

Safe infant sleeping Policy

1. Purpose

The Department for Child Protection (DCP) supports the promotion of safe sleeping environments and arrangements for infants under the age of 12 months. This policy sets out DCP's responsibilities for educating and supporting parents and carers to provide safe sleeping environments for infants in their care to prevent Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Death in Infancy (SUDI).

2. Scope

This policy applies to all DCP staff, family based carers, non-government residential carers and volunteers who have face to face contact with infants up to the age of 12 months.

3. Authority

3.1 Legislative context

• Children and Young People (Safety) Act 2017

3.2 Whole of Government requirements

• South Australian Safe Infant Sleeping Standards

3.3 DCP requirements

• Aboriginal Child Placement Principle Practice Paper

3.4 Principles

- The safety of infants is paramount.
- Decisions about the care of Aboriginal infants consider Aboriginal people's cultural values, needs and belief systems.
- Partnerships are built with families to assist them to establish safety for their children and young people.
- Carers are provided with access to relevant information and culturally appropriate services to support them to provide safe care.
- DCP provides support and guidance to build on carers' strengths and skills to meet the unique needs of infants in their care.

4. Policy requirements

DCP practitioners are responsible for:

- assessing and monitoring the safety of infants' sleeping environments through all phases of child protection intervention
- assessing parents'/carers' capacity to address concerns about the infant's safety and risk of harm and taking appropriate action to address them
- providing parents/carers with information, education and support to create a safe sleeping environment for the infant (where required)



• recording plans for ensuring a safe sleeping environment for the infant (for example, as part of a safety plan or the infant's case plan).

Non-government and government service providers are required to provide training and support to family based carers and residential care staff to ensure the safety of infants in care.

4.1 South Australian Safe Infant Sleeping Standards

The <u>South Australian Safe Infant Sleeping Standards</u> identify best practice for safe infant sleeping. Appendix 2 within the standard describes the specific role of DCP staff in implementing the standards. DCP staff should refer to the South Australian Safe Infant Sleeping Standards for further guidance about best practice relating to each of the standards.

4.2 Guidance and resources about safe infant sleeping

In addition to the South Australian Safe Infant Sleeping Standards, DCP staff may obtain further guidance and resources about safe infant sleeping from:

- Red Nose Australia including their First Nations Resources
- Kids Safe SA
- Raising Children.

4.3 Assessment of infant sleep environments

Many of the families with which DCP works are highly vulnerable. Families may be experiencing multiple issues that directly impact the safety of the infant's sleep environment, such as poverty, overcrowding, housing instability or homelessness, or alcohol and/or other drug use.

DCP may also be the only service engaged with the family. It is critical that DCP practitioners assess the infant's sleep environment from the earliest possible opportunity to ensure timely, targeted support can be put in place.

When assessing infant's sleep environment, DCP staff should refer to the <u>South Australian Safe Infant Sleep Standards</u>.

DCP staff should refer to the Standards for guidance about protective factors as well as risk factors relating to the:

- parent or carer
- environment (both the sleeping environment and home environment)
- infant.

When assessing harm or risk of harm posed by the infant's sleep environment, DCP practitioners should refer to the <u>DCP Assessment Framework</u> for guidance about making a quality assessment.

4.4 Identification of parents' and carers' support needs

DCP practitioners are responsible for assessing the parent or carer's needs and identifying, implementing and monitoring appropriate supports.

These supports may include (but are not limited to):

- provision of information and resources about safe sleeping
- modelling or demonstrating safe sleep practices during home visits or placement visits
- providing practical support to obtain appropriate cots or bedding
- engaging safe and appropriate members of the infant's family and kinship networks to support the parent or carer to implement safe sleeping practices



- working in partnership with other relevant parties (such as reunification services, alcohol and/or other drugs services, kinship care worker or placement support worker) to address concerns about the infant's sleeping environment
- consulting with relevant professionals and services for advice about safe sleeping practices (such as Child and Families Health Service (CaFHS) staff).

4.4.1 Considerations for Aboriginal and Torres Strait Islander families and carers

When working with Aboriginal and Torres Strait Islander families and carers, DCP practitioners should:

- use Aboriginal and Torres Strait Islander-specific resources (available from <u>Red Nose Australia</u>) to provide parents, other family and kin or carers with information about safe sleep, to support informed decision making
- consider how safe extended family and kin can be involved in supporting safe sleep environments
- consider consulting with a Principal Aboriginal Consultant for advice about how best to engage family/kin or carers in discussions or planning
- consider using an interpreter or translator where appropriate (for further guidance, refer to the <u>Aboriginal Languages Interpreters and Translators Guide</u>).

4.4.2 Considerations for families and carers from culturally and linguistically diverse backgrounds

It is essential to respect the family's cultural values while ensuring a safe sleep environment. When working with families and carers from a culturally and linguistically diverse background, DCP staff should:

- recognise the diversity of cultural practices and attitudes toward sleeping arrangements (for example, within some cultures co-sleeping with the infant demonstrates love and bonding); it is important to acknowledge this whilst working with the family to ensure safety
- where possible, provide information or resources in the family or carer's preferred language to support informed decision making (refer to the <u>Red Nose Australia website</u> for resources in languages other than English)
- consider engaging an interpreter or translator where required (for further guidance, refer to the Interpreting and translating for people from a culturally or linguistically diverse background Procedure)
- consult with DCP Multicultural Services for advice about how best to engage family and carers in discussions or planning.

4.4.3 Considerations for infants with disability

Infants with disability and high health needs may include those born prematurely or those with:

- sleep apnoea
- overnight gastrostomy feeds
- frail airways
- other ear, nose and throat and pulmonary disorders
- physical disabilities, such as cerebral palsy.

When working with infants with disability or high health needs, DCP practitioners should consider:

- whether the infant has high health needs requiring an individualised safe sleep plan
- supports or training parents or carers may require to understand, follow and implement the safe sleep plan
- liaising with disability, allied health and/or medical professionals to ensure safe sleep plans are up to date.

4.4.4 Considerations for parents or carers with disability

When working with parents or carers with disability, DCP staff should consider:



- the individual parent or carer's circumstances and the impact of disability on their ability to provide a safe infant sleeping environment
- whether additional time or alternative approaches for providing information are required to support the parent or carer to make informed decisions
- consulting with a DCP disability consultant for advice about supporting parents or carers with disability to provide a safe infant sleeping environment.

4.5 Training

It is a requirement that the following carers undertake Safe Infant Care training (known as KidSafe SA training):

- approved foster carers
- DCP residential care staff
- agency staff providing care in DCP residential care houses
- staff in NGO residential care facilities that are licenced to care for children under the age of five years.

Kinship care workers are responsible for providing kinship carers with information about safe infant sleep practices.

For family based carers, details of additional training or support should be recorded in their Carer Agreement. For further guidance, refer to the <u>Carer approvals</u>, <u>cancellations and agreements for family based carers Procedure</u>.

4.6 Maintain case records

DCP staff are responsible for maintaining appropriate records of:

- assessments of the infant's safety, including their sleeping environment and the parent or carer's capacity to meet the infant's needs
- education, information or support offered or provided to parents or carers about safe sleeping
- decisions not to provide information, education or support about safe sleeping and their associated rationale
- plans to address concerns about the safety of the infant's sleeping environment.

For further guidance about case recording, refer to the Case recording Procedure.

5. Compliance, monitoring and evaluation

This document will be reviewed every three years, or more frequently if required to ensure that the information is consistent with the <u>South Australian Safe Infant Sleeping Standards</u>.

6. Related documents

Related documents, forms and templates

South Australian Safe Infant Sleeping Standards

Carer approvals, cancellations and agreements for family based carers Procedure

Case recording Procedure

DCP Assessment Framework

Aboriginal Languages Interpreters and Translators Guide



Interpreting and translating for people from a culturally or linguistically diverse background Procedure	
Manual of Practice: Intake, investigation and assessment chapter	
Manual of Practice: Place a child or young person in care chapter	
Aboriginal Child Placement Principle Practice Paper	

7. Glossary

Term	Meaning
SIDS	SIDS is 'the sudden and unexpected death of an infant under one year of age with an onset of a fatal episode occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history'.
	(<u>Red Nose</u> , accessed March 2025)
SUDI	SUDI is a broad term used to describe the sudden and unexpected death of a baby for which the cause is not immediately obvious. The only means to find out the reason why a baby has died suddenly and unexpectedly is to perform an autopsy, review the clinical history and to investigate the circumstances of death, including the death scene, thoroughly. Following this thorough investigation, some deaths are explained, such as accidental deaths, asphyxiation by bedclothes, pillows and overlaying whilst co sleeping, infection, metabolic disorders, genetic disorders or non-accidental injury such as homicide, while others are unexplained. Sudden Infant Death Syndrome (SIDS) is an unexplained subset of SUDI. When no cause can be found for the death, it is called SIDS. (Red Nose, accessed March 2025)

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