



EAST RIDING
OF YORKSHIRE COUNCIL

Children and Young People's Support and Safeguarding Services

You Can, I Can, We Can

Safer Sleeping Policy and Procedure



Contents

1. Aim and scope	1
2. Application of this procedure	1
3. Flowchart	3
4. Procedure	4
4.1. Key practice points	4
4.2. Key advice and practices to keep babies and infants safe while sleeping	4
5. Sleeping position and sleeping additional guidance	6
6. Keeping babies smoke free	11
7. Using slings and carriers	12
8. Car seats	13
9. Alcohol and prohibited drugs	14
10. Forms and additional guidance / information	15

1. Aim and scope

Although Sudden Infant Death Syndrome (SIDS) is now very rare, over 200 babies still die every year. There is now accurate information about how and where babies die and research that tells us how to prevent sudden infant death syndrome.

Children and Young People, Support and Safeguarding Services are committed to supporting and ensuring that all foster carers, prospective adopters, parents, and carers are aware of how to reduce the risks and prevent sudden infant deaths.

This policy sets out how social workers and practitioners will provide timely advice and information to parents and carers, to ensure that they are aware of and understand how to maintain safety and mitigate risks. The Policy will detail how we intend to work with parents and carers to ensure that they are making informed choices, based on the best available evidence, ensuring that they can maintain the best standards of care and provide continued safety and protection for all babies and infants in their care.

This document is underpinned by the Lullabies Trust Guidance on Safer Sleeping and should be read in conjunction with the guidance available here, ([The Lullaby Trust](#)).

2. Application of this procedure

Initial support

The relevant team / social worker will email the links to the Lullaby Trust 'safer sleep' guidance along with a copy of this procedure to the foster carer, adopter, or parent at the earliest opportunity when finalising arrangements for the baby, ensuring that they copy in relevant practitioners / team managers.

In circumstances where access to the internet is limited or unavailable, the fostering social worker / lead social worker will post, or hand deliver this procedure and associated guidance, gaining confirmation of receipt from the relevant carers.

The receiving parents / carers will be encouraged to contact the fostering team / adoption team / fostering or lead social worker, to raise any concerns they have in respect to the procedure and associated guidance. The responsible social worker / practitioner will ensure that additional advice and guidance is provided to parents and carers to ensure they are confident in implementing this procedure.

The fostering / lead social worker must undertake a home visit, either on the day the baby enters the care of the parent / carers or within 24 hours, to view the sleeping arrangements



and discuss this policy and associated advice, to ensure 'safe sleeping' arrangements are in place. The fostering / lead social worker will work in a supportive and collaborative way to address any practice concerns demonstrating a high support / high challenge approach throughout their interactions.

Practical advice / demonstrations should be provided, including assistance with digital resources, ensuring that the parents and carers can access the full range of available information, advice, and guidance. Where access to digital media is limited or unavailable the fostering / lead social worker will provide physical copies of all information.

For Parent and Child arrangements, the fostering / lead social worker / practitioner ensures that the parent receives this information and shares physical copies of the procedure and associated guidance at the earliest opportunity.

The responsible fostering social worker / lead social worker will discuss the policy and guidance with the parents to ensure that they understand the significance of the information, their views and intended actions in relation 'safe sleeping' arrangements. The fostering / lead social worker will check the sleeping arrangements of all children, providing support and advice as appropriate or when requested.

All advice, guidance and support provided will be recorded as part of the placement planning agreement process /safer caring plan and risk assessments.

Key practice points

Visits to the home by the fostering / lead social worker must be completed on the day the baby enters the care of the parent / carer or within 24 hours.

Sleeping arrangements will be discussed and recorded in the matching evidence document and in the placement agreement meeting. For fostering services this must also be recorded in the safer caring plan.

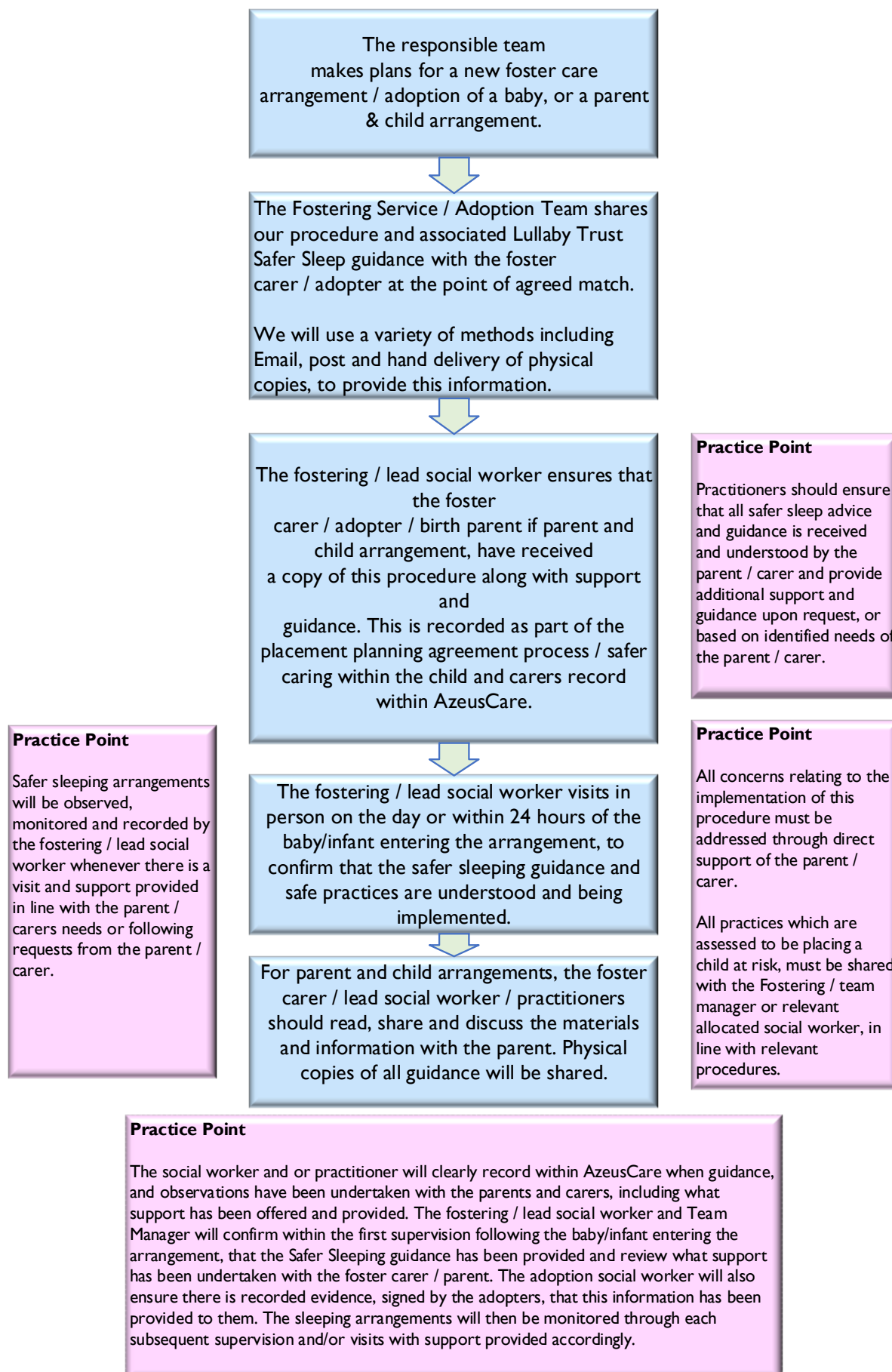
At the start of any new care arrangement for a baby, the fostering / lead social worker/ adoption social worker/ relevant team manager will ensure that the foster carer/adopter/parent have received this information and that it has been explained to the parent/carers, clarifying information where required.

Implementation of Safe Sleeping practice arrangements will be recorded within AzeusCare and will detail the fostering / lead social workers observations following all visits to the home.

There will be a swift response to any concerns identified. Information will be shared with the fostering team manager and allocated Local Authority social worker. Appropriate support will be given to the parents / carers to address any identified concerns, ensuring a high support / high challenge approach, which is solution focused.



3. Flowchart



4. Procedure

4.1. Key practice points

There are three key practice points / advice that everyone should be aware of to ensure safer sleeping and reduce the potential for sudden infant death syndrome:

- **Place babies on their BACK for every sleep.**
- **Keep babies and infants SMOKE FREE day and night.**
- **Ensure babies and infants have a CLEAR, FLAT SLEEP SPACE.**
(See guidance on page 11 and 12 for sleep periods in car seats)

4.2. Key advice and practices to keep babies and infants safe while sleeping

This information is informed by and should be read in conjunction with the Lullaby Trust Safer Sleep Guidance.

Research has shown that the safest place for baby to sleep is their own cot;

It is important to always place a baby on their back to sleep. Some care givers might worry that this is unsafe if they vomit, but research shows this is the safest position. Whilst babies might sleep deeper and longer on their front, it is because of the deeper sleep that it is considered unsafe;

Every effort should be made not to fall asleep on the sofa or in an armchair with a baby. This is thought to be one of the most high-risk sleep situations. If you feel tired, it is advisable to place the baby safely in their cot or Moses basket;

Guidance outlines that bed sharing is not recommended and should be avoided.

If you feel tired ask an appropriate and trusted person to care for the baby while you rest or place the baby safely in their cot or Moses basket.

It is important that foster carers do not bed share with babies or infants in their care. Our foster carers are encouraged to seek advice, guidance and support from their fostering social worker and develop contingency plans to support them in maintaining this standard of care.



It is important that babies and infants are not exposed to smoke. Keep your house and clothes smoke free and work to ensure that babies and infants are not exposed to cigarette smoke / smoke from other individuals.

Guidance stipulates that all babies should remain in the same bedroom as their primary carer(s) for at least the first 6 months. After which time parents and carers are advised to seek advice from the Health Visitor as to when baby can move to their own room.

Parents and carers should use a clean, firm, waterproof mattress with no tears or holes.

Some parents and carers may opt to borrow a Moses basket or cot. It is important for parents and carers to check the basket/cot's condition and confirm where it was stored, to reduce the risk of exposure to potentially harmful materials or substances.

There is evidence that indicates bringing in a mattress from another home might increase the risk of sudden infant death syndrome. Therefore, a new mattress should be sought for all borrowed / second-hand items. Parents and carers are encouraged to speak to their Fostering / lead social worker to discuss any cost concerns. (Please see page 8 for specific guidance relating to mattresses for babies on support care arrangements).

It is important to monitor the baby's general temperature when in bed. Evidence indicates that overheating in bed significantly increases the chance of sudden infant death syndrome.

To support the monitoring of this, parents and carers are advised to use a room thermometer. Guidance states that room temperatures between 16 – 20c, with light bedding or a lightweight, well fitted baby sleep bag, which does not cover the face, is safe and for sleeping babies.

Research shows that parents and carers should not use a quilt, duvet, or double thickness blankets, due to the connection with increased risk of sudden infant death syndrome. It is also unsafe to use a pillow.

In preparing an infant's cot or Moses basket, parents and carers should ensure that bedding is well fitted and loose. Bumpers and cords must also be avoided to reduce the risk of suffocation or strangulation.



5. Sleeping position and sleeping additional guidance

Increase safety by placing a baby on their back to sleep

Evidence indicates that the risk of sudden infant death is particularly high for babies who are sometimes placed on their front or side. Fostering social workers / lead social workers / practitioners will promote all parents and carers to consistently put babies on their back for every sleep, day, and night, as this will help parents and carers to reduce the risk of sudden infant death syndrome.

Sleeping babies on their back is known as the supine position. Doing this every night is one of the most protective actions a parent or carer can take to ensure the baby is sleeping as safely as possible.

There is substantial evidence from around the world to show that taking this action and being consistent from day one can significantly reduce the risk of sudden infant death syndrome.

Occasional events in which a baby is placed differently (on their side or front) increases the risk posed to babies from sudden infant death syndrome, therefore this should always be avoided. Side sleeping is not deemed a stable sleeping position and guidance indicates babies should not be propped, as this may restrict movement / cause accident.

Changes in sleep positions

There may be circumstances in which parents and carers, caring for babies with reflux are tempted to place the baby on their front.

In these circumstances the first action should involve seeking / signposting for medical advice, if there is concern that the position that baby is sleeping in is having a detrimental effect on their health.

To promote safety, any decision around sleeping positions should not be made without medical advice being sought from a GP or Health Visitor.

Longer, deeper sleep is not considered safer sleep, if this is a result of babies sleeping on their front. Babies sleeping on their front sometime seem to sleep longer and deeper, however their risk of sudden infant death syndrome is also much higher, potentially due to this reason. Therefore, fostering social workers / lead social workers / practitioners will work with parents and carers to promote / ensure that placing babies on their back to sleep is the consistent approach.



practitioners will work with parents and carers to promote this approach for all day-to-day care of babies. Any concerns relating to the specific practice of foster carers will be responded to using a high support / high challenge approach which is solution focused.

Guidance indicates that once baby can roll from back to front and back again, on their own, they can be left to find their own position to sleep, even if that is not on their back.

The Lullaby Trust provides guidance on what to do when this starts to happen. Here is a link to a fact sheet 'Back to sleep' with further information and frequently asked question: ([Lullaby Trust - Back to sleep](#)).

Maintain safety by creating a clear, flat, sleep place

All practitioners should work collaboratively with parents and carers to ensure that they are able to implement all elements of this aspect of the procedure. Upon request or in response to any identified needs, parents and carers will receive additional support to ensure sleeping arrangements are as safe as possible for babies and infants in their care.

Fostering social workers / lead social workers / supporting practitioners will inform, promote, and encourage parents, adopters, and carers to sleep in the same room as the baby (day and night) for the first 6 months and provide a separate cot or Moses basket for the baby.

Foster carers will be advised of the importance of this approach, to maintain high standards of care and provided with additional advice and guidance as required.

After this time advice should be sought from the Health Visitor in relation to when and if the baby could move to their own room.

Parents and carers should ensure that there is adequate space in the bedroom when sharing the room with baby. Adequate space is essential for clear walkways around the adult bed and the cot/Moses basket/crib and to allow air to circulate. This also applies when baby moves into their own room.

Fostering social workers / lead social workers / Practitioners, should work collaboratively with parent or carers to review the sleeping arrangements and address any concerns, assisting the parent and carers to make appropriate changes / amendments where required.

Responsible practitioners will provide advice and guidance during initial visits and within subsequent visits in relation to the key aspects of safer sleep guidance. Social workers will work with parents and carers to ensure they are able to implement the following aspects:

- All babies have use of a clean, firm, flat mattress with no raised or soft sides;



- Clear sleep space should be provided for all babies, materials to be avoided include - pillows, quilts or duvets, bumpers. There should also be no pods, nests, or sleep positioners;
- Undertake regular checks on the baby to ensure their head is kept uncovered, so that they don't get too hot.
- Ensure baby's sleep surface flat. Do not incline, tilt, or prop the mattress, cot, or baby. Doing so will not help with reflux and is unlikely to improve cold symptoms.

'A clear cot is a safer cot'

Babies are at higher risk of sudden infant death syndrome if they have their heads covered, so it is safest to keep baby's cot clear of unnecessary items which can increase the risk of accidents, as detailed above.

For further information on keeping the cot clear follow the link below: ([Lullaby Trust - Clear cot is a safer cot](#)).

Remove cot bumpers

Parents and carers should avoid the use of cot bumpers, as they can pose the risk of an accident to the baby once they begin to roll and move about the cot.

Evidence highlights a number of incidents in the UK and abroad where infants have become entangled in the ties and material or fallen from pulling themselves up on the bumpers.

This further supports the use of a simple mattress in a baby's cot with no loose bedding or bumpers, creating the safest sleeping space for a baby.

Find out more about our advice on cot bumpers here, ([Lullaby Trust - Product Guide](#)).

Mattress

Fostering / lead social workers / practitioners will work with parents and carers to promote the use of a firm and flat mattress (8-10cm deep), that is protected by a waterproof cover, as this will help keep the mattress clean and dry, allowing the cover to be wiped.



Parents and carers should ensure the baby's mattress is in good condition and that it fits the Moses basket or cot properly. Should additional advice be required this can be obtained from the relevant team, Fostering / lead social worker or health visitor.

Second-hand mattresses

There is some research that found an increased chance of sudden death syndrome when using a second-hand mattress, brought in from outside of the family home.

To ensure high standards in care, foster carers, must use a new mattress for each baby who enters their care. Support, advice, and guidance can be obtained from the fostering social worker if there are concerns or specific challenges around meeting this requirement.

This approach is also promoted with all parents and carers. Any concerns in relation to obtaining / purchasing new mattresses in preparation for babies should be discussed with the relevant service.

In the rare circumstances, whereby foster carers care for a baby on a support care arrangement and where the mattress is only used for a few days each month, the fostering social worker should inspect the condition of the mattress and maintain ongoing checks to ensure that the mattress is completely covered by a waterproof cover, is clean, still firm, not sagging, and does not have any damage (rips or tears).

Pillows and the links to sudden infant death syndrome

In accordance with best available evidence, it is important that parents and carers do not use pillows for a sleeping baby.

Pillow use alone has been shown to increase the chance of sudden infant death syndrome occurring by up to 2.5 times.

For further information on all mattress and bedding advice along with guidance on plagiocephaly (or 'flat head syndrome' a condition that people often wrongly consider using pillows for) use the following link: ([Lullaby Trust - best mattresses and bedding](#)).

Bed-sharing/co-sleeping

Fostering social workers / practitioners will ensure that foster carers fully understand the risks factors associated with bed-sharing and co-sleeping.



Fostering social workers / practitioners should ensure that there have been discussions with the foster carers at the point the baby enters their care and during subsequent visits, to ensure everyone is clear on why it is not safe to bed share with a baby and the need for this to be avoided at all times.

Discussion must include clarification around bed-sharing/co-sleeping, considering how they will manage night-time care. Discussions around contingency planning will support foster carers to maintain good standards of care, to safeguard against falling asleep on the sofa, chair or beanbag whilst holding or supporting a baby.

This approach will also be followed in relation to adopters and parents within parent and child arrangements. Advice and guidance will be provided, and social workers / supporting practitioners should work collaboratively with parents and adopters to ensure they understand the importance of this approach. Social workers / supporting practitioners should develop contingency plans with parents and carers to ensure they know how they can avoid unplanned co-sleeping with their sleeping baby.

Social workers and relevant team managers will ensure the parent/foster carer/adopter is aware of the guidance not to bed-share/co-sleep.

Fostering social workers / lead social workers / practitioners will make a record of all discussions with parents and carers and record the agreement made in relation to this, within the placement planning agreement, and within the child (and where applicable, foster carers) record within AzeusCare.

Responding to bed sharing and co-sleeping concerns within Parent and child arrangement

If a parent in a parent and child arrangement is not following the guidance and is bed sharing with their baby, the foster carer, fostering social worker / relevant practitioners, must discuss this with the parent to gain an understanding around this and to provide additional support to the parent with the aim of mitigating against this.

Any concerns must be shared with the fostering / lead social worker, to ensure appropriate oversight and shared planning, including safety planning / contingency planning.

Social workers and supporting practitioners must work in a committed and determined way to address concerns, ensuring that the parent is fully aware of the risks associated with bed sharing and co-sleeping and work collaboratively with the parent to address the concern.

In circumstances where a parent appears to be actively choosing to bed share, fostering / lead social workers should ensure parents are fully informed of the potential consequences associated with this choice and that the parents' views are fully understood. Social workers will ensure that parents are fully informed of the social workers safeguarding responsibilities



and that this may trigger the need for an early Placement Review Meeting with Local Authority social worker in attendance should concerns persist.

The fostering / lead social worker should communicate all concerns with their manager, to support with contingency / safety planning and ensure appropriate management oversight.

Twins & co-bedding

The guidance set out by The Lullaby Trust often promotes co-bedding twins so that you can share a room with them if you have restricted space. Sharing a room with the babies is considered a really important measure parents can take to reduce the chance of sudden infant death syndrome. However, there are other reasons parents choose to co-bed twins.

Various areas of research have suggested that putting twins in the same cot can help them regulate their body temperatures and sleep cycles and can soothe them and their twin.

Whether parents and carers decide to sleep the babies in the same cot or separately, the risk of sudden infant death syndrome will be greatly reduced if all safer sleep advice is followed for each baby, day, and night.

Parents / foster carers / adopters should carefully monitor any babies who are co-bedding to ensure they are vigilant to babies becoming mobile and starting to roll. At this point parents and carers should place the babies in separate cots.

Practitioners should provide additional advice and guidance to parents and carers around this area of guidance. The fostering social worker / lead social worker / practitioners will also signpost parents and carers to their health visitor for specialist advice regarding co-bedding twins.

Please see the following links for further information around the specific actions required to maintain safety for sleeping twins/multiple babies: ([Lullaby Trust - safer sleep for twins](#)) and ([Lullaby Trust - Twins Fact sheet](#)).

6. Keeping babies smoke free

This information is vital for foster parents/adopters to have awareness of. Whilst they will be non-smokers if approved for babies and under 5's, it is still beneficial that they are aware of risks posed by other smokers/smoky environments.

This information is also important for parents within Parent & Child arrangements, if a parent is a smoker, or spends time around others who smoke. Therefore, practitioners should work



collaboratively to ensure all parents are aware of the risks posed to babies and infants through exposure to smoke.

Key Information and important facts

- It has been estimated that the number of babies dying of sudden infant death syndrome could be halved overnight if we eliminated smoking in pregnancy;
- Babies should be kept smoke free both before and after birth;
- Parents and carers should consider beyond the immediate family – are their visitors, other members of the family who smoke or smoky environments that the parent/carer visits; are people within their family and friends' network aware of the need to keep the baby smoke free;
- Bed sharing and smoking – the risk of sudden infant death syndrome is up to 10 times more if a baby shares a bed with a smoking parent;
- Babies exposed to smoke before or after birth have a much greater chance of sudden infant death syndrome than babies who are kept smoke-free.

7. Using slings and carriers

Slings and baby-carriers are considered useful by some parents and carers for when holding a baby hands-free.

Whilst there is currently no reliable evidence that slings are directly associated with sudden infant death syndrome, worldwide there have been a number of deaths where infants have suffered a fatal accident from the use of a sling.

The risk appears to be greatest when a baby's airway is obstructed either by their chin resting on their chest or their mouth and nose being covered by a parent's skin or clothing, causing suffocation.

Care should be taken when selecting slings and carriers to ensure that they meet safety requirements.

The safest baby carrier to use will keep the infant firmly in an upright position where a parent can always see their baby's face, and ensure their airways are free.

Complete guidance is available by visiting The Royal Society for the Prevention of Accidents.



The Consortium of UK Sling Manufacturers and Retailers provides the following advice to baby sling wearers: keep your baby close and keep your baby safe. When wearing a sling or baby carrier, keep in mind the TICKS guidelines:

- Tight
- In view at all times
- Close enough to kiss
- Keep chin off the chest
- Supported back

Complete guidance is available by visiting' ([RoSPA - Baby Slings](#))

8. Car seats

Babies will naturally fall asleep when they are in their car seat in the car. However, once parents/carers arrive at their destination we advise that the sleeping baby is removed from their car seat and placed in a Cot or Moses basket.

Once parents and carers return home, we advise that the parent/carer move the baby to their usual firm, flat surface to sleep.

Available guidance indicates that the safest place for baby to sleep, both during the day for naps and during the night, is in a cot or Moses basket in a room with you for the first six months.

It is important to check on your baby regularly when they are asleep, and this is equally important when they are sleeping in car seats.

Key safety advice

- If baby is being transported in a car, they should be carried in a properly designed and fitted car seat, facing backwards, and preferably be in sight of an adult.
- It is important to monitor the baby's temperature to ensure the baby doesn't get too hot. When the baby is being placed into a car seat it is advisable to remove hats and outdoor coats.
- On long car journeys, stop for breaks so baby is not in the car seat for prolonged periods (some manufacturers recommend a maximum period of 2 hours in car seats).
- Premature babies who may slump need particular care when travelling in a car seat. Ask your car seat manufacturer if they have any safety advice about the specific model you are using.



The Lullaby Trust factsheet on car seats is available here: ([Lullaby Trust - car seat fact sheet](#))

Further information on car seat safety is available using the following links:

Advice from the Royal Society for the prevention of accidents;

[Choosing & Using | Child Car Seats](#) / [Choosing and Using Rearward Facing Child Car Seats | Child Car Seats](#)

9. Alcohol and prohibited drugs

The Out of Routine: A review of sudden unexpected death in Infancy (SUDI) in families where the children are considered at risk of significant harm (The Child Safeguarding Practice Review Panel, 2020) report states that situational risks and out-of-routine incidents were prominent: in 11 of the 14 reviewed, the last sleep was considered out of normal routine. In eight of those reviewed, alcohol or drug misuse was noted at the time of the last sleep.

Professionals need to be aware of the recent change in the law under The Serious Crime Act (2015). It is now deemed an offence where a child dies as a result of unsafe sleeping and where it is proven that this is as a result of a parent/carer (over the age of 16) being under the influence of alcohol or prohibited drugs.

Any practitioner working with parents or carers should promote awareness of the risks, impact and implications surrounding the use of alcohol and prohibited drugs whilst responsible for the care of babies, infants and children, emphasis should be placed on reinforcing key messages and ensuring a prompt response when concerns are identified.

It is of paramount importance that where there are indicators of higher vulnerability for example, parental smoking or previous known alcohol or prohibited drugs use, that social workers consider the need for additional support and intervention, to promote safer sleeping practices, for example, providing additional support to a parent within a parent and child arrangement.

It is important to discuss the risks of sedation associated with drugs, alcohol and medication and the need to have arrangements in place to prevent the risk of falling asleep with the baby









Practitioners should assert the importance of safer sleeping messages with any parent or carer who is known to drink alcohol / take medication, or whom may have drunk alcohol or used prohibited substances in the past.

Practitioners should clarify with parents and carers what arrangements will be made for the baby's care if they plan to drink alcohol or take prescribed medication.



concerns relating to the use of prohibited drugs or alcohol whilst caring for a baby or infant within any fostering arrangement must be responded to in-line with established policies and procedures.

10. Forms and additional guidance / information

	Additional guidance and information	Link
A.	The Lullaby Trust – Safer Sleep for Babies – A guide for parents and carers.	 Safer sleep for babies - a guide for parents
B.	The Lullaby Trust – Safer Sleep Guide for professionals.	 Safer sleep - saving lives - a guide for profes
C.	NHS - Reducing the risk of Sudden infant death (SIDS).	(SIDS) - NHS
D.	The Lullaby Trust – Baby summer safety.	Baby summer safety - The Lullaby Trust
E.	The lullaby Trust – Baby Check App. (useful app for baby checks).	The Baby Check App - The Lullaby Trust
F.	The Lullaby Trust – Twins fact sheet.	 8-twins-factsheet-2017.pdf
G.	The Lullaby Trust – Car Seat fact sheet.	 9-car-seat-factsheet-2019.pdf
H.	The Lullaby Trust - Back-to-sleep fact sheet.	 fact-sheet-back-to-sleep.pdf
I.	The Lullaby Trust – Mattresses, bedding, and cots.	 fact-sheet-mattresses-bedding-and-cots.pdf
J.	The Lullaby Trust – Easy to read cards.	 Easy-read-card-English-web.pdf
K.	The Lullaby Trust – Product Guide, guide to buying sleep essentials	 The-Lullaby-Trust-Product-Guide-Web.pdf
L.	The Lullaby Trust – Safer sleep in winter guide	Safer sleep in winter guide - The Lullaby Trust



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