

# LLR Safer Sleeping Risk Assessment for babies under 12 months

Parent/Carer Name

Name of practitioner completing assessment

Assessment Date

## CHILD

- \*Baby born premature (over 3 weeks early)?
- \*Birth weight under 5lb 8oz / 2.5kg?

If yes to either, then safer sleeping is even more important to help keep baby safe.



## PARENTING CAPACITY

- \*Parent/carer on medicine causing drowsiness?
- \*Parent/carer smoking currently?
- \*Excessive parent/carer tiredness?
- \*Parent/carer drug use?
- \*Parent/carer alcohol use?
- Parent/carer learning needs?
- Smoking in pregnancy?

Baby's name:

Date of birth:

## FAMILY, ENVIRONMENT & SLEEP SPACE

- Any smokers living in the household?
- Domestic abuse?
- Is there adequate space for a cot/Moses basket?
- Poor quality housing (e.g. damp/poor heating)?

## BABY'S SLEEP SPACE

- Has there been a recent change in circumstances /family routine?
- Is there a safe sleep space for daytime sleeping?
- Is there a safe sleep space for night-time sleeping?
- Are parents choosing to co-sleep (share a sleep space)?

**\*If any red star areas ticked, co-sleeping is potentially very risky and parents/carers should be strongly advised not to co-sleep.**

Together with the parent/carer, what risks have you identified?

Agreed actions for parents/carers:

Together with the parent/carer, what actions have been agreed having completed the risk assessment?

Agreed actions for practitioner:

Review date due:

### Remember:

If you have completed the risk assessment electronically save it to the adult/child's case file/record.  
If you have completed a paper copy, add/scan/upload to the adult/child's case file/record.  
Don't forget to give the parent/carer a copy, so they have a record of the discussion too.