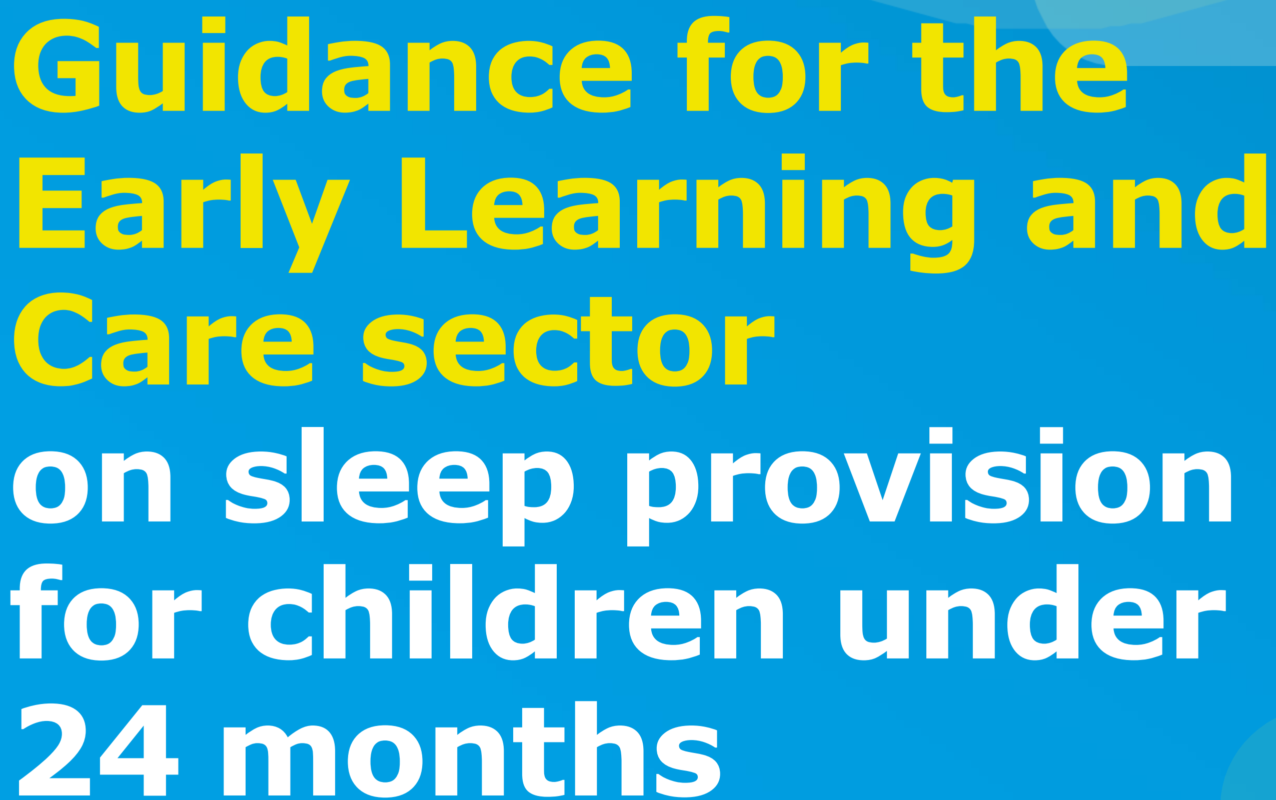
An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency



Guidance for the Early Learning and Care sector on sleep provision for children under 24 months

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Glossary of terms

Ambient: Comfortable and natural atmosphere and surroundings.

Infant: Applies up to first birthday.

Child: Applies from first birthday onwards

Child-led: An activity or process that is initiated by the child, where the adult responds to the child's verbal and/or non- verbal cues.

Circadian rhythm: The natural physical and behavioural changes that follow a 24-hour cycle, in response to light and darkness, that prepare the child to be awake during the daytime and to sleep through the night.

Cot: A high sided sleep facility for infants and children. Cots are fitted with vertical bars on all sides or on two sides and with solid foot and headboards. Cots have either fixed sides or one drop-side.

Developmentally appropriate: Practices informed by child development theory and research about how children develop, grow, and learn.

Developmental indicators: Observable physical growth and development, emotional and cognitive behaviours and responses in the child.

Developmental readiness: The combination of developmental indicators that provide the child with the right foundation to progress onto the next stage.

Floor bed: A floor level bed fitted a with a firm, entirely flat, waterproof, and breathable mattress. Floor beds include coracles and sleep with rigid or semi-rigid sides.

ELC service: Early Learning and Care service.

Individual needs: Holistic approach based on the age, stage of development, choices and preferences of each child.

Nests: Soft cushioned sleep nests that go against the public health advice that infants should sleep on a firm, entirely flat, waterproof surface.

Parents: the term 'parent' is inclusive of parents, guardians, and primary caregivers.

Prone: Sleeping on the tummy.

Safeguards: Actions taken to protect a child from harm and ensure their safety.

Sleep: the term 'sleep' refers to day-time naps that infants and children require when in an ELC service. Day-time sleep differs from night-time sleep in its frequency and duration, sleep cycles, patterns and routines.

Sleep Plan: a sleep plan is an agreed approach to support sleep provision for an individual child that is drawn up by the ELC service in collaboration with the child's parents.

Stackable beds: Lightweight beds that are suitable for children from age 2. The frame is usually made from strong tubular steel, with smooth rounded plastic corners. The stretched netting cover is usually made from PVC or a similar material.

SIDS: Sudden Infant Death Syndrome refers to the unexplained death, usually during sleep, of a seemingly healthy infant.

SUDI: Sudden Unexpected Death in Infancy is the name for the sudden and unexpected death of an infant, for which there may be no explanation. SIDS is a subcategory of SUDI.

Foreword

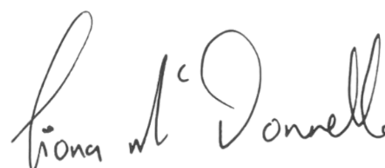
I am delighted to introduce this guidance document, which sets out the revised position of Tusla's Early Years Inspectorate on sleep provision for children under 24 months in early learning and care services. Research tells us that sleep is crucially important for children's normal growth and brain development and impacts on their emotional health and well-being. When babies and children do not have enough sleep, or their sleep is disturbed, they have trouble functioning during their day. It is very important that they get enough sleep to give them the energy they need for active play and learning in the service.

We know that there are risks associated with sleep, and all adults caring for sleeping children must be aware of the risks of Sudden Infant Death Syndrome (SIDS) and what they need to do to reduce those risks. Services must ensure that they are following SIDS preventative public health guidance. We have referred to these public health guidelines in the document and signposted to where providers can access more information.

The primary purpose of this document is to provide clear, consistent guidance and messaging to early years services who are facilitating children with daytime naps. We are aware that many services are already risk assessing sleep provision, and ensuring there is good communication with parents, so that sleep provision is as consistent as possible between the home and the service. We want to establish these ideas across the sector so that sleep provision is universally provided in a developmentally appropriate and collaborative way. We want to encourage all providers to develop individualised sleep plans for children in their services, as we know from research that every child's sleep needs and requirements are different; some children will require sleep a lot during the day, and others much less. Services should always facilitate child-led sleep so that children can sleep as and when they need to. We also want to support services to ensure that the rooms and areas in which children sleep are safe and appropriate, and that children are well supervised when they are sleeping.

The document is the result of a lengthy process of reviewing research and ensuring that our position on sleep provision has a robust evidence base and reflects best practice and public health guidance. We consulted with a number of national and international experts who offered their support, and assisted us in developing our new position, and to whom we are very thankful.

I would like to thank stakeholder organisations and colleagues from across the inspectorate who have contributed to the development of this guidance. We hope it will provide clear information and support to services. We are committed to keeping this area of practice under review, so that our position remains in line with the evidence base on sleep and continues to support services to provide high quality, safe, child- led sleep provision for children in their care. We appreciate your interest in this very important aspect of practice and thank you for your co-operation with the implementation of our revised position.



Fiona McDonnell
National Service Director Children's Services Regulation Quality and Regulation Directorate

1 Background to the revised Early Years Inspectorate position on sleep provision

In 2021, Tusla's Early Years Inspectorate (EYI) undertook a process to review research and best international practice with a view to informing and updating as appropriate the requirements regarding the provision of sleep and rest for infants and children under 24 months in Early Learning and Care (ELC) services.

The Early Years Inspectorate's review involved analysing information, research and evidence, and consulting with experts from a range of independent and internal academic, regulatory, and early years practice sources, from an Irish and International perspective.

An independent review panel[1] was established to consider the evolving research and evidence base. Following the conclusion of the panel's work, the EYI have decided to revise the position on sleep provision for infants and children up to their 2nd birthday.

This document will set out guidance for ELC service providers on how they can meet regulatory requirements for sleep and rest for children under 24 months. The updated information will assist ELC staff to ensure that they are implementing safe sleep and rest practices based on current research and evidence-based guidance. This will further help to ensure that infants and children who attend an ELC service are safe, healthy, and protected from any of the known risks associated with sleep and rest.

1. Membership of the independent panel and other expert contributions are set out in Appendix 2.

2 Sleep and rest provision for children under 24 months

Provision for sleep for infants and children must consider the individual needs of the child, taking into account appropriate sleep equipment, safe sleep practices and transitions.

The placement of the child to sleep in a cot or a floor bed should be further considered in relation to other factors, including SIDS/SUDI and the child's developmental readiness. It is firmly established in research and extensively promoted by public health messaging, and in the Tusla Quality and Regulatory Framework, that infants up to their first birthday should sleep on a firm, flat, breathable, and wipeable sleep surface in a cot that meets safety and quality standards for the prevention of SUDI which incorporates both unexplained (SIDS) and accidental deaths. Research from the World Health Organisation[2] tells us that the risk of SIDS declines rapidly once an infant passes the age of 6 months, and by 12 months the SIDS rate is extremely small. Therefore, SIDS prevention guidance ceases once an infant reaches their first birthday. There is no research or international guidance in place to suggest that placing a child aged over 12 months to sleep in a traditional high-sided cot is a SIDS or SUDI preventative measure.

In relation to individual children's needs and holistic developmental considerations, some children as young as 12 months may begin to show emerging developmental signs of readiness to sleep on a floor bed. Children who are born prematurely between 32 and 37 weeks gestation are corrected for gestational age up to the child's first birthday therefore they should (as all other children) be risk assessed in conjunction with the parents/guardians for their suitability to transition to a floor bed only after their first birthday.
Children who are born before 32 weeks gestation are corrected for gestational age up to the child's second birthday and therefore it is recommended that these children remain in cots up to their second birthday unless a risk assessment clearly identifies the child remaining in a cot would be a risk to the child.

However, children are typically aged 15 months before they meet the developmental indicators for readiness to sleep on a floor bed. In the circumstances where it has been identified that a child younger than 15 months is developmentally ready to sleep on a floor bed, a risk assessment and sleep plan must be agreed in collaboration with parents.

Moving a child younger than 15 months to a floor bed is an exceptional circumstance and the need for this must be clearly evidenced by the service.

2. https://platform.who.int/mortality/themes/theme-details/topics/topic-details/MDB/sudden-infant-death-syndrome

3 Revised Early Years Inspectorate position

The Early Years Inspectorate's revised position is that children from approximately 15 months onwards who are developmentally ready, may be moved from a cot to a floor bed once parental permission has been obtained and other safeguards are in place. Registered providers should update their sleep policies to reflect any changes to sleep provision, as a result of the revised Early Years Inspectorate position. Registered providers must ensure that parents/guardians, staff, volunteers and students in the service are familiar with the policies and procedures in relation to sleep provision and are regularly updated on any revisions.

The Tusla commissioned sleep review has established that once floor beds provide a perfectly fitted, firm, comfortable mattress, and where the environment is safe and well supervised, there are no impediments to the safety and quality of sleep for children aged under 24 months. Research has indicated there is no increased risk of SIDS or SUDI when a child aged under 24 months sleeps on a floor bed in a safe environment.

The research also shows that the use of floor beds supports the child's mobility, and their ability to self-regulate and transition between sleep and wake times.

The safeguards required to facilitate moving a child from a cot to a floor bed will be set out in more detail in this document, but in summary, registered providers can demonstrate regulatory compliance in respect of sleep provision on a floor bed by ensuring the following are fully addressed:

- **Children's individual needs are met:**
  The welfare of the child must always be prioritised. All children need access to appropriate, safe and comfortable rest and/or sleep facilities. All children need to be able to rest or sleep safely and comfortably whenever they need to.
- **Sleep practices are holistic and developmentally appropriate:**
  While a sleep plan is required for all sleeping infants and children, a sleep plan incorporating a risk assessment should be completed before moving a child from a cot to a floor bed (see Appendix 1 for a sample sleep plan).
- **Suitable areas for sleep:**
  Sleep must be child-led, and access to sleep facilities in a suitable environment must be provided when a child is showing signs of tiredness and requires rest/sleep.
- **Parental consultation has taken place:**
  With parental agreement, a child may be placed on a floor bed in an area that is conducive to sleep and rest.
- **Supervision:**
  When children are sleeping on floor beds, supervision must be provided at all times. The supervising adult must remain in the room to ensure adequate supervision of sleeping children. The adult/child ratio must be maintained at all times.
- **Sleep Equipment:**
  Cots and floor beds must provide sleeping children under 24 months with a safe and comfortable sleep surface

3.1. Ensuring that individual children's sleep needs are met.

All children who attend an ELC service are entitled to appropriate and responsive practices to meet their individual needs. Child led sleep is essential for healthy growth, development, and learning. As with all aspects of holistic child development, there can be a variation in the number, timing, and duration of daytime naps that individual children require to meet their needs for sleep and rest. The sleep needs of an individual child may also vary from day to day. This means that registered providers will have to exercise their professional judgement in accommodating a range of sleep needs and preferences within any one service, on any particular day. All children must be afforded an opportunity and facility to avail of sleep as required.

When planning for day time sleep routines for infants and children, the HSE offers helpful guidance. Should a service decide or be requested to implement a day-time sleep routine for an infant or child that does not meet best practice guidance, the service remains responsible for their practice. In all decision-making about sleep provision, the child's best interests must come first, and best practice guidance should always be followed.

3.2. Considerations for holistic and developmentally appropriate sleep practices.

Services must demonstrate that they have considered the individual sleep needs of each child. Once staff recognise from the child's presenting physical, emotional and cognitive indicators that it is appropriate for the child to move to a floor bed, and parents have been consulted, the most suitable sleep provision can be determined for the individual child. The sleep plan and risk assessment developed by the service must include the core components set out in Appendix 1.

There are a number of developmental considerations that will help to determine if a child is ready to move to a floor bed.

Physical, motor indicators include:

- The child is able to pull their body up towards the top of the side rail.
- The child shows they are developing the physical co-ordination to climb out of a cot.
- The child can freely walk around while in the cot.
- Parents report that the child is showing signs of readiness at home (including climbing out of a cot) or has already transitioned from a cot at home.

Emotional, independence indicators include:

- The child indicates they can settle independently for sleep.
- When waking from a nap, the child indicates an urge to move independently from the area in which they were asleep.

Cognitive, communication indicators include:

- The child understands and responds positively to sleep routines and boundaries in the sleep area.
- The child indicates non-verbal cues related to sleep or understands simple words associated with sleep.

3.3. Suitable areas for sleeping children.

Access to sleep facilities in a suitable environment must be provided. The sleep area/ environment should be comfortable, well ventilated, and conducive to sleep. The Inspectorate has developed guidance on ventilation that offers more information for providers.

Room temperatures must be 16-20°C where any infant up to their first birthday is asleep. In a shared space, the temperature should be maintained between 18-22°C, however the lower temperature range always applies when an infant is sleeping in a shared space. It is a requirement to record the temperature of the sleep room/area. Recording and documenting room temperatures helps ensure that infants and children are being cared for within required limits. It is very important that room temperatures do not go above 20°C when infants are sleeping as elevated room temperatures increase the risk of hyperthermia, which is known risk factor for SIDS. Guidance is available on reducing room temperatures in warm weather.

The space requirement of 2.8 sq. m per child (aged 1-2 years) is indicated in the Child Care Act (1991) (Early Years Services) Regulations 2016. Regulation 30 (1) identifies the clear floor space requirement for work, play, and movement of the children. Space for sleep is additional to this.

The sleep room should be fully risk assessed to ensure that the area is safe. Floor beds must always be placed on a clean floor surface and must have a space of at least 50cm on all sides for infection control, safety and supervision reasons. As set out in the Quality and Regulatory Framework, individual bedding (sheets and blankets) is required for each child. Mattresses must be waterproof or in the case of a cloth mattress, protected with a waterproof cover. Mattresses that do not perfectly fit the bed/cot that they are being used in, and a mattress that has rips/ tears or is heavily soiled or stained should be removed from use in the service and replaced with a new mattress.
Floor beds must be positioned away from the wall to guard against entrapment risks, and away from drafts, heat sources and fire exits.

Lighting plays an important role in the creation of ambiance and atmosphere, where bright light is used for activity and stimulation, while softer light helps with rest and relaxation. Ambient lighting means that there is no strong direct light (whether from windows or harsh lighting) in the area in which children are sleeping, and no lighting that is too dark so that the child cannot be easily monitored, or the child cannot easily see their surroundings when they wake. Further, sleeping areas should not be fully darkened for day-time naps, as this can disrupt the child's normal circadian rhythm when a shared or dual-purpose space is used to accommodate both sleeping children and children who are awake and playing.
In some circumstances, it may be appropriate to set up floor beds in the care room, if this can be done in a way that meets the needs of all children in the room and in line with the Quality and Regulatory Framework.

However, it is not acceptable to use a care room to accommodate sleeping children if the needs of all children in the room cannot be met. In these circumstances, alternative arrangements will need to be made to accommodate either the sleeping children or children who are awake and actively playing. A shared environment in which children are sleeping should be risk assessed to ensure that the area is safe.

The sleeping area should have the facility to dim lights or reduce the amount of natural light that comes from windows. But this should not interfere with the needs of children who are actively playing.

3.4. Consultation with parents/guardians.

Child-centred, holistic sleep practices in ELC services must be based on a partnership approach between parents/guardians and early years staff where parents/guardians are recognised as knowledgeable about their child's sleep requirements. Research tells us that if children are to be placed to sleep on floor beds, practices should reflect the preferences and decisions of parents/guardians. There must be evidence that engagement and consultation between the service and parents/guardians has occurred in line with best practice, and that safe and agreed sleep plans and practices are in place.

To demonstrate that parents/guardians have been actively involved in the decision to move their child to a floor bed, a sleep plan (see sample in Appendix 1) must be agreed and signed by a parent/guardian and the registered provider/person in charge. Such a plan allows ELC staff to set out developmental considerations, and to assess the sleeping environment to facilitate developmentally ready children to sleep on a floor bed. The sleep plan should further record information from parents/guardians on their child's sleep and care needs to support planning and to demonstrate that parents/guardians have given informed consent for their child to sleep on a floor bed rather than in a cot.

3.5. Appropriate supervision requirements during sleep and rest times.

The adult child ratio remains the same for children who are asleep and awake. Where sleeping children are accommodated on floor beds, the sleep environment must be fully supervised with in-room supervision in place. This means a staff member must remain in the room to supervise children when they are sleeping on floor beds.

The supervising staff member must carry out and record physical sleep observations on sleeping infants and children, at least every 10 minutes. These checks must be conducted, documented and recorded in line with the services sleep policy and in accordance with the Early Years Inspectorate's sample policy on safe sleep.

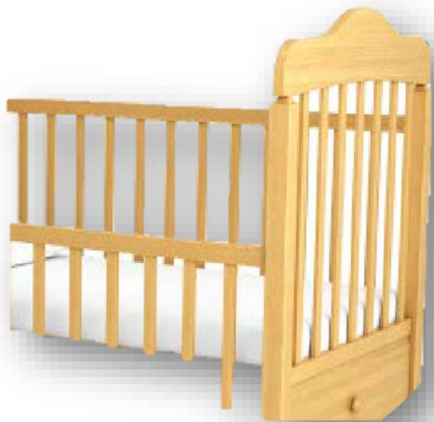
For babies under 6 months, constant in-room supervision is recommended by the Lullaby Trust.

3.6. Appropriate sleep equipment.

The following guidance applies for sleeping infants and children in ELC services.

Manufacturers guidance for sleep equipment should be followed and available for inspection. All sleep equipment must have a CE mark, meaning the product satisfies the legislative requirements to be sold in Ireland.

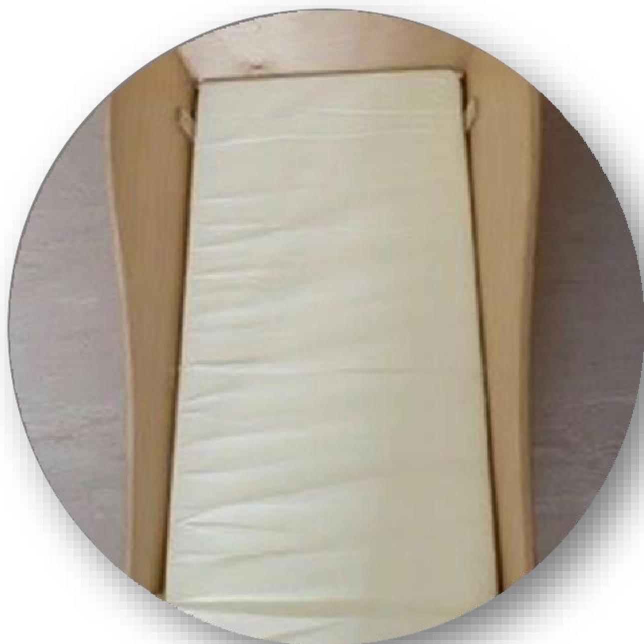
A Cot



Cots are required for all infants up to their first birthday and can be used for children under (or over) 24 months when agreed as part of their sleep plan. Cots are required to meet the standards of BS/EN 716-1: 2017 and BS/EN1130:2019. Cots used by the service must:

- be in good condition
- be of good design
- be solid and stable
- have bars that are no more than 6cm apart (round) or no more than 7.5cm apart (flat)
- have a least 50cm between the top of the mattress and the top of the cot
- have no footholds in the sides, or cut-outs in the ends of the cot
- have a gap between the mattress and the sides of the cot that is no more than 2.5cm.

Mattress for a cot or floor bed



A mattress is a product providing support for infants and children sleeping in a cot or floor bed. The EU Commission have defined a Cot Mattress as measuring 60 × 120 cm or 70 × 140 cm and varying in thickness between 6 and 15 cm. Cot mattresses in use in the service must:

- be a safety mattress meeting the EU safety standards and in good condition
- be used in conjunction with manufacturers guidance
- be clean, firm and the correct size for the cot
- be covered with waterproof material and be east to clean and disinfect
- be laid flat and not elevated
- be well aired and dry.

Where a cloth mattress is being used and where the cot is being used by different children, each child should have their own waterproof mattress protector which is removed when the child is finished sleeping, to prevent cross contamination and the spread of infection. As a SIDS preventative measure, mattresses should not have any raised or cushioned areas. The HSE, the Lullaby Trust and the American Association of Pediatrics recommend that the mattress be firm and there are no soft or cushioned areas particularly around the infant's head. Softer mattresses (such as those made from memory foam) could increase the risk of suffocation if the infant is placed on or rolls over into a prone position. There should be no more than a 2.5 cm gap between the mattress and the sides of the cot to reduce the risk of suffocation if an infant or child gets stuck between the mattress and the sides of the cot.

Floor Beds (from approx. 15 months)

When a floor bed is used, it must be fitted with a firm and perfectly fitted mattress, designed to fit the specific floor bed. The mattress must be at least 6cm in depth.

Blankets and Pillows

- Cellular blankets must be used with infants up 12 months
- Lightweight blankets are recommended for children over 12 months
- All in one sleeping bags with neck and armholes are not recommended for children who can stand and walk around a cot/floor bed
- Children aged 24 months and over can be offered a pillow at rest or sleep time.

Sleep/ rest equipment for children over 24 months:

Children over the age of 24 months needing sleep or rest should have access to a low- level bed or mat. Each child should be provided with an individual sleep mat or child bed (stackable bed) positioned in a way that allows easy access around each mat or bed.

- Beds and mats must meet recognised EU safety standards
- Each mat/bed must be 50 cm apart from the next mat/bed on all sides
- Sleep mats must be cleaned between uses.

Sleep equipment and materials not permitted for infants and children

Sleep mats or stackable beds for children under 24 months

These are not sufficiently comfortable/ conducive to sleep for children under 24 months. All floor beds must have a firm, flat and waterproof mattress (minimum depth 6 cm) that is easily cleanable and that offers the child the same level of support and comfort as they would have when sleeping in a cot.

Items prohibited for all sleeping infants and children

The following items must not be used as a sleep facility by theservice:

- car seats, buggies, strollers and infant carriers
- inflatable mattresses, inflatable beds or waterbeds
- beanbags
- couches, sofas, settees and chairs
- travel cots or portablecribs
- bunk beds/ cots or stackable cots
- pillows and cushions as a base to sleep.

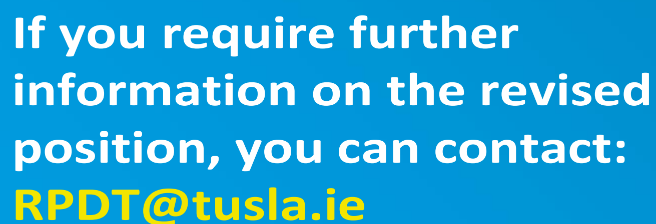
Source: Tusla's Quality and Regulatory Framework

3.7. Availability of sleep equipment

The minimum requirements for the ratio of cot/s floor beds to child is:

Under 9 months	1 cot to every child
9 to 12 months	2 cots to every 3 children
12 to 18 months	2 cots/floor beds to every 3 children
18 to 24 months	1 cot/floor bed to every 2 children

4 Where can I get more information or support?



Appendix 1: Planning for the sleep needs of children in ELC services

The sleep plan set out in Appendix 1 is a sample that can support planning and risk assessment processes in services related to the use of floor beds. This sample document should be replaced by a sleep plan/risk assessment developed by the service, which must include several core elements. This may be reviewed and assessed during an EYI Inspection. The core elements required are:

- As assessment of the individual child's sleep routines and sleep requirements, to be determined and agreed in collaboration with parents/guardians.
- A consideration of the child's developmental readiness to move from a cot to a floor bed.
- Measures to support the child's transition from a cot to a floor bed where required.
- An assessment of the sleep environment, including a risk assessment.
- Specific details of the agreed individualised sleep plan for each child, including the preferred sleep environment and sleep equipment.
- Evidence of parental engagement and parental consent.
- When planning for sleep provision the child's best interests must come first, and best practice guidance should always be followed.

Section A: Child's details

Child's Name:

DOB:

Age in months at time of sleep plan completion:

Parent/Guardian's Name:

Parent/Guardian's contact details:

Name & signature of person completing sleep plan:

Role of person completing sleep plan:

Date:

Section B: To be completed with parent/guardian

What is your child's routine for day-time naps at home?

Where does your child nap?

What time(s) does your child nap?

How long does your child nap for?

What type of blanket/cover does your child nap with?

If your child uses a comforter at nap time (e.g. teddy, soother) please describe:

If you have any comments about the plan to move your child from a standard cot to a floor bed, insert here:

Section C: To be completed by ELC staff

1. Is developmentally ready to move from a cot to a floor bed?

Yes No

Please outline the supporting evidence (refer to guidance):

2. **If he/she currently sleeps in a cot for daytime naps at home or in the service, please describe the plan to support his/her transition from a cot to a floor bed:**

3. **Please describe the sleep equipment that will be provided (refer to the guidance)**

4. **Is there a daily risk assessment of the sleeping environment carried out by the service?**

Yes ☐ No ☐

Section D: Agreed individualised sleep plan for

Date agreed:

Review and update to parents date:

Sleep routine:

Preferred sleep environment and sleep equipment (e.g. cot, floor bed):

Section E: Parent/guardian agreement

I agree that I have been consulted about moving my child from a cot to a floor bed and I agree with the decision to so.

I have read and agree with the sleep plan.

Signature of parent/guardian:

Phone number:

Dated:

Appendix 2: Acknowledgements

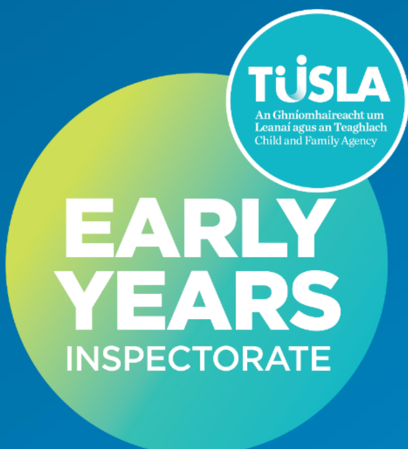
The Early Years Inspectorate wishes to acknowledge the expert contributions from the members of the independent sleep review panel; Dr Sheila Javadpour, Consultant in Paediatric Respiratory Medicine, Our Lady's Children's. Hospital, Dublin, and Professor Eleanor Molloy, Professor of Paediatrics & Child Health, Paediatrics Professor of Paediatrics & Child Health, Trinity Inst. of Neurosciences (TCIN) and Consultant Neonatologist & Paediatrician at the Coombe Women and Infant's University Hospital, the National Children's Hospital, Tallaght, and Children's Health Ireland at Crumlin.

We also acknowledge the expert contribution of Professor Helen Ball who has supported the EYI in ensuring that there is a robust evidence base informing this updated position. Professor Ball is an academic with many years of experience in studying infant sleep. Professor Ball is the Director of the Infancy & Sleep Centre in the University of Durham and holds honorary roles with the Lullaby Trust as Chair of their Scientific Committee and member of their Scientific Advisory Board. Professor Ball is an elected board member of the International Society for the Study and Prevention of Infant Deaths and has contributed to many guides for health professionals and parents on caring for sleeping infants and infants. She is also an Associate Editor of the academic journal Sleep Health the official journal of the US National Sleep Foundation. Professor Ball's full academic profile can be accessed here.

Appendix 3: Additional Sleep resources and information

The following Irish and international resources may be used to support safe and high-quality sleep provision for infants and children in ELC services and at home. Click on the hyperlink or copy and paste the link into your browser to access the resource.

- HSE (Ireland): https://www2.hse.ie/conditions/cot-death/where-infant-should-sleep/
- National Paediatric Mortality Register (Ireland): www.sidsireland.ie/about_us.html
- First Light (previously ISIDA Ireland): www.firstlight.ie/about-us/
- American Academy of Pediatrics: www.healthychildren.org/English/ages-stages/infant/sleep/Pages/default.aspx
- Centers for Disease Control and Prevention: (USA): www.cdc.gov/sids/index.htm
- Change for our Children (NZ): www.pepipod.co.nz/
- Durham Infancy and Sleep Centre (UK): www.durham.ac.uk/research/institutes- and-centres/durham-infancy-sleep-centre/
- Public Health Agency of Canada: www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep.html
- BabySleepInformationService (UK): www.basisonline.org.uk/
- Kidshealth - Paediatric Society of New Zealand: www.kidshealth.org.nz/safe-sleep-your-infant
- NationalChildbirthTrust (UK): www.nct.org.uk/infant-toddler/sleep
- National Institute of Child Health and Development (USA): https://safetosleep.nichd.nih.gov/resources
- NHSChoices (UK): www.nhs.uk/conditions/sudden-infant-death-syndrome-sids/
- Plunket (NZ): www.plunket.org.nz/child-development/sleep/sleep-1-2-years-2/
- Red Nose (Australia): www.rednose.org.au/
- Safe Sleep Scotland (UK): www.safesleepscotland.org/
- TheLullabyTrust (UK): www.lullabytrust.org.uk
- UNICEF: www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/
- European Commission: www.intertek.com/consumer/insight-bulletins/new-childrens-sleep-environment-standards/



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