

At a glance

Promoting safer sleeping for babies in high risk groups in England

What we hope to find out

We will develop modifications to existing ways of working with parents who are involved with child protection services, to help parents put their babies to sleep more safely. Safer sleep practices such as putting a baby to sleep on their back in their own safe space reduces the risk of Sudden Infant Death Syndrome (SIDS, previously known as cot death).

Why are we doing this study

The recently published 'Out of Routine' report examined the existing evidence with regard to Sudden and Unexpected Deaths in Infancy (SUDI) in families with infants at increased risk of harm. The authors found that parents were often aware of, and could even cite safer sleeping advice, but did not always follow advice, particularly in out-of-routine circumstances. The report concluded that 'models that rely solely on giving information are unlikely to produce meaningful change in this group'.

The report also concluded that to ensure that future interventions for this population of parents are effective, families' experiences, circumstances and perspectives should be taken into account. It was recommended that this should involve future interventions being 'targeted for effectiveness', in terms of being developed with, and established as effective for, those families with infants at increased risk. The report also recommended that this should include wider family and friends, to ensure that all those caring for the infant have access to effective support with safer sleep.

Why this is important

SIDS cases now predominantly come from those families experiencing poverty, and as such, children's social care provides a route to identify and provide enhanced support to families through existing pathways and interventions.

What we will do

We will use behavioural insights and models of behaviour change to understand how services might improve support for these families to practice safer sleep for their babies, even when they are 'out-of-routine'.

The planned research has three strands: a) a mapping of the data from a small number of recent reviews; b) interviews with families; and c) a stakeholder consultation.

We will rapidly extract all behavioural components from the six key themes that were identified in a recent review of qualitative evidence regarding decision-making by high risk families in relation to infant sleep practices. We will also identify the key components of successful methods of working and their mechanisms of action using data from a recent review of interventions that aim to reduce the risks for SIDS. We will then map these behavioural and intervention components using the COM-B model (i.e. capability (C), motivation (M) and opportunity (O)) and TDF (Theoretical Domains Framework).

We will carry out in-depth interviews with 10-15 families who have a young baby and are currently in contact with Children's Social Care Services as a result of concerns about the safety of the baby.

The final stage of the work will involve presenting our findings to a group of stakeholders that will include service providers; managers and commissioners, in order to identify modifications to interventions or services that can be embedded within existing ways of working with families about who there is concern with regard to the safety of the baby.

Project Team

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