Updates on the Early Years Inspectorate position on sleep provision for infants and children under 2 years

Part 1

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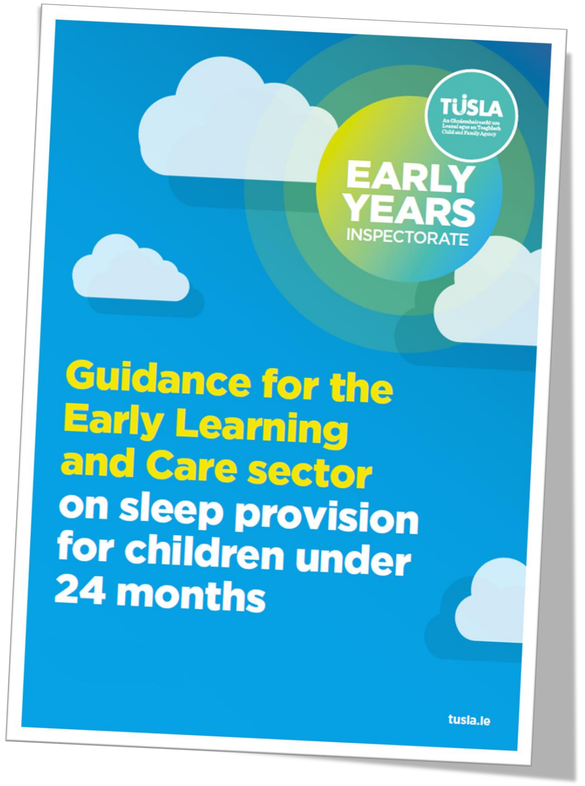

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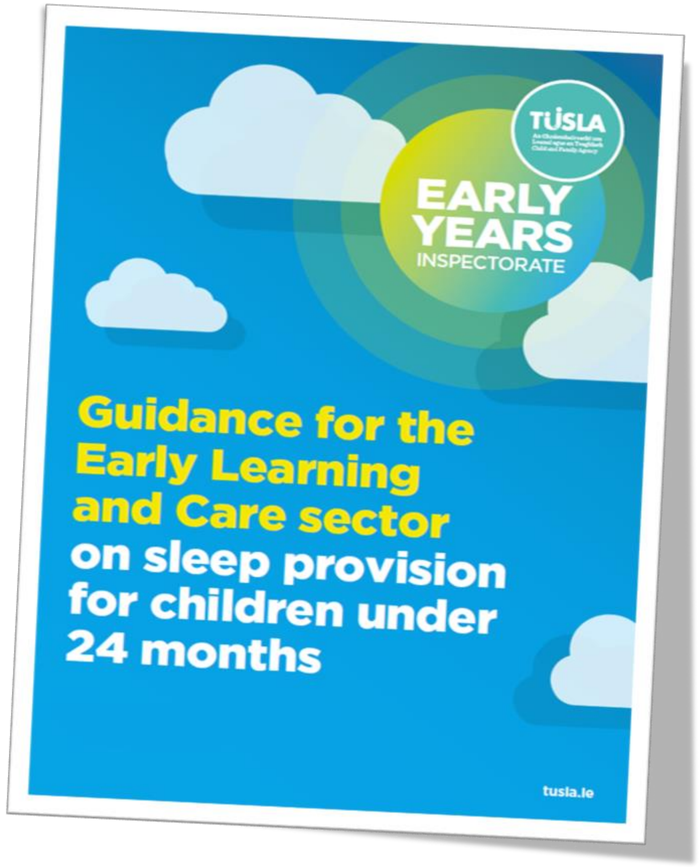
Session 1.

- Background to the new position on sleep
- The Guidance Document
- Principle 1: Ensuring that individual children's sleep needs are met
- Principle 2. Holistic and developmentally appropriate sleep practices

Session 2.

- Principle 3. Suitable areas for sleeping children provided
- Principle 4. Consultation with parents/guardians
- Principle 5. Appropriate supervision requirements in place
- Principle 6. Appropriate sleep equipment in place
- Where to get additional information/supports



Background to revised position

- The position of the EYI that all children under 2 years must sleep in a standard cot (with limited exceptions) dates back to 2016.

- A working group was established in Sept 2020 to look at sleep provision for under 2's and further reviews of research, evidence and best practice were undertaken in 2021/22.

- An independent review panel was established and in late 2022 they concluded their work, and a decision was taken to revise the EYI's position to better reflect the evolving evidence base in relation to sleep provision for children aged under 24 months.

- Following completion of the independent review, further consultation with experts, document development and internal consultation cycles, the EYI's revised position on sleep provision for children under 24 months will come into effect on September 1st 2023. The new position means children from approximately 15 months onwards can sleep on floor beds, with parental consent and safeguards in place.

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What is a floor bed?

- **Floor bed**: *A floor level bed fitted with a mattress. The mattress must be a firm, entirely flat, waterproof, and breathable surface. Floor beds can include coracles and sleep pods, with rigid or semi rigid sides.*

- Rigid sides (picture 1) - have a solid side and base. Semi-rigid sides (picture 2) - more flexible sides that are typically covered with PVC or a similar material, and that hold its shape. Picture 3 has a mattress fitted into a frame.

Picture 1

Picture 2

Picture 3

These are examples of floor beds, not endorsements of a type or supplier

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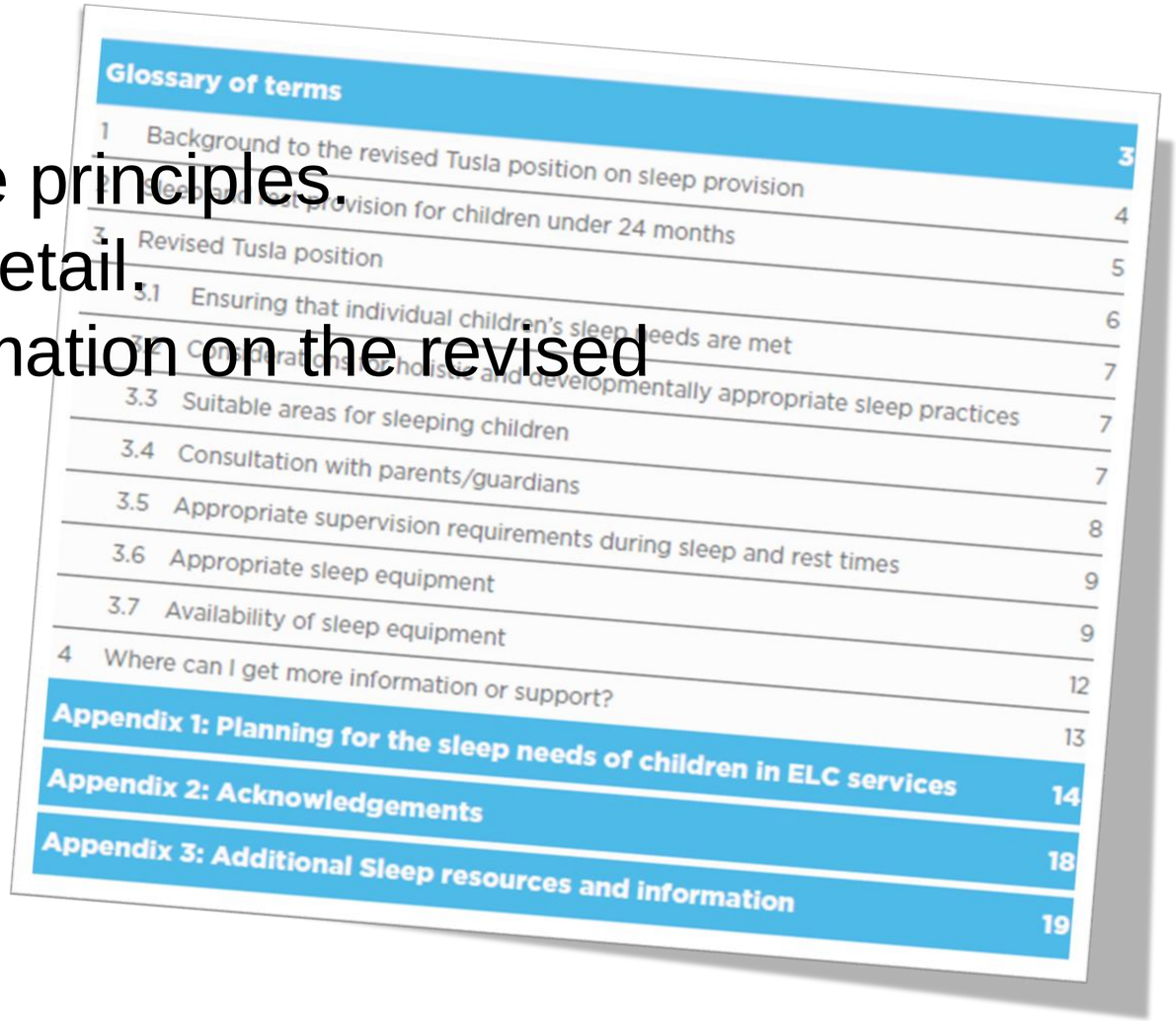
The Guidance Document

- Foreword from National Service Director
- Glossary of terms.
- Background to revised position.
- Revised position set out in 6 practice principles.
- Each principle is outlined in further detail.
- Where can providers get more information on the revised position.
- Template sleep plan.
- Acknowledgements.
- Additional resources.



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Practice Principles

Principle 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'.

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Principle 1: Considerations for practice

1. Child led rather than service led sleep is a minimum requirement, particularly in the under 2 age group,
2. Child led sleep commitments should be reflected in service's policies and procedures and practices,
3. Rigid sleep times across the service are not in line with child-led sleep provision,
4. Individual sleep plans should set out children's day-time sleep requirements and how the service will accommodate these. The plans should be reflected in practice,
5. Infants and children should not be denied sleep for any reason, Children must have their basic needs for sleep responded to,
6. Sleep times/ durations should be broadly in line with HSE public health guidance.

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Principle 1: Considerations for practice

HSE guidance: https://www2.hse.ie/infants-children/sleep/childs-sleep-needs-6-months-2-years/

Every child has a different sleep pattern. This information is based on **average amounts of sleep** therefore flexibility is required but provision should broadly reflect the following:

- By about 9 months an infant will usually need 2 naps during the day of about 1.5 to 2 hours each. From this age on, infants should not sleep after 3.30pm. This is because they may not be tired enough for bedtime between 7 and 9pm.
- By about 12 months a child usually needs 2 naps during the day of about 1 to 2 hours each.
- By about 18 months a child will usually need 1 nap during the day of about 1.5 to 2 hours. This is usually around lunchtime.

‘***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 daytime sleep routine for an infant or child that does not meet best practice guidelines 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’.***

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Principle 1: Considerations for practice

7. Children's comfort levels in relation to sleep provision will be assessed on inspection
8. Sleep policy should set out how the service deals with requests to limit children's sleep times/duration etc. that are not in line with public health guidance,
9. Policies and procedures should set out how the service will respond to an infant or child who indicates or verbalises that they require sleep/nap/rest outside of their routine sleep times.
10. Individual sleep plans and risk assessments are signed and dated. Sleep plan is stored in child's file/ records and available to the staff who require same.

Principle 2. Holistic and developmentally appropriate sleep practices

'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'

'… 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 developmental indicators are set out in the Guidance Document (page 8) to include:

- **Physical, motor indicators**
- **Emotional, independence indicators**
- **Cognitive, communication indicators**

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Principle 2: Considerations for practice

1. Sleep plans for all children transitioning to floor beds include the core elements set out in the guidance (Appendix 1)
2. Sleep provision and practices and children's comfort levels and experiences when on floor beds will be assessed on inspection.
3. For infants born prematurely there are other considerations to be reflected in risk assessments and planning.
4. Children from approx. 15 months can sleep on floor beds. For children under 15 months there should be a clear and detailed rationale, linked to developmental considerations and parental consent, for decision to move them to a floor bed.

If all children are on floor beds on inspection, a more detailed review of sleep plans will determine quality and child-centredness of the decision-making processes.

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Thank you

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