



Safer Sleeping Procedure

All Services (who provide care for babies)

Introduction

Sudden Infant Death Syndrome (SIDS) (also known as Cot Death) is now very rare but there are still 196 babies that die every year*. There is now accurate information about how and where babies die and research to help prevent sudden infant death. The purpose of this procedure is to provide evidence-based guidance to reduce the risk of SIDS and the process for the placement and support of babies to help keep them as safe as possible. It includes advice for the care of toddlers. **This procedure applies to all who provide care for babies within the Polaris community - Parents, Foster Parents, Adopters (referred to as 'care givers' within this procedure) and the staff supporting them.**

The term 'Adopters' is used throughout procedures, but depending on the context, it may refer to potential adopters, prospective adopters, or those adopters for whom an adoption order has already been granted.

The safer sleeping practices in this procedure are primarily sourced from the Lullaby Trust and NHS. Supplementary guidance has been sourced from ROSPA and the National Childbirth Trust. Links should be accessed to review the latest information on safer sleeping. The Lullaby trust provide a series of free online presentations on how to reduce the risk of SIDS which should be accessed at: www.lullabytrust.org.uk/safer-sleep-advice/safer-sleep-for-babies-online-presentations/

Safer sleep practices apply to babies up to 12 months of age, the greatest risk of SIDs is between 1-4 months but the risk continues up to their first birthday - For premature or low birth weight babies, the 12-month period is counted from their due date, not their actual birth date. This procedure also contains sleeping safety advice for toddlers and infants so should be consulted for all children 0-3 years old (up to and including their 3rd year to their 4th Birthday).

*[statistics from lullaby trust.org.uk/professionals/statistics-on-sids/](http://statistics.from.lullabytrust.org.uk/professionals/statistics-on-sids/)

This procedure forms part of the Polaris Community Quality Management system ISO 9001.

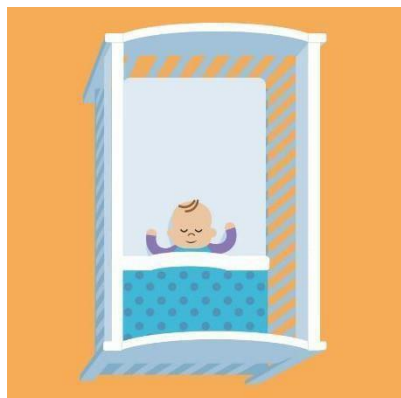
All companies are detailed in the current legal structure

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	Matching & Placement Procedure
	Monitoring & Notifiable Event Procedure
	Child Specific Safer Caring Plan
	Placement Plan Agreement, Risk assessments & Matching forms

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Safer Sleeping Practice – how to reduce the risk of SIDS



There are Key Pieces of advice to ensure Safer Sleeping and reduce the risk of SIDS.

All safer sleep advice applies to ALL sleep periods both day and night.

- **Put babies on their backs for every sleep both day and night**
- **Create a clear, flat, sleep place for baby**
- **Sleep baby in a separate cot, crib or Moses basket**
- **Sleep in the same room as the baby for at least the first 6 months**
- **Use a firm and flat mattress** that is protected by a waterproof cover
- **Keep babies smoke free**

Key Advice:

1) Put babies on their backs for every sleep both day and night:

Some care givers worry this may be unsafe if the baby vomits, but research shows that putting a baby on their back is the safest position. It's true that babies sleep deeper and longer on their front and a sleep deprived care giver may be enticed to place the baby on their front, but it is because of the deeper sleep that it is considered unsafe. Side sleeping is not safe because the baby is not in a stable position. A baby should never be propped to stay in this position.

The risk of SIDS is particularly high for babies that are sometimes placed on their front or side. Sleeping babies on their back (known as the supine position) for every sleep is one of the most protective actions you can take to ensure the baby is sleeping as safely as possible.

Do make sure that putting the baby on their back is consistent from day one.

Babies with reflux do not need to be on their front. Medical advice must be sought from a GP or Health Visitor if there is a concern that the position that baby is sleeping in is having a detrimental effect on their health.

Once the 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 first few times they roll onto their tummy, you might like to gently turn them back.

You should give babies some time to play on their tummy while they are awake to help their development, but make sure they are **always** supervised while they are on their front.

Here is a link to a fact sheet 'Back to sleep' with further information and frequently asked questions — <https://www.lullabytrust.org.uk/wp-content/uploads/2025/02/Back-to-sleep-factsheet.pdf>

2) Create a clear, flat, sleep place for your baby - A clear cot is a safe cot.

A clear sleep space means: - No pillows, quilts or duvets, bumpers - No pods, nests or sleep positioners.

Bedding should be either a suitable baby sleeping bag or sheets and a blanket.

If you use baby blankets instead of a sleeping bag, lie your baby on their back with their feet nearest the foot of the cot or Moses basket. This prevents any loose bedding covering their face when they wriggle around.

A cellular cotton blanket is best as they allow your baby to keep warm but allows air flow. The blanket should be tucked in firmly, no higher than the shoulders, and not doubled over as this can cause overheating. (NHS website)

Your baby needs a firm, flat mattress with no raised or soft sides, ensuring that the mattress is the correct type for the cot/ Moses basket/crib.

Pillow use alone has been shown to increase the chance of SIDS occurring by up to 2.5 times. There have been a number of cases in the UK and abroad where infants have become entangled in the ties and material of cot bumpers - or fallen from pulling themselves up on the bumpers. A simple mattress in your cot with no loose bedding or bumpers is the safest sleeping place for a baby. Find out more information from the Lullaby trust [here](#) on not using cot bumpers.

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: <https://www.lullabytrust.org.uk/safer-sleep-advice/mattresses-and-bedding/>

Babies are at higher risk of SIDS if they have their heads covered, so it is safest to keep the cot clear of unnecessary items and place their feet near the foot of the cot.

Babies should sleep in the same room as their parent/care giver(day and night) for the first six months and be in a separate cot or Moses basket (see section below for low birth weight / premature babies).

You should ensure there is adequate space in the bedroom. Adequate space is essential for clear walk ways and to allow air to circulate.

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Do not position the cot under a window, next to a radiator or near any cords that the baby could grab.

Do not use a neck cord (these are often used for dummies and biccie pegs).
Remove bibs before the baby sleeps.

3) Sleep your baby in a separate cot, crib or Moses basket – it is the safest place.

Do not bed share or co-sleep. Adult beds are not designed with infant safety in mind. Babies can die if they get trapped or wedged in the bed or if a babies' care giver lies on them. It is important to make sure the ongoing sleeping/bedroom environment is as safe as possible.

The care giver should never fall asleep on the sofa, chair or beanbag with the baby. This is thought to be one of the most high risk sleep situations.

Under **no circumstances is a care giver permitted to bed-share with a baby.**

The worker must ensure the care giver is aware of the guidance NOT to bed-share/co-sleep.

If a parent in a P&C foster placement is choosing not to adhere to guidance and **is** bed-sharing with their baby this must be reported immediately to the SSW and LASW and recorded.

To reduce the risks in this situation the parent must be reminded of the additional guidance on bed sharing within this procedure.

- The following link is to a factsheet on the risks of bed-sharing and how to minimise them where guidance on **not** bed sharing is not being followed:

<https://www.lullabytrust.org.uk/safer-sleep-advice/co-sleeping/>

4) Sleep in the same room as the baby for at least the first 6 months of their life (this should be **6 months from the baby's due date rather than their birth date if they are premature. It may be even longer for low birth weight babies**). Always seek the advice of the health visitor before moving the baby to their own room. **A baby monitor should be placed in the bedroom once it has been agreed the baby can be in their own room.**

5) Pay attention to the mattress you use for your baby.

The Lullaby Trust recommend a **firm** and **flat mattress** for the cot that is protected by a waterproof cover. This will help keep the mattress clean and dry, as the cover can be wiped down. Make sure your baby's mattress is in good condition, the correct type and that it fits the Moses basket or cot properly. The surface of the mattress should be firm enough that when your baby is placed on it, their head does not sink in more than a few millimeters.

Three key questions you should ask are:
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1. Is it firm?
2. Is it flat?
3. Does it have a waterproof cover?

The National Childbirth Trust (<https://www.nct.org.uk/>) advises that in order to keep your baby as safe as possible in their cot, you should check that it conforms to **British Safety Standards**. You'll also need to follow these guidelines so they don't get trapped or climb out:

- The distance between the top of the mattress and the top of the cot sides should be at least 50cm.
- Cot bars should be vertical and the distance between them no more than 6.5cm.
- If your cot has a solid head and footboard with shapes cut out, check that your baby's limbs can't get caught in them.

There is some research that found an increased chance of SIDS when using a second-hand mattress, although the link is not yet proven. A NEW mattress must be used by care givers for EACH new baby. If a parent (in a parent & child placement) brings a mattress into the home to use with their own cot/crib/Moses basket it is critically important to ensure that the mattress is the correct mattress for the product and that it fits properly. Ensure that the mattress is **new**. If the mattress is second-hand the parent should be provided with a new, correctly fitting mattress specifically made for that type of cot/crib.

Cot Mobiles can be dangerous: The advice from the Lullaby Trust is to keep them well out of reach of the baby and ensure you follow the manufacturer's guidance and fit them correctly. As soon as your baby can reach/grab or roll over you must remove them and discontinue use immediately. In all cases it is recommended to remove cot mobiles by the time a baby is 4 months old.

For further information on keeping the cot clear follow the link below:

www.lullabytrust.org.uk/safer-sleep-advice/clear-cot/

6) Buy the right Baby/toddler sleeping bags:

If you use a sleeping bag, buy one in store if possible so that you can check it over in person. If you do buy online, use a reputable retailer and ensure you can return it in case there are any issues. Make sure you:

- Check the label for the British Standard mark
- Ensure the sleeping bag fits your baby and check the fit as they grow. The sleeping bag shouldn't be too loose around the neck and should fit at the shoulders to stop your baby slipping down inside the bag
- Buy one without a hood and without any attachments that could come loose or be a choking hazard
- Check fastenings are secure. Also make sure they're covered so they don't rub or scratch against your baby's skin
- Use a sleeping bag that's right for the season. Use a low tog one for summer (0.5 tog

or 1 tog) and up to 2.5 tog for winter. Only go up to 3.5 tog if it's very cold in your baby's room (under 15 degrees C) as it could make your baby too hot.

- Never use a sleeping bag with a quilt or duvet, as it will make your baby far too hot.

7) Do not use a portable sleep space such as a travel cot or carry cot for permanent or long term use. If you need to use portable sleep space you should not add extra padding or mattresses and follow the mattress advice above.

8) Invest in a room thermometer and go to the Lullaby Trust for the latest advice on the correct temperature for the room. A simple, cheap thermometer is available from the Lullaby Trust's [online shop](#).

9) Don't let your baby get too hot or too cold (see [NHS Guidance](#))

- When you check on baby, make sure they're not too hot. If your baby is sweating or their tummy feels hot to the touch, take off some of the bedding. Don't worry if their hands or feet feel cool – this is normal.
- It's easier to adjust for the temperature by using layers of lightweight blankets (see reference above in regards to baby blankets).
Remember, a folded blanket counts as 2 blankets. Lightweight, well-fitting baby sleeping bags are a good choice, too (ensure they have the British Standards mark on the label).
- Babies don't need hot rooms. All-night heating is rarely necessary. Keep the room at a temperature that's comfortable for you at night and in accordance with the guidance from the Lullaby Trust on room temperature (see lullaby Trust website for latest guidance on room temperature).
- If it's very warm, baby may not need any bedclothes other than a sheet.
- Even in winter, most babies who are unwell or feverish don't need extra clothes.
- Babies should never sleep with a hot water bottle or electric blanket, next to a radiator, heater or fire, or in direct sunshine.
- Babies lose excess heat through their heads, so make sure their heads can't be covered by bedclothes while they're asleep.
- Remove hats and extra clothing as soon as you come indoors or enter a warm car, bus or train, even if it means waking your baby.

10) Keep babies smoke free:

This information is vital for care givers to understand despite the fact that 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 could also apply to Parent & Child placements where a parent may be a smoker.

- It has been estimated that the number of babies dying of SIDS could be halved overnight if we eliminated smoking in pregnancy.
- Babies should be kept smoke free both before and after birth.

- Question beyond the immediate family – what about visitors, other members of the family or smoky places; are they aware of keeping the baby smoke free?
- Bed sharing and smoking – the risk of SIDS 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 SIDS than babies who are kept smoke-free

11) Follow available guidance if you are using slings and baby-carriers:

Guidance is available by visiting <https://www.rospa.com/>

As with all activities and products that are used for children, it is vital to follow safety advice and manufacturers guides. ROSPA advocates products that keep babies upright and allow care givers to see their baby and to ensure that the face isn't restricted. Not all slings are dangerous. A carrier that keeps the new-born baby solidly against the care givers body, in an upright position, is the safest method. Care givers should ensure that they keep their baby's chin off their chest, keeping the airways clear for breathing.

12) Follow advice on the use of Car Seats / swings and bouncers:

If your 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. Be careful that your baby doesn't get too hot and remove hats and outdoor coats when you get in the car.

It is fine for your baby to fall asleep when they are in their car seat travelling in the car, but once you get home or to the destination you should move your baby to their usual firm, flat surface to sleep. NHS and Lullaby Trust advice is that you do not let your baby sleep for long periods in car seats or swings or bouncers. Babies should be taken out of the car seat after a maximum of 2 hours so stop for a break on long journeys, take your baby out of the car seat and let them stretch and move around. This includes time in the car seat whilst outside the car such as when car seat is connected to the pram base or in a shopping trolley.

The Lullaby Trust provide a useful resource:-

<https://www.lullabytrust.org.uk/wp-content/uploads/2025/02/Car-seat-factsheet.pdf>

Premature and low birth weight babies and babies under 4 weeks should avoid long car journeys of more than 30 minutes where possible. It is important to check on your baby regularly when they are asleep.

ROSPA states that any infant born prematurely or at a low birth weight should be cared for on an individual basis, and a car seat selected based on their needs, meaning that a care giver will need to work closely with advice from doctors and specialists at the hospital. As already mentioned ROSPA also advise that in the first few months journeys should be kept short, ideally no longer than 30 minutes. If you need to travel for longer remember to take regular breaks where baby is taken out of the seat. See below link for detailed guidance from ROSPA.

<https://www.childcarseats.org.uk/media/1014/carrying-premature-and-low-birth-weight-babies-evidence-review.pdf>

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

ROSPA : <https://childcarseats.org.uk/choosing-using/choosing-child-car-seats/>

13) Some things to consider for Twins/Multiples & Co-bedding: Twins and Multiples including premature or low birth-weight multiples are often slept closely together on the neonatal unit to be like when they were in the womb, and help them develop important things like heart rate and breathing. The Lullaby Trust offers guidance on co-bedding twins, triplets and multiples in the same cot if the care giver chooses to co-bed them (always take advice from the Health Visitor about whether to co-bed multiple babies.)

Co-bedding means siblings share the same sleep surface during any sleep period, for example by being in the same cot together.

Key points:

- Only place them side-by-side in a cot in the early weeks, when they can't roll over or onto each other. Make sure they are not close enough to touch and potentially obstruct each other's breathing.
- **Do not** use rolled up towels, pillows or anything else between their heads and the use of cot dividers is not recommended. These items can become potential hazards.
- It might be good to start sleeping them at opposite ends of their cot from the beginning – this means they'll both be in the 'feet to foot' position with their own bedding firmly tucked in. You may choose instead to use baby sleeping bags (see guidance at end of document regarding safety advice).
- Once **either** of the babies have learnt to roll, **babies should be moved** to their own sleep surfaces. This is to prevent one from obstructing the breathing of the other, or causing an accident.
- It is not advisable to place your twins in the same Moses basket, even when they are very small. This is to minimise the chance of them overheating, which is known to increase the chance of SIDS. Even with small babies a Moses basket is too small for two babies to sleep safely.

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 you decide to sleep the babies in the same cot or separately, the risk of SIDS will be greatly reduced if you follow all of the safer sleep advice for each baby, day and night.

Workers and care givers should monitor carefully any babies who are co-bedding to ensure they are vigilant to babies becoming mobile and starting to roll and at this point should ensure they are placed in separate cots. Always seek advice from the Health Visitor regarding co-bedding.

See the following links for further Information regarding sleeping twins/multiple babies:

<https://www.lullabytrust.org.uk/safer-sleep-advice/twins/>

14) If your baby is unwell, seek medical help promptly

Babies often have minor illnesses. Give baby plenty of fluids to drink and don't let them get too hot. If your baby sleeps a lot, wake them up regularly for a drink.

It can be difficult to judge whether an illness is more serious and needs urgent medical attention. If you have any concerns about the health of your baby seek medical advice.

See [spotting the signs of serious illness](#) for NHS guidance on when to get help.

Do not use Self-feeding pillows/prop feeders

They present a risk of serious harm or death from choking or aspiration pneumonia.

See article here for full details : [Urgent Safety Alert issued for baby self-feeding pillows - GOV.UK \(www.gov.uk\)](#)

See also safe bottle feeding advice here: [Bottle feeding advice - NHS \(www.nhs.uk\)](#)

Do not swaddle babies:

We do not advocate swaddling given the associated risks such as overheating.

Care givers should not swaddle a baby in their care.

NB: If a parent in a 'Parent and Child Placement' insists on swaddling, the safety advice (below) from the Lullaby Trust must be shared with them in order to make this as safe as possible. The worker should explain the risks associated with swaddling to the parent and promote the safer sleep guidance. If the parent still wishes to continue swaddling their baby there should be an immediate discussion with the Midwife/ Health Visitor and LASW to seek a resolution and this should be noted in the records on Charms.

Safety advice from the Lullaby trust on swaddling:

- Use thin materials
- Do not swaddle above the shoulders
- Never put a swaddled baby to sleep on their front
- Do not swaddle too tight
- Check the baby's temperature to ensure they do not get too hot
- Stop swaddling once baby starts to show signs of rolling

Never swaddle in hot weather.

Next to me/Bedside Cribs:

These style of cribs are marketed mainly at breastfeeding mothers. Care givers **should only use standard separate cots or Moses baskets** with suitable baby bedding (sheets and baby blanket or baby sleeping bag). In situations where Parents in 'parent & child placements' arrive with a 'Next to me/Bedside crib' the following must be adhered to and discussed:

- The Crib conforms to **British Safety Standards**
- The risk of potential overlay by the parent is understood and actions taken to minimise risk by ensuring cot side is fully up when Parent is going to sleep
- That no adult bedding encroaches onto the crib or baby
- That air is able to circulate
- That the Parent knows how to safely use the bedside / 'next to me' crib in line with the manufacturers guidance, this would include the **crib side being fully up** when baby is unsupervised and / or Parent is asleep or whenever the crib is not flush with the bedside to ensure baby does not get trapped between the crib and the bed
- Ensure that the mattress is new for the baby and fits correctly. If the mattress is second-hand the parent should be provided with a new, correctly fitting mattress specifically made for that type of crib / cot or Moses basket.
- Consultation should always be sought from the Health Visitor in relation to the use of these cribs

Breastfeeding

Research shows that breastfeeding even for a short time can be a protective factor, therefore, for parents in parent and child placements, encouragement and support should be provided to facilitate breastfeeding, where this is possible, appropriate and in line with parental wishes and feelings.

Premature (before 37 weeks) and/or low birth weight babies: Babies who are born prematurely (before 37 weeks) or of low birth weight (under 2.5kgs) are particularly vulnerable and so it is important that all the safer sleep advice is followed. Premature babies are sometimes slept on their front in **hospital** for special medical reasons.

When they are getting ready to go home these babies should always sleep on their back to reduce the risk of sudden infant death. Premature babies may find it hard to get used to a new sleeping position at first but keep putting your baby on to their back and speak to the health visitor, neonatal outreach team or GP if you are worried about how they are coping with this. See the Lullaby Trust guidance for **Premature and Low Birth Weight Babies** for additional information: www.lullabytrust.org.uk/wp-content/uploads/The-Lullaby-Trust-Safer-Sleep-Advice-For-Premature-Babies.pdf

Babies whom have been exposed to maternal substance / alcohol misuse

If the baby has been exposed to maternal substance/alcohol misuse during pregnancy advice should be sought from the GP/Paediatrician or Health Visitor regarding any specific care needs.

Multiple Births

Multiple births e.g. twins, triplets etc are more likely to be born prematurely and more likely to be of a low birth weight. This should be considered in the placing and matching stages and referenced in the Child Specific Safer Care Plan or equivalent in relation to any additional support needs.

Bed/Bedroom Safety Advice for Toddlers

(Advice sourced from the NHS, ROSPA and BabyCentreUK (recommended by the NHS)

Keep the drop side of your toddler's cot fully up and locked when you're not in the room. Make sure there are no ribbons, cords or strings within reach of the toddler's cot/bed. This includes **removing drawstrings on pyjamas, ribbons on toys, and strings on dummies and soothers**. If a toddler does try to climb or jump out of the cot, consider moving them into a bed. Use a bed guard to prevent falls, and put padding on the floor next to it, just in case.

Here is a helpful video link from an NHS health Visitor regarding safely moving from a cot to a bed:

<https://www.babycentre.co.uk/v25007319/how-do-i-introduce-sleeping-in-a-big-bed-video>

Don't put a toddler to sleep in a raised bed or top bunk as they could fall out. Best Practice is not to use bunk beds until they are at least six years old.

RoSPA recommends that children under the age of six years do not use the upper bunk. It states that "Parents should also consider very carefully whether allowing a child younger than six to sleep on the bottom bunk is safe for them, toddlers can get trapped".

NB Most accidents involving bunk beds occur when children are playing on them. Children should be encouraged not to play on bunk beds.

Make sure there are no cables or wires to appliances in the toddler room that they can get hold of. Ensure there are no small toys or objects that could be a choking hazard.

Put a safety gate on the bedroom door once they are in a bed and mobile to avoid access to other rooms and the stairs.

When it comes to toys, make sure you follow the manufacturer's instructions and keep to the

age guidelines. You should also make sure that toddler's toys aren't too heavy, and that they can't hurt them if they fall.

Make sure **furniture can't topple over** when the toddler starts climbing. **Secure** cupboards, shelving units and bookcases to the wall. Bulky, heavy furniture can seriously injure or even kill a small child if it falls on top of them. Don't let toddlers climb on furniture, as they could easily fall off.

Make sure that toddlers can't touch any radiators. You can do this by either blocking them with furniture if it is safe to do so, or installing radiator covers.

Keep the floor as uncluttered as possible, so there's less chance that the toddler could trip over.

Attach corner and edge guards to furniture to protect the child as they walk, climb, and grow taller.

Toddlers may use almost anything as a ladder, creating potential safety hazards. Don't make it easy for them by putting furniture near windows. All upstairs windows should have a lock, or, better still, (as a lock can make it hard to escape in a fire), a restrictor which lets windows open enough to allow fresh air in; but not children out.

Children can easily **get tangled up in dangling blind cords**, which can strangle them, potentially even killing them. Do **not** to use blinds with looped cords in a child's bedroom. If you have blinds with cords elsewhere in your home, wrap the cords up and keep them out of reach using a cleat or cord tidy. The same for curtain tie-backs.

Nappy sacks like other plastic bags, can be dangerous. They might not fit over a baby's head, but if they go over their mouth and nose they can stop them from being able to breathe. If you are going to use them, find a place for them that is not in reach. If there's a rug in the child's room tape down the underside to stop a fall.

Bedtime can also be medicine time for poorly little ones. Lock all medicine away afterwards so it's not in reach - even if it does have a child resistant cap.

Once baby is **over a year old**, you may wish to use a pillow and or duvet but they are not necessary. Seek advice from the health visitor as to whether your toddler is ready for this type of bedding.

Weighted Blankets

Use of weighted blankets should always be discussed and agreed with the child's LA social worker. Always follow professional guidance, manufacturers instructions and choose a blanket that prioritises your child's **safety, comfort, and ability to move freely**.

A weighted blanket is a blanket filled with heavy materials like glass or plastic beads to provide gentle, even pressure on the body, similar to a hug. They are used by people for relaxation, to aid with sleep, and to help manage conditions like anxiety, insomnia, and sensory processing disorders.

- **Weighted items aren't suitable for babies, children or adults who cannot move independently.**
- **Avoid for children with: breathing issues (asthma, sleep-apnoea), heart/circulatory problems, inability to remove themselves, or very young age (infants/toddlers).**
- Ensure that the blanket does not cover the users face and never use the blanket as a restraint. The user should be supervised and be able to self-remove the blanket.
- **Ensure that the blanket is the correct weight for the user – 10% of their body weight or less.** Please see the weight guide below. You should not exceed the blanket weight recommended below.
- Check the blanket on a regular basis for signs of wear & tear. If threads are coming loose or there are signs of beads escaping you should stop using the blanket immediately.

Many UK sources caution against use in **infants/toddlers under 3 years**. Weighted blankets are generally considered safe for children aged over 3 years and older who weigh **at least** 50 pounds. These blankets typically weigh between 3 and 12 pounds. **Never use in a cot with babies or infants.**

Child's Weight (kg)	Approx. Age Range	Recommended Blanket Weight (kg)
< 15 kg	Under 3 yrs	✗ Not recommended
15 – 18 kg	3 – 4 yrs	1.5 – 2 kg or less
19 – 22 kg	4 – 5 yrs	2 – 2.5 kg or less
23 – 27 kg	6 – 7 yrs	2.5 – 3 kg or less
28 – 32 kg	8 – 9 yrs	3 – 3.5 kg or less
33 – 37 kg	9 – 10 yrs	3.5 – 4 kg or less
38 – 45 kg	11 – 12 yrs	4 – 4.5 kg or less

Additional Links and references:

www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-babies-a-guide-for-parents-web.pdf - This factsheet primarily for parents from the lullaby trust but much of the information is applicable to all providing care to babies:

www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-babies-a-guide-for-parents-web.pdf - The following link is the same information as above but aimed at professionals in supporting roles:

www.nhs.uk/conditions/pregnancy-and-baby/reducing-risk-cot-death/ - NHS Advice

Safer Sleep checklist

This checklist / tool is designed to act as a helpful reminder for Social Care Practitioners when implementing the Safer Sleeping procedure.

[Safer Sleep Checklist - Issue 04 Aug 25.docx](#)

Information for Polaris Staff - Prior to and on the day of placement:

It is important to ensure that the care giver has the most up to date information on providing safer sleep, it must be made available to all newly made arrangements for babies placed within the Polaris community:

- Prior to placement the Fostering referral or Adoption team will email the links to the Lullaby Trust 'safer sleep' guidance along with this procedure to the care giver.
- Sleeping arrangements must be recorded in the matching evidence document and in the placement agreement meeting.
- The worker must ensure that the care givers have received this information and understand the safer sleeping procedure.
- For Parent and Child placements, the worker must ensure that the Parent receives this information and understands how to follow the Safer Sleeping guidance and procedure.
- The worker must ensure there is sufficient space to accommodate a Cot in the care givers bedroom and for P&C placements in the bedroom of the birth parents and this must be recorded on Charms.
- The worker must view the bedroom, sleeping arrangements and equipment including the cot prior to placement (if possible) and in all cases immediately on placement of the baby or Parent & Child. For Fostering, the progress action on Charms **"sleeping arrangements viewed prior to placement"** or **"sleeping arrangements viewed immediately on placement"** should be completed.
- The worker must ensure that the sleeping arrangements as set out in this procedure including the frequency for checking on the baby when they are asleep are agreed with the placing social worker, parent/care giver at the start of the placement and recorded in the Child Specific Safer Caring Plan or equivalent .
- The worker should request confirmation from the Health Visitor of the safer sleeping arrangements and frequency for checking on the baby when they are asleep within 2 weeks of placement.

Out of Hours Placements

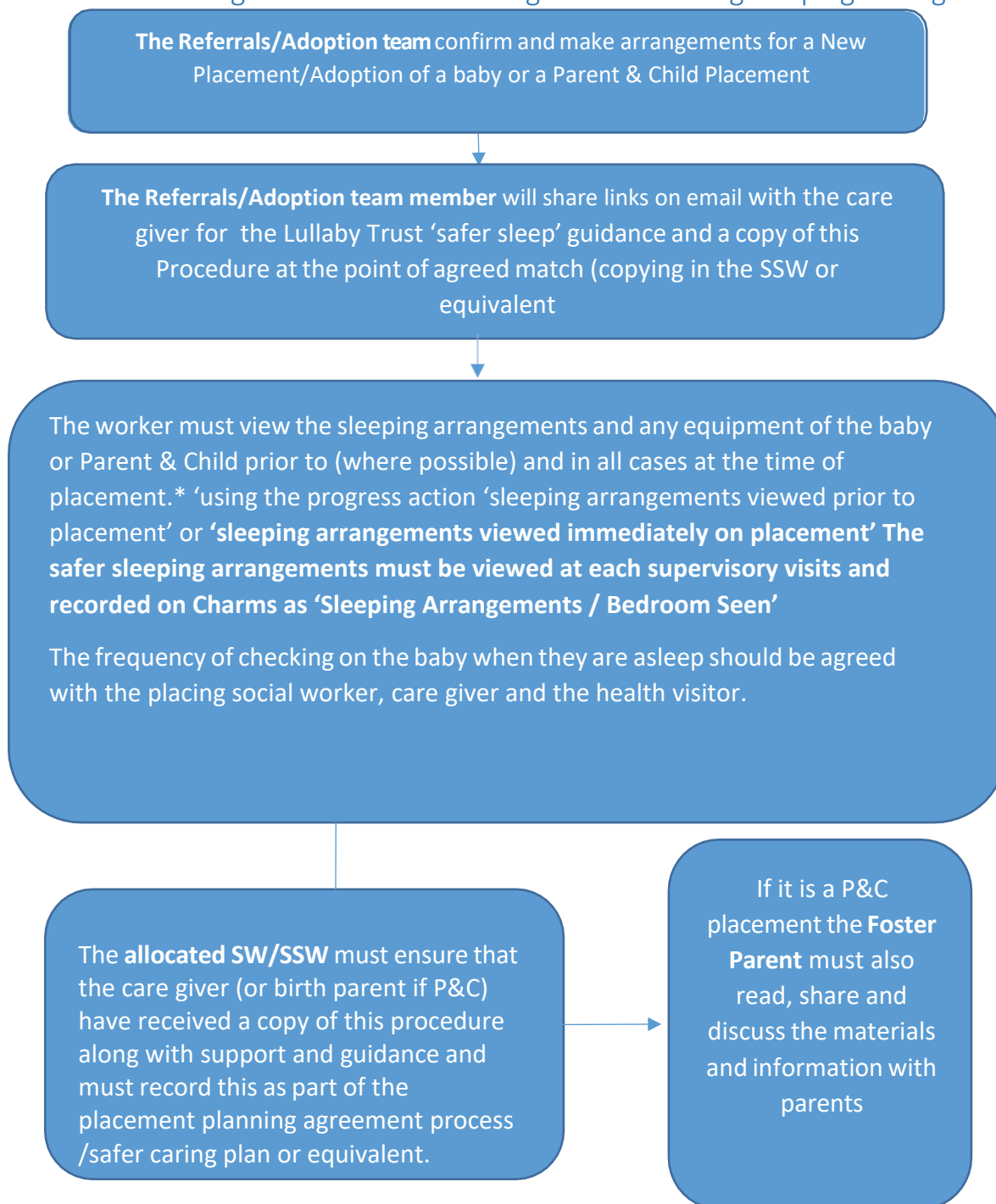
If the placement of the baby or 'Parent & Child' begins 'out of hours' in an emergency the responsibility of viewing the sleeping arrangements and determining that all parties are aware of and adhering to the safer sleeping procedure rests with the on call worker. The on call worker will also confirm that the care givers have received this procedure and guidance from the Lullaby Trust.

Discharge planning meetings

If a baby / infant is in hospital prior to the placement - it is recommended that the care giver and worker should be invited to the Discharge planning meeting and have the ability to speak to the nurses who have been caring for the baby. They should also receive a copy of the discharge summary.

This would also be applicable for any hospital admissions during the placement.

Flowchart for sharing information with care givers & Checking Sleeping Arrangements:



*If this is an emergency OOH placement the responsibility of viewing the sleeping arrangements and determining that all parties are aware of and adhering to the safer sleeping procedure rests with the on call worker. The on call worker will also confirm that the foster parent/parent have received this procedure and guidance from the Lullaby Trust.

Ongoing oversight of sleeping arrangements

For fostering & adoption services:

- Care givers should discuss any changes to the bedroom / sleeping arrangements for babies/0-3 years inclusive with their SSW, LASW and Health Visitor prior to them being made or in an emergency with the with the Out of Hours Social Worker.
- The bedroom and sleeping arrangements must be viewed as part of every supervisory visit to foster parents/adopters to ensure that sleeping arrangements continue to be in line with the guidance. This must be recorded in supervision notes and on Charms under the progress action: **Sleeping Arrangements / Bedroom Seen**. This progress action should also be used when sleeping arrangements / bedrooms are seen during any other visit such as unannounced visits and/or child in placement visits.

Respite / Short Break Sleeping arrangements for Fostering

All arrangements for respite care of a baby must continue to be in line with the safer sleeping procedure. All bedding and travel cot/crib must be provided by the baby's substantive Foster Parent and transported to the respite Foster Parent.

Review Dates:

Reviewed: Oct 2020

Reviewed: Nov 2020

Reviewed: Dec 2020

Reviewed: Mar 2021

Reviewed: Jun 2021

Reviewed: Sep 2021

Reviewed: Dec 2021

Reviewed: March 2022 no changes.

Reviewed: June 2022 no changes.

Reviewed: Sep 2022 no changes, updated links.

Reviewed: Dec 2022 streamlined, added warning re feeding pillows

Reviewed: March 2023 no changes

Reviewed: July 2023 no changes

Reviewed: Jan 2024 no changes

Reviewed: Apr 2024 no changes

Reviewed: November 2025, The term 'caregiver' is now used consistently throughout the document. References to supported accommodation have been removed. Updates include the addition of cellular and weighted blankets, and all hyperlinks have been refreshed. The Safer Sleep Checklist has been added to the reference section.