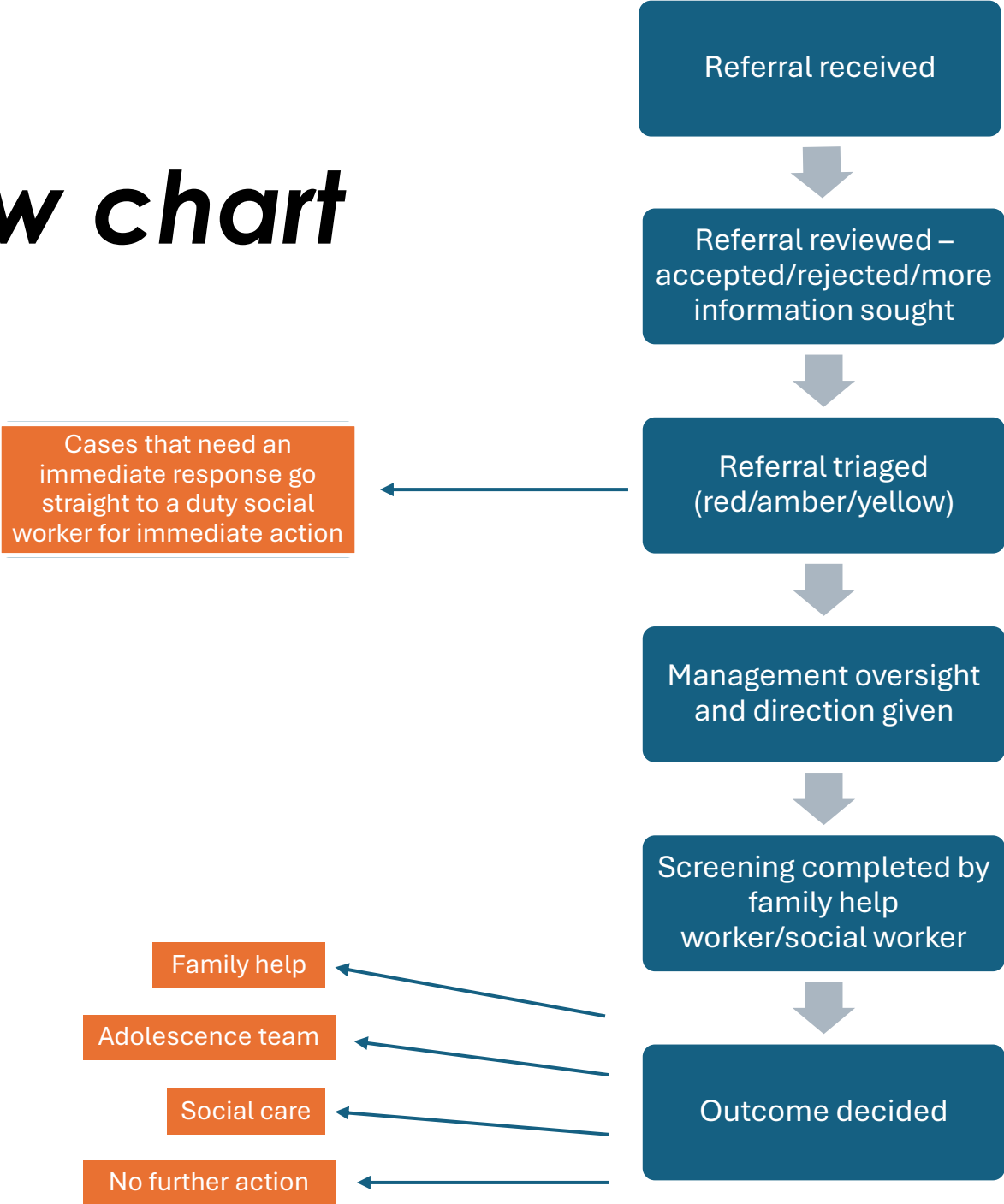


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MASH flow chart



Working Together 2026: Updated guidance

- Successful outcomes for children depend on strong partnership working between parents/carers and the practitioners working with them. Practitioners should take a child centered approach to meeting the needs of the whole family.
- As set out in the Children's Social Care National Framework, the following principles apply here too:
 - children's welfare is paramount
 - children's wishes and feelings are sought, heard, and responded to
 - children's social care works in partnership with whole families
 - children are raised by their families, with their family networks or in family environments wherever possible
 - local authorities work with other agencies to effectively identify and meet the needs of children, young people, and families
 - local authorities consider the economic and social circumstances impacting children, young people, and families



John Carter

Service Manager
Central Fieldwork Team



TIME FOR
A BREAK!



Sudden Unexpected Death in Infants (SUDI)

Amy Brears

Lead Nurse, Child Death Review, Nottingham Children's Hospital

Melanie Butcher

Lead Nurse, Child Death Review, Sherwood Forest Hospital

Deborah Somerset

Training Officer, Nottingham City Safeguarding Children Partnership

Hayley Wright

Health Visitor

Aims and Objectives

Reduce Risk of SUDIS occurring - particularly deaths where unsafe sleeping a factor

1. Explain what Sudden Infant Death Syndrome (SIDS) is
2. Highlight the factors which make some babies more vulnerable to SIDS
3. Explain what safer sleep is and help you identify risk factors
4. Discuss tips on talking to parents/ carers about safer sleep and the barriers to the advice being followed

Terminology

Child Death Review.

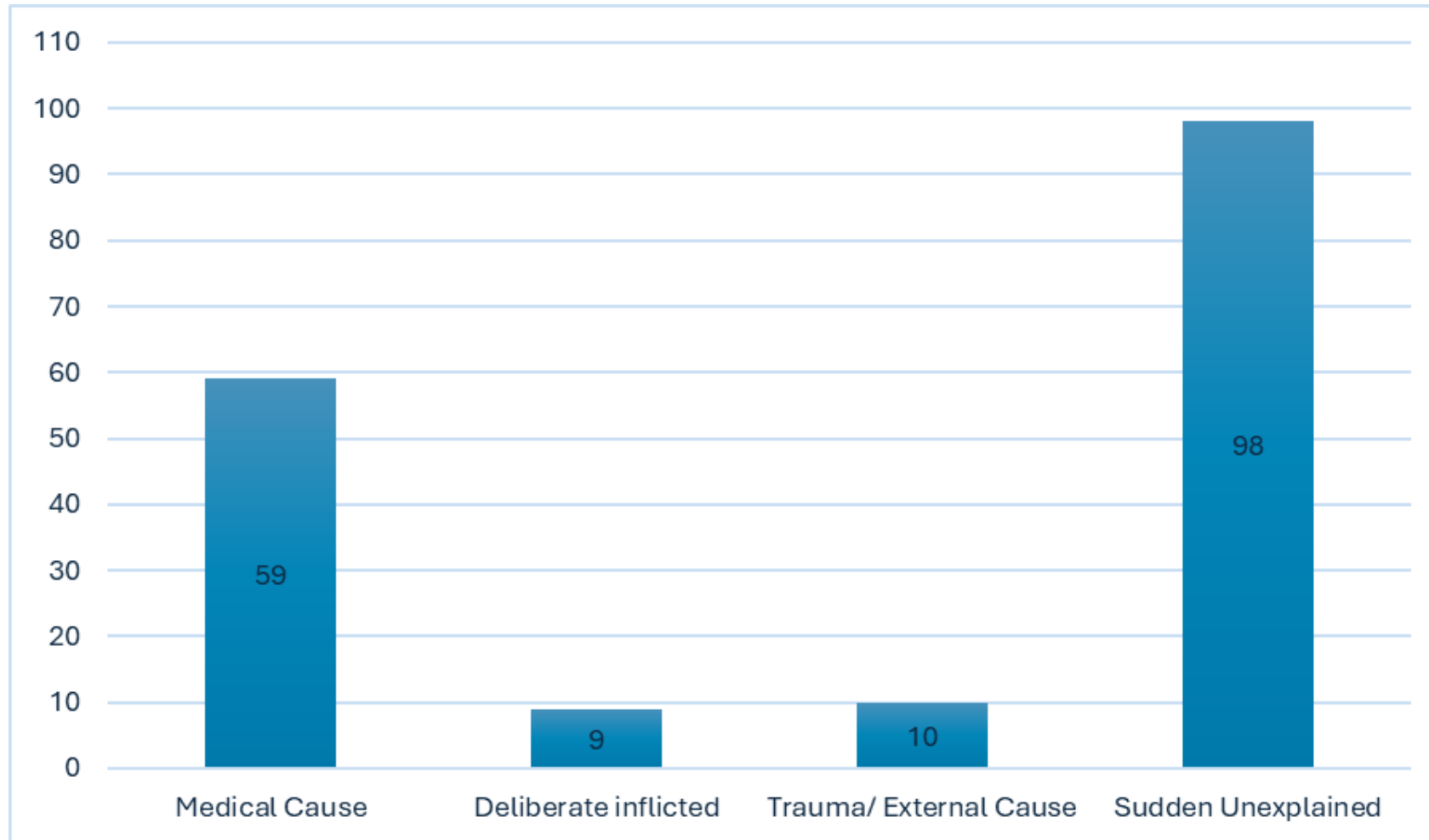
Statutory Guidance 2018



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- SUDI - death (or collapse leading to death) of an infant up to 2 years, which would not have been reasonably expected to occur 24 hours previously and in whom no pre-existing medical cause of death is apparent.
- SUDI (explained) – where cause has been found
- SUDI (unexplained) SUDI (under 12 months) where no clear cause of death, but don't fit SIDS e.g. , deaths in which the history, scene or circumstances suggest a high likelihood of asphyxia but in which positive evidence of accidental asphyxia is lacking).
- SIDS - death occurs during normal sleep, which remains unexplained after a thorough investigation including a complete post- mortem examination and review of the circumstances of death and the clinical history.

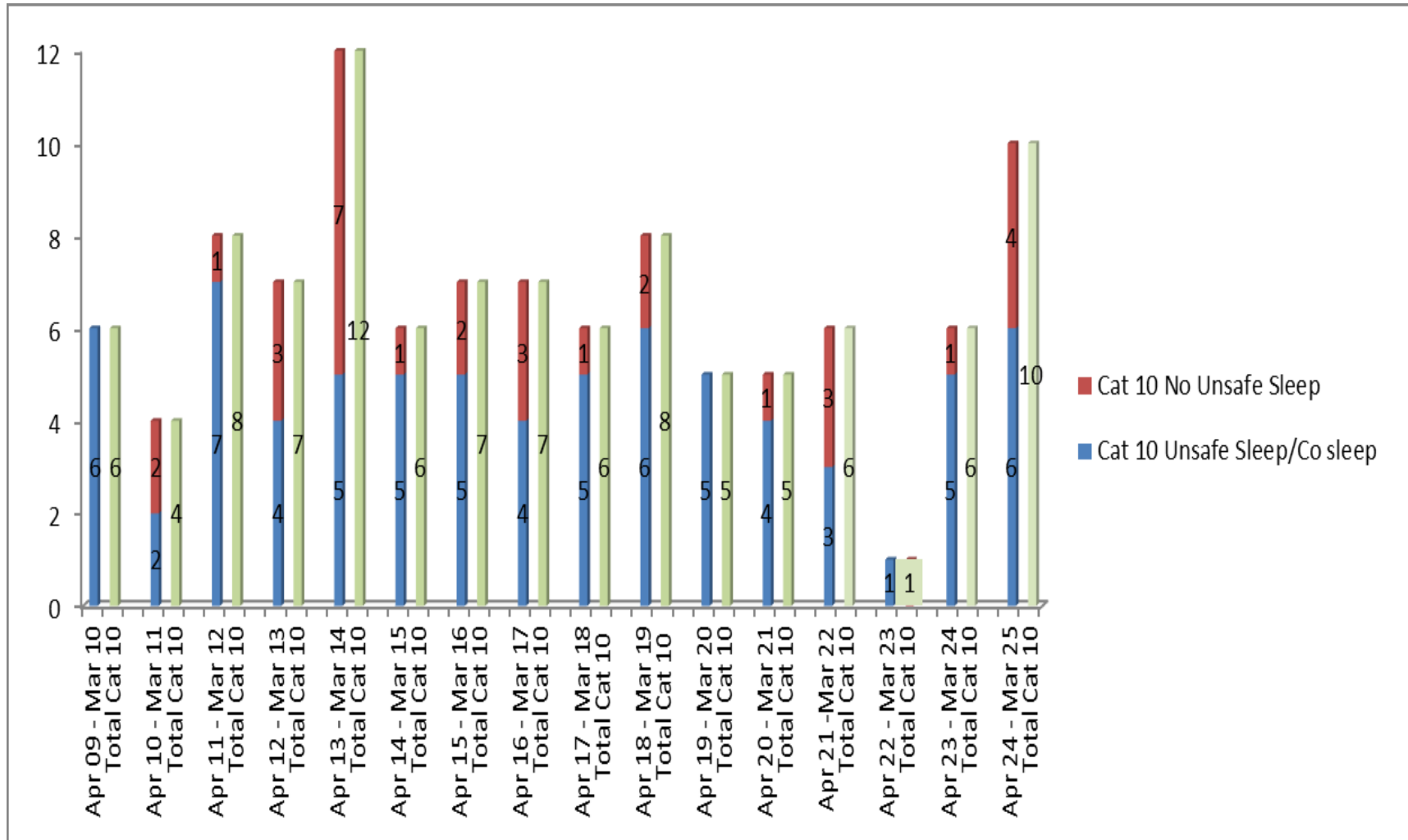
SUDIs in Nottingham/shire 1.4.09 – 31.3.25



SUDIs – explained due to neglect or trauma where death directly related to Unsafe Sleep

• Cause of Death	Circumstances
Plastic bag obstruction of upper airway	Nappy sac – mother sleeping while toddler played and baby in cot
Upper airways obstruction	Slept at grandmother’s house, pillow, duvet and swaddled laying face down.
Asphyxia in an unsafe sleeping environment	Toddler sleeping bag
Positional asphyxia	Midday sleep - Trapped between double bed and wall
Hypoxic ischaemic brain injury – cause unascertained	Midday sleep – travel cot, excessive coverings, hot day
External airways obstruction	Sofa sharing with father
Accidental cause of death (overlying – related)	Co-sleeping with parents in double bed
Positional asphyxiation	Fed between mother’s legs on bed. Mother fell asleep

SIDS or Unexplained Deaths where Unsafe Sleep was a factor



Work Done so Far to Reduce Risk of SUDIs

Yearly report SUDI deaths in Nottingham(shire)

Safer sleep working group

Communication strategy – safer sleep info based on Lullaby Trust material

Development of Risk Assessment tool based on work done in Rotherham

E training

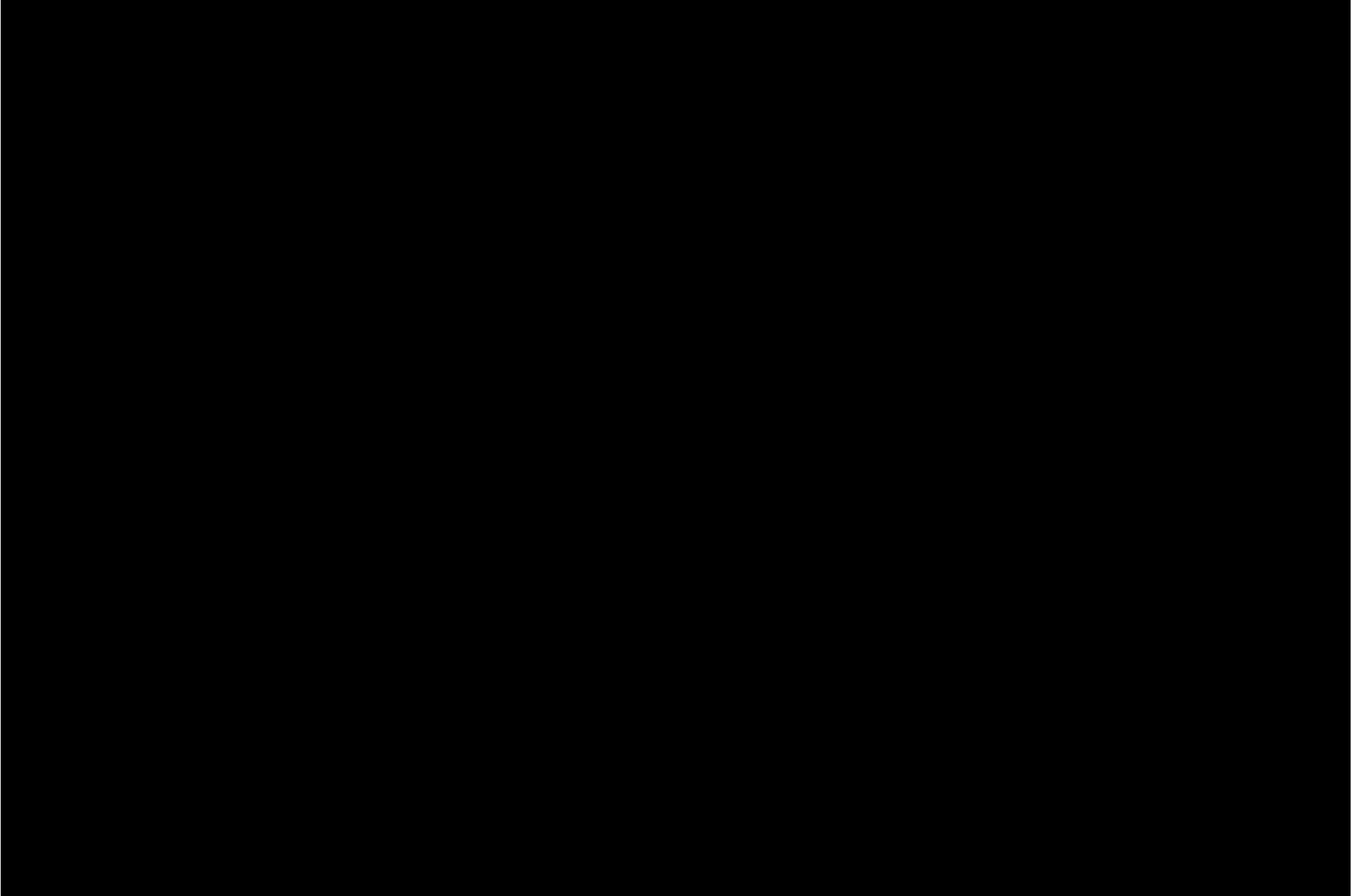
Multi agency training including launch of risk assessment tool

Training to empower staff to have meaningful conversations with families about planned and unplanned sleeps.

Lullaby Trust



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→ Prematurity | Unsafe Sleep Environment → **PROMOTE SAFER SLEEPING** →

Low birth weight | Swaddling | Mental Health | Drugs | Alcohol

Clear Cot | Feet to foot | Back to sleep | Share a room

(SIDS)

Sudden Infant Death Syndrome in Numbers for Nottinghamshire County/City and Bassetlaw

5-6

babies a year die in an unsafe sleep environment across Nottingham City, County and Bassetlaw



38%

babies known to Social Care at the time of their death



89%

babies were in an unsafe sleep environment



Increase

in un-recommended sleep products being used Pods/nests, pillows, cot bumpers, hammocks and sleep positioners



32%

one or both parents had taken a drug which could make them drowsy, either prescribed or illegal



85%

babies aged 6 months or less



77%

had Parental Smoking



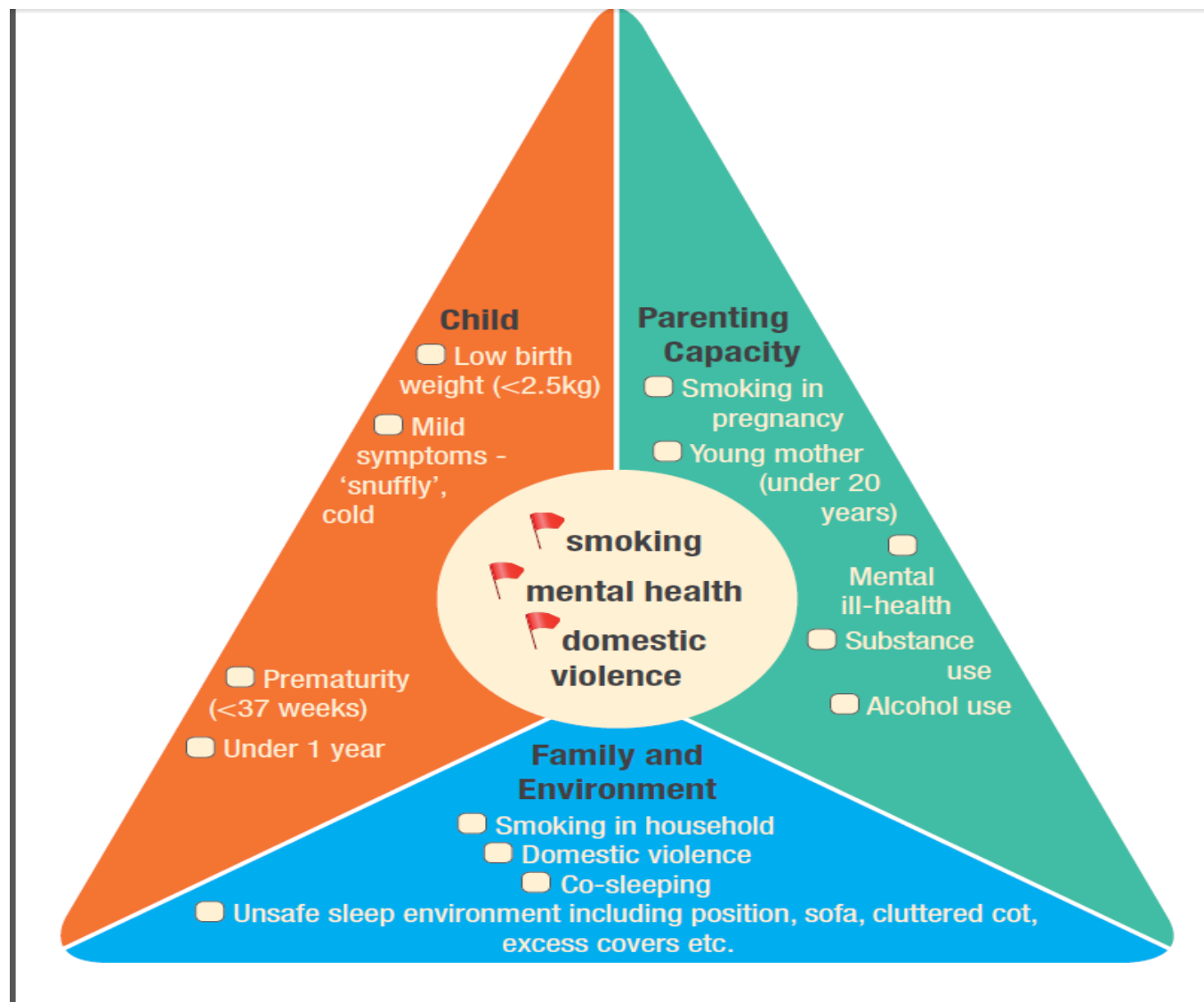
24%

One or both parents had been drinking alcohol



← Smoking ← **IDENTIFY RISK FACTORS** ← Firm flat surface | Temperature control

Risk Assessment Tool



Nottingham city safeguarding children partnership website

[Safer Sleep - Nottingham City Council](#)

Safer Sleep for Babies

A risk assessment tool for practitioners



On average **6** babies* die every year in Nottinghamshire where unsafe sleep arrangements were thought to be the cause

*under 15 months of age

This tool should be used with parents / carers to support them to consider how to keep their baby safe and to help identify if their baby is at high risk of Sudden Infant Death Syndrome (SIDS)

Safer 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 safer sleep advice is understood and that families have the support to follow it.

This tool supports practitioners to identify, and therefore support, families who may be vulnerable by identifying

SAFER SLEEP ADVICE FOR PARENTS AND CARERS

- Always put babies on their **BACK** for every sleep.
- Keep your baby **SMOKE-FREE** day and night.
- The safest place for a baby to sleep is in their own **CLEAR, FLAT, SEPARATE SLEEP SPACE** such as a cot or Moses basket in the same room as you for at least the first six months.
- Breastfeeding your baby lowers the risk of SIDS as well as providing many other physical and emotional health benefits. Support to breastfeed is available.
- Use a firm, flat, waterproof mattress in good condition.
- We know some parents choose to bedshare or may do so in an unplanned way. **It is very dangerous to co-sleep with babies if:**
 - you or anyone in the bed has recently drunk any alcohol.
 - you or anyone in the bed smokes.
 - you or anyone in the bed has taken any drugs or medication that make you feel sleepy.
 - your baby was born prematurely (before 37 weeks of pregnancy) or weighed under 2.5kg or 5½ lbs when they were born.

Tips For Safer Sleep Conversation

- Find out what they already know.
- Explain the “why” – maybe use a straw and talk about how a baby’s airway can get kinked or covered which can be dangerous, so the sleep surface needs to be clear and flat, and their head must not get covered.
- Explore barriers to the families implementing the plan.
- Involve other family members.



Solution!

- A **Prevent and Protect** practice model. Which the reviewers believe if embedded into practice has the potential to reduce risks.
- A strong view that SUDI prevention should be **seen as safeguarding work**, and not left to public health messages.

Risk Factors- Smoking

- Smoking continues to be a common theme and is present in 77.2% cases
- In 61 cases mother smoked in pregnancy (2 were vaping) and at time of death.
- In 40 cases someone else in household smoked; in 38 cases this was father of the baby and 2 of these were smoking e-cigarettes.



Risk Factors- Prematurity and Low Birth weight

- Prematurity and low birth weight has been identified by the Lullaby Trust as vulnerability factors.
- In babies found in an unsafe sleep environments 18% were premature with low birth weight and a further 4 were normal gestation but were low birth weight with 1 baby born early but normal weight.
- Development of the brain- breathing centre -so can forget to breath
- Reduced ability to regulate temperature – increased risk of over heating
- Reduced muscle tone- less able to move into a safe position until they are older than term babies
- Airway position and the neck

85% of infants that died with Insafe sleep involvement were 6 months of age or less

Risk Factors- Mental Health

- Maternal mental health issues have been identified in 46 (52%)
- On further analysis of these files, in many of the cases a history of depression/postnatal depression, low mood, self-harm, panic attacks or anxiety is described.
- Majority by Mothers but some fathers also have mental health issues.
- But why? Atunement, exhaustion, sleep environment decisions

Risk Factors- Domestic Abuse

- 32% had a known domestic abuse factor.
- Consideration for unreported domestic abuse cases (percentage of Domestic Abuse may be higher)
- Domestic abuse is a safeguarding issue and means babies and children may be at increased risk of physical and emotional harm. This includes unborn babies.
- The number of people asking for help and advice around Domestic abuse may have increased
- Increased risk of Unplanned sleeps, effect of DA on safe sleep choices.

Risk Factors- Alcohol and Drugs

- Alcohol consumption has played a part in 19 cases which is 24.3%.
- Drug abuse is recorded in 29 cases which is 32%
- Risk Factors re. drugs includes prescribed medication which may reduce the person's awareness and decision-making abilities.
- According to the Lullaby Trust, if drugs, alcohol and co-sleeping are all present this can increase the risk of SIDs by over 50 times.

Criminal Offence – Child cruelty, neglect and violence - “overlay”

- Infant under 3 years
- Cause of death is suffocation
- Infant in bed (including any kind of furniture or surface used for the purpose of sleeping)
- With another person who is over 16
- And that person is under the influence of drink or a prohibited drug

Poverty and Deprivation

66% of unsafe sleep related cases over the last 2 years (2023-2025) poverty and deprivation as a factor.

This included employment/income poverty and living conditions deprivation.

This evidence will be gathered each year from now on to measure the impact poverty is having on the families within our area within unsafe sleep incidents.

Unsafe sleep products



Co- Sleeping

To reduce the risk of sudden infant death syndrome (SIDS) **the safest place for a baby to sleep is in their own clear, flat, separate sleep space**, such as a cot or Moses basket. However, we know that many parents find themselves co-sleeping whether they mean to or not.

The Lullaby Trust has issued advice on how to make co sleeping as safe as possible

When not to co-sleep

- Whether parents choose to co-sleep or it is unplanned, there are some **key risks to avoid**.
- **Co-sleeping with baby is very dangerous if:**
- Anyone in the bed has recently drunk any alcohol
- Anyone in the bed smokes
- Anyone in the bed has taken any drugs or medication that makes parents/cares feel sleepy
- If baby was born prematurely (before 37 weeks of pregnancy) or weighed under 2.5kg or 5½ lbs when they were born.
- In these scenarios, it is **always** best to put baby in their own safe sleep space, such as a cot or Moses basket. Keeping the cot or Moses basket next to your bed might make this easier.
- **Never fall asleep on a sofa or armchair with baby. The risk of SIDS is 50 times higher for babies when they sleep on a sofa or armchair with an adult. They are also at risk of accidental death as they can easily slip into a position where they are trapped and can't breathe.**

Co-sleeping more safely

Keep pillows and adult bedding away from baby or any other items that could cover their head or cause them to overheat. A high proportion of babies who die as a result of SIDS are found with their head covered by loose bedding.

Follow all [The Lullaby Trust's other safer sleep advice](#) to reduce the risk of SIDS such as sleeping baby on their back

To reduce the risk of accidents, do not bring other children or pets into bed .

Try to make sure or check that baby cannot be trapped, wedged or fall out of bed or get trapped between the mattress and the wall

Never leave a baby unattended in an adult bed

If parents/carers are bedsharing with baby they should consider **any** risks before **every** sleep. It is easy for your situation to change if a parent or carer is unwell or have drunk any alcohol, **which means baby will be safest in a separate sleep space such as a cot or Moses basket on that occasion**

Where does your child wake up?' Spring 2025

91% of parents recalled receiving safer sleep advice, with 65% saying they received it both before and after their baby was born.

Most babies (89%) were placed on their backs in line with Lullaby Trust guidance.

Most babies were placed to sleep in a cot, but 35% woke up in their parents' bed.

64% of parents spoke about bed sharing at some point during the night, with 49% of those saying they plan for this and 45% saying they received professional advice about it.

Carers and Babysitters

Lullaby Trust advise

- For Grandparents or a babysitter, or anyone looking after someone else's baby up to 12 months of age.



Conclusion

- Average of 5-6 babies a year die in unsafe sleep circumstances which may have contributed to their deaths
- Small percentage of parents do not follow safer sleep advice
- Risk factors : smoking, maternal mental health issues, Domestic and Sexual Violence and Abuse, Alcohol and substance misuse
- Need for multi agency focused work linked to reducing risk including empowering professionals to have meaningful conversations with families around safer sleep (not just a tick box exercise!)

Links to Resources



Nottinghamshire
Safeguarding
Children Partnership

Safeguarding Partnership Every Colleague Matters Event

- [Safer Sleeping self-directed learning session](#)
- [Safer Sleeping Risk Assessment Tool](#)
- Lullaby Trust
<https://www.lullabytrust.org.uk/safer-sleep-advice/>
- Who's in charge
- <http://www.lscpbirmingham.org.uk/campaigns/who-s-in-charge>

	<p>Safer Sleep for Babies – A guide for professionals</p> <p>The Lullaby Trust</p> <p>www.lullabytrust.org.uk/product/a-guide-for-professionals-safer-sleep-saving-babies-lives/</p> 
	<p>Safer Sleep for Babies – A guide for parents and carers</p> <p>The Lullaby Trust</p> <p>www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-babies-a-guide-for-parents-web.pdf</p> 
	<p>Safer Sleep for babies presentations</p> <p>A series of free online presentations for parents – The Lullaby Trust</p> <p>www.lullabytrust.org.uk/safer-sleep-advice/safer-sleep-for-babies-online-presentations/</p> 
	<p>Co-sleeping with your baby</p> <p>The Lullaby Trust advice on how to co-sleep more safely</p> <p>www.lullabytrust.org.uk/safer-sleep-advice/co-sleeping/</p> 
	<p>Soothing a crying baby</p> <p>NHS advice for parents</p> <p>www.nhs.uk/conditions/baby/caring-for-a-newborn/soothing-a-crying-baby/</p> 

Safer Sleep risk assessment

Key questions for now and to take away

In families with increased risk factors:

- How can professionals best support parents to ensure that safer sleep advice can be heard and embedded into parenting practice, to reduce the risk of SUDI?
- What can you do to help?
- How can your service area begin to routinely embed 'safer sleep' within practice?
- How might we approach these difficult conversations with parents?



Questions?

Any Comments?



Transition and Safeguarding Files

3.92 The EYFS requires providers to **keep accurate safeguarding records** and **share information appropriately** to ensure children are safe and concerns are effectively managed. Providers must enable a **regular two-way flow** of information between other providers, if a child is **attending more than one setting**

Transition periods (e.g. room moves or nursery to school) are recognised as **key safeguarding points**. Serious Case Reviews highlight that **poor information sharing increases risk**.

You may need to share safeguarding information with parents, **other professionals, or statutory agencies**. Any information shared must be:

- **Relevant**
- **Proportionate**
- **Timely**
- In line with **safeguarding and data protection guidance** ([Information sharing advice for safeguarding practitioners - GOV.UK](#) and [NCSCP Information Sharing](#))



Key Safeguarding Information-Sharing Principles

Child safety comes first – The Data Protection Act & GDPR is not a barrier to sharing information. Protecting children from harm overrides privacy concerns. Information can be shared under UK GDPR/DPA if not sharing could place a child at risk.

Be open where safe – Explain to the child/carer what you will share and why, unless this would increase risk to the child.

Consent not required if a child is at risk – A lawful basis is needed, but consent may be inappropriate. Objections can be overridden to protect the child.

Get advice promptly if unsure – Do not leave a child at risk of harm because you have concerns you might be criticised for sharing information. Instead, find out who in your organisation can provide advice about what information to share- e.g. managers, data protection officer, legal team









Protect identities – Ensure you and the person/agency that receives the information takes steps to protect the identifies who might suffer harm if their details become known to the abuser or associates

Share only what's necessary – Information must be relevant, accurate, proportionate, and shared only with those who need it.-need to know basic

Record decisions – Always document why you did or did not share information and be ready to explain your rationale.



Key Messages

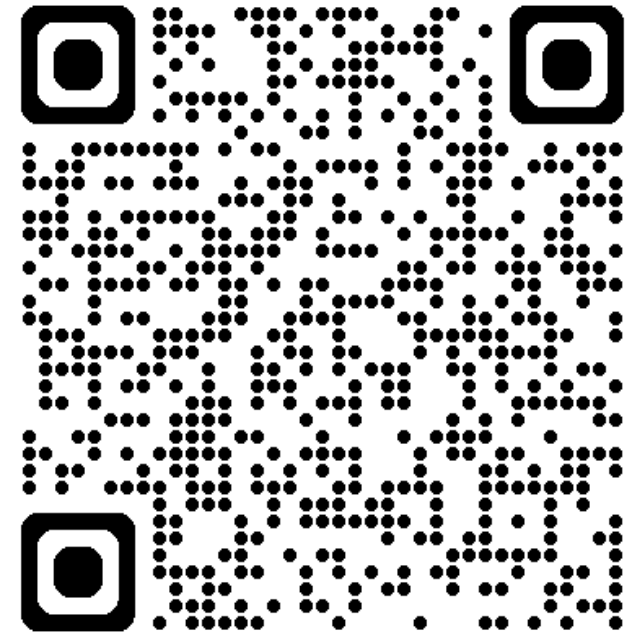
-  **Transitions can be a critical safeguarding moment**
-  **Timely, secure file transfer keeps children safe**
-  **Information must always follow the child**
-  **Clear documentation ensures:**
 -  **Continuity of care**
 -  **Accountability**
 -  **Strong safeguarding practice**
-  **Protecting continuity, welfare and wellbeing**

Child protection records must only be shared directly between DSLs. They must be transferred securely and never sent with parents or the child



Early Years Safeguarding Training Offer

- DSL Training Tuesday 4th August 2026 Nottingham Library
- Extra session offered due to demand
- 2026 –2027 training offer is now live. Book courses via QR code



LADO Training Offer

Allegations Management Training (LADO)

**Wednesday 24th June
2026**

10:00 AM - 12:00 PM

**Wednesday 29th July
2026**

2:00 PM - 4:00 PM

**Wednesday 26th
August 2026**

10:00 AM - 12:00 PM

**Wednesday 30th
September 2026**

2:00 PM – 4:00PM

Course: Allegation
Management (LADO)

[NCSCP Accessing Learning Zone Sign-up Guide v2.pdf](#)



**Nottingham
City Council**

DfE Early Years Prevent Training 2026-2027

Register on Eventbrite:

- Tuesday 16 June 2026: 6pm to 7:15pm [Register](#)
- Monday 7 December 2026: 6pm to 7:15pm [Register](#)
- Tuesday 26 January 2027: 4pm to 5:15pm [Register](#)
- Tuesday 4 May 2027: 6pm to 7:15pm [Register](#)



DBS Workshops

The DBS offer free monthly workshops for organisations to learn more about DBS processes and legislation.

You can find out more or sign up here:

- **DBS Disclosure and Eligibility Workshop,**
- **DBS Barring and Legal Duty to Refer Workshop**
- **DBS Enhanced Application Process Workshop**
- **DBS Harmful Behaviour Outside of the Workplace**



Disclosure & Barring Service



Next DSL network

Wednesday 11th November 2026

Start time 9:30am

Venue : Indian Community Centre

99, Hucknall Road

Nottingham

NG51QZ



Thank you and Evaluation

