

# Early Support

for children, young people and families

## Information about sleep



## About this resource

Getting a good night's sleep is important for children, young people and adults. If you have concerns about your child's sleeping habits you will find this booklet useful. You will find information about how to develop good sleep practices and how to avoid sleep difficulties developing.

Problems with sleep are common, but are more likely to occur among children with additional needs. Research has suggested that as much as 86 per cent of children with additional needs have sleep problems. If you are a parent carer of a child or young person with sleep difficulties you are not alone.

In this resource you will find information on:

- understanding sleep patterns
- the impact of sleep deprivation
- causes of sleep issues
- developing good bedtime routines
- medication
- strategies to use to support a better night's sleep
- where to go for further support and information

This resource was developed by the Handsel Trust for Early Support.

## Early Support

Early Support is a way of working, underpinned by 10 principles that aim to improve the delivery of services for disabled children, young people and their families. It enables services to coordinate their activity better and provide families with a single point of contact and continuity through key working.

Early Support is a core partner supporting the implementation of the strategy detailed in Support and aspiration: A new approach to special educational needs and disability, the Government's 2011 Green Paper. This identified Early Support as a key approach to meeting the needs of disabled children, young people and their families.

Early Support helps local areas implement the Government's strategy to bring together the services families need into a single assessment and planning process covering education, health and care. Early Support provides a wide range of resources and training to support children, young people, families and service deliverers.

To find out more about **Early Support**, please visit [www.ncb.org.uk/earllysupport](http://www.ncb.org.uk/earllysupport).

Where a word or phrase appears in colour, **like this**, it means you can: look them up in the **Glossary** at the back of the resource; find contact details for the organisation or agency highlighted in the **Further information and useful links** section; and/or find out more in the **Who can help** section.

### **Explanation of the term parent carer**

In this resource the term 'parent carer' is used. It means any person with parental responsibility for a child or young person with special educational needs or disability. It is intended as an inclusive term that can cover foster carers, adoptive parents and other family members.

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**Glossary**..... **Page 39**

## Sleep difficulties and children with additional needs

Getting enough sleep is vital for our physical, mental and emotional well-being. To be a parent carer of a child or young person with additional needs and sleep issues can be exhausting and have a huge impact on the family. Being sleep deprived can affect concentration and memory, making it difficult to do some things. People who don't get enough sleep often say that they feel anxious, irritable and even depressed.

Research shows that children and young people with **additional needs** are more likely to have sleep issues than other children. There can be a number of reasons for this, which include:

- physical discomfort
- medical matters
- sensory issues
- inability to self-settle
- learning difficulties
- frequent hospitalisation
- behavioural issues

Throughout this booklet we will explore reasons why your child may have difficulty sleeping and suggest ways of improving their sleep patterns.

## The impact of sleep deprivation

Sleep deprivation can have a huge impact on families and can affect everybody in the household. Here are just some of the ways it can impact on family members.

### Impact on parent carers

Sleep deprivation can affect parent carers by:

- impacting on relationships – If you are tired, tempers can become frayed and the relationship can begin to break down
- affecting intimacy – Some parent carers may never get to sleep together due to taking it in turns to be awake with their child; this can have a direct impact on their relationship
- affecting emotional well-being – Your mood can be negatively affected when you are constantly tired
- adding to feelings of depression – This is very common among sleep-deprived parent carers

*“Sleep deprivation is a form of torture. You struggle your way through the days but you’re only half there. For the first three to four years of his life my son only slept four hours in every 24. Looking back I have no idea how I coped. I did because I had to, but everything else suffered – my relationship with my husband, my self-esteem, my mood.”* Parent

You may feel that now is not the right time to read the booklet and that’s fine. When you are sleep deprived it can be difficult to take in new information and the thought of exploring new strategies can seem overwhelming. Bookmark this web page or print it off and save it in a safe place and come back to it when you feel more able to read through the information.

### Impact on children

Not getting enough sleep has an impact on your child, too. When children don’t get enough sleep:

- their behaviour and mood can be affected
- their ability to learn and function can be affected
- they can become hyperactive
- they can become drowsy during the day and need naps
- there can be an impact on growth
- they are unable to reach their full potential

*“Through lack of sleep my daughter is now showing challenging behaviour and she is also not achieving as well as she was at school.”* Parent

*“My son is constantly on the go. The less sleep he has the more active he seems to get – it’s exhausting!”* Parent

### Impact on siblings

Sleep problems within the home affect the whole family. Siblings can also be affected by another child’s sleep issues:

- Their sleep patterns may be disturbed; this leads to their own sleep deprivation and difficulty functioning.
- They may not want to bring friends home for sleepovers.

*“My son frequently disturbs my other children when they are trying to sleep. We have tried to minimise the impact by putting our child’s bedroom downstairs while his siblings remain upstairs, but it is difficult.”* Parent

### Feelings and sleep deprivation

When you are sleep deprived you are likely to feel a range of emotions. These can include:

- frustration
- exhaustion
- depression
- anger
- blame
- guilt

You may also find that your health begins to suffer. Sleep deprivation has been linked to the lowering of the immune system, which can mean that you become frequently unwell. It also affects your appearance and this can make you feel down.

If you are feeling depressed you should discuss this with your GP; it is important that you look after yourself so that you can also effectively look after your child.

### Telling others about your child’s sleep issues

While you may have expected to experience sleepless nights when your child was a baby, you probably assumed things would improve as they grew older. It can be difficult telling people that your child has sleep issues as often parent carers can feel judged or blamed. You may feel that you are failing because other parent carers speak about how well their children sleep.



You may find that if you do tell others about your child's sleep difficulties they try to offer you advice. While they may mean well, it is important that you seek advice from appropriately qualified and experienced practitioners.

### Relationships and bonding

There is no doubt that, at times, sleep deprivation can mean it is difficult to bond with the child or young person who is keeping you awake. It is important that you seek support if you feel negatively towards your child. Visit your GP and explain how you are feeling.

### Looking after yourself

It is important that you look after yourself so that you can also look after your child. Here are some tips:

- Rest or sleep when your child is sleeping if at all possible.
- Ask for help, whether that be in the form of short breaks or through family and friends.
- Avoid caffeine and alcohol; these can prevent you having good-quality sleep when you do drop off.
- Eat a healthy diet.
- If you have a partner, take turns where possible when dealing with your child's sleep issues.
- Seek help from appropriate practitioners.

## Meeting others

It can sometimes be helpful to meet others who are in a similar situation to yourself. You may believe that you are the only one going through sleep issues with your child yet there are many other parent carers in the same position. Talking to others can help to reduce your feelings of isolation. There are a number of places that you may meet other parent carers, including:

- parent and toddler, and other play opportunity groups
- your local children's centre
- through local support groups
- at your child's school
- at your child's out-of-school play care service
- through online forums
- at specialist sleep workshops run by organisations, such as [The Children's Sleep Charity](#), [Scope](#) or [Cerebra](#)

## Understanding sleep

Understanding the basics about sleep can help you to identify why your child may be having difficulties sleeping. It can be tempting to compare your child's sleep issues with those of another child or young person, but everyone is different so making comparisons is not helpful. If your child is not sleeping you may feel as if you are failing. But remember, most parent carers go through difficulties establishing good sleeping habits with their children. In this section we will explain:

- the importance of sleep
- the different stages of sleep and what this means for your child
- how much sleep children need
- about **melatonin**
- how to use a sleep diary

### The importance of sleep

Sleep is as important to our bodies as food. Sleep is particularly important for children and young people. During sleep:

- growth hormones are released
- the immune system strengthens helping your child's body to fight off illness
- the brain makes sense of the day's events
- memory and concentration functions are increased
- our bodies rest
- emotional wellbeing is restored

### The stages of sleep

Sleep is made up of a number of different stages. The two main stages of sleep are **REM** (rapid eye movement) and **non-REM** sleep.

Non-REM sleep is made up of three stages:

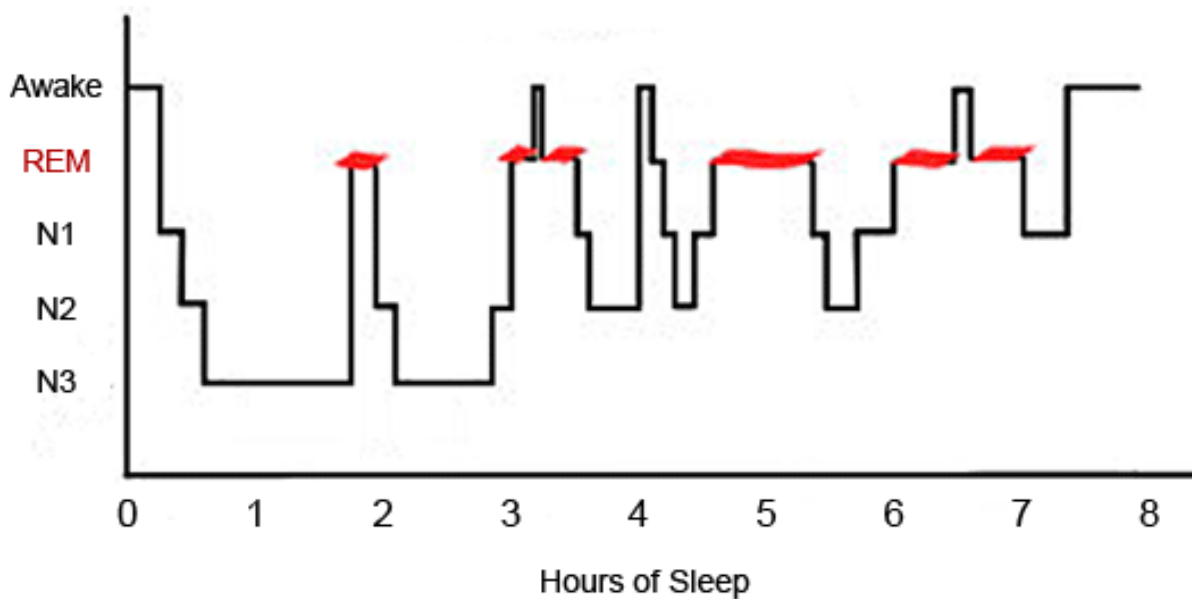
- Stage one is where you experience light sleep; when you are nodding off.
- Stage two is the deeper sleep.
- Stage three is when you are in a deep sleep and may find it difficult to wake.

Some children experience **night terrors** or **sleep walking** as they move from deep sleep to lighter sleep. Because most deep sleep occurs at the start of the night (see figure 1), these phenomena usually happen in the early part of the night.

REM sleep is when we dream vividly and our eyes move underneath our eyelids. REM sleep takes place approximately 90 minutes after we fall asleep. Our brains become very active yet our body becomes deeply relaxed and cannot move.

It takes around 15 minutes to move from stage one to deeper sleep. Your child can awaken easily during this time. If you stay with them while they fall asleep and then leave the room before they enter deep sleep you may wake them up.

**Figure 1**



As figure 1 shows, we experience this series of sleep stages several times each night.

### Partial waking

When we move between stages we experience what is known as **partial waking**. Often we are not aware of these partial wakings, we simply turn over and go back to sleep. It is important to recognise that:

- children who have not learnt to settle themselves may wake fully at this point
- a child who partially wakes in a different environment to the one they fell asleep in may become fully awake. For example, if your child falls asleep on the sofa and you carry them up to bed, when they experience a partial waking they may then go on to wake up fully because their environment has changed. Just imagine if you fell asleep in bed and then partially awoke to find yourself in another room, you would wake up startled too!

A complete sleep cycle is when we pass through the three stages of non-REM sleep and the stage of REM sleep. Sleep cycles vary in length depending on the age of your child. They may last less than an hour in infants, while young people will have a sleep cycle

lasting around 90 minutes. The number of hours sleep required will vary; please see the table overleaf for more information regarding how long your child may need to sleep for each night.

### Our body clocks

Our body temperature and hormones change throughout the day. We have what is referred to as a **circadian rhythm** and it is this that indicates to our bodies when it is time to be awake and when it is time to go to sleep. This cycle runs over a period of 24 hours and takes its cue from daylight and darkness.

Research has found that if we are deprived of light our circadian rhythm runs at about 25 hours long rather than 24 hours. This is important to note if your child has a severe visual impairment and is not able to respond to light; sometimes these children are prescribed melatonin to help support their body clock.

### Melatonin

Melatonin is a hormone that occurs naturally in our bodies. It is produced at night and helps us to go to sleep. Darkness helps to promote the production of melatonin; this is why it is a good idea to put your child to sleep in a darkened room.

Melatonin is sometimes prescribed to help with sleep difficulties. Even if your child is prescribed melatonin you should still maintain a good bedtime routine and follow the advice in this booklet around **sleep hygiene**. Melatonin will only work if all other conditions for sleep are correct, for example, your child is tired, comfortable, in a quiet dark room, not hungry and feeling relaxed.

### How much sleep?

Everyone is an individual and therefore the following table should simply be used as a guide to how much sleep is needed:

Age	Average daytime nap	Average night-time sleep
3 months	5 hours	10 hours
12 months	2.5 hours	11.5 hours
3 years	1 hour	11 hours
6 years	None	10.5 hours
9 years	None	10 hours

From nine years, the amount of sleep a child needs then reduces by around 15 minutes for each year that they age. So a 14-year-old will need around nine hours sleep and a 16 year old around eight-and-a-half hours sleep each night. Moving into adulthood, your child will need between seven-and-a-half and nine hours sleep each night. Again, it is important to

recognise that these figures are just a guide and the amount of sleep that children and young people need can vary greatly.

### Daytime naps

Naps during the day help to avoid children becoming overtired. A child who is overtired can find it difficult to sleep at night and may show signs of hyperactivity. Daytime naps can also help parents by giving them a much deserved break. You should expect and encourage your child to nap until they are around two to three years of age. Nap time can help your child to sleep at night, so it is important that a good nap-time routine is established:

- Make sure that you have set nap times so that your child gets into a routine.
- Wind down with relaxing activities prior to nap time, such as a cuddle and a story.
- Make sure that your child is comfortable, fed and changed, and that the room is at the correct temperature.
- Let them settle themselves to sleep, even if they do not nod off they will benefit from the rest.

Sometimes older children may take naps during the day that they don't really need. This can mean that they do not sleep well at night because they are simply not tired. Keeping a sleep diary is helpful for noting the number of naps that a child has. If your child is at school or another setting it is useful to ask the staff whether your child is napping during the day. This helps to build up an accurate profile of the amount of sleep that your child is getting.

### Seeking support

It is important that you find support in addressing your child's sleep problems. When you are feeling exhausted it can be helpful to seek guidance from experienced practitioners. You may find it helpful to talk one or more of the following people:

- **Health visitor** – This practitioner works with families who have young children and can help you to develop and establish a good bedtime routine for your child. Give them a call and ask to see them if you are not due to see them through a routine appointment.
- **Occupational therapist** – They can advise on sensory issues that can impact on a child's sleep. They may suggest, for example, that your child would benefit from using a weighted blanket at bedtime. A weighted blanket can help some children with sensory issues feel calmer and safer.
- **Paediatrician** – If your child is being seen by a paediatrician, you should discuss your concerns about sleep with them. They will be able to decide whether further investigation is necessary and may be able to direct you to additional support. If

your child does not see a paediatrician then you should speak to your GP regarding your concerns.

- **Physiotherapist** – If your child is seen by a physiotherapist, you should discuss with them whether there are any physical issues that may be interfering with their sleep.
- **Teacher** – If your child is not getting the correct amount of sleep there may be an impact on their learning. You need to make the teacher aware of any sleep problems that your child is having.
- **Clinical psychologist** – This practitioner helps people with a range of difficulties; they can help children with specific learning problems or behavioural difficulties.

# Identifying sleep issues

## Sleep diaries

If you are worried about your child's sleep, keeping a sleep diary will help you to get an accurate picture of your child's sleep patterns. Sleep diaries can be helpful in identifying reasons why your child is not sleeping or has difficulties sleeping. You should keep a sleep diary for two weeks in order to be able to identify any patterns emerging. You may find it helpful to share your sleep diaries with practitioners, such as your **health visitor**, **paediatrician**, **sleep practitioner** or **clinical psychologist**. A sleep diary will help them to begin to understand your child's sleep difficulties in more detail. Sleep diaries can be used to record the sleep patterns of children, young people and adults.

### Example sleep diary

Sleep diary for: \_\_\_\_\_ Date diary started: \_\_\_\_\_

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Time/length of daytime naps							
Time bedtime routine started							
Any problems?							
What did you do?							
Time in bed							
Any problems?							
What did you do?							
Time fell asleep							
Night-time awakenings							
What did you do?							
How long did they last?							
Time woke in the morning							



Tips for keeping a sleep diary:

- Always keep the diary by the side of your bed and record any activity straight away. You are likely to forget timings by the morning.
- If your child stays elsewhere, for example at a respite home or with a non-resident parent, ask them to complete the diary, too. Mark on the diary that your child slept elsewhere that night.
- Fill in the diary honestly; if your child wakes up repetitively each night record every waking period.
- Photocopy the sleep diaries and enlarge them to give you more space to write if necessary.
- Keep the sleep diary during a typical fortnight. Keeping it at Christmas time, for example, is not a good idea as a child's sleep patterns do become affected by changes in routine and excitement.
- If your child is able to understand their own sleep diary involve them in the process, too.

Once you have completed the sleep diary over a period of two weeks, you can begin to examine whether any patterns are emerging with your child's sleep:

- Is it the initial act of getting to sleep that is causing a problem? Is your child taking longer than 30 minutes to get to sleep?
- Once your child is asleep do they awaken during the night? If so, is there a pattern to this waking and can you see any reason for this?
- Is your child waking at the same time each morning?
- How much sleep, on average, is your child getting per night?
- Is your child having too many or too few daytime naps?

Sharing this information with a practitioner can be a helpful way to begin to identify your child's sleep difficulties. If you are worried about your child's sleep you should seek help as soon as possible.

*"Don't leave it too late. Get help early from your health visitor, doctor or another professional you know. The longer a problem sleep routine is established the harder it is to break."* Parent

## What is affecting your child's sleep?

There are many different reasons why a sleep problem may occur. Understanding why your child is not sleeping can help you to work out strategies to improve the situation.

In this section we will explore:

- the reasons why children may not be going to sleep
- the reasons why they may be waking in the night
- ways that you can help to resolve the sleep difficulty

There are many reasons why your child may not be going to sleep or may be waking during the night. The following issues can all affect sleep. Take a look to see if any of these may be causing your child's sleep difficulties:

- Room temperature – Is your child too hot or too cold? Ideally the temperature in the bedroom should be 16-20°C. You can buy thermometers to hang in the bedroom from nursery shops.
- Bedding – Is your child kicking the bedding off during the night and waking because they are cold? If so, you could consider using a double duvet tucked under the mattress of a single bed. You may also wish to consider whether your child would be more comfortable wearing a sleep suit. Some specialist clothing companies provide suits that fasten at the rear to prevent removal during the night.
- Noise – Is there any noise inside or outside the home that may be disturbing your child? Some children and young people with sensory issues, such as those children with **autism spectrum disorders**, are particularly sensitive to noise. What may seem like a quiet sound to us can seem very loud to them. The sounds of an electric fan can mask other sounds in your home and may be worth considering if noise is an issue.
- Light – Is the room dark enough? **Melatonin** is produced when the room is dark. Blackout blinds can be purchased to make the room darker.
- An overstimulating bedroom – Does your child get out of bed to play with their toys? Are they playing computer games or watching TV before they go to bed? If so, your child may be overstimulated by their bedroom environment. We will explore in detail how to create a restful bedroom environment later on in this booklet.
- Comfort – Is the bed comfortable? Try lying on it during the day to see how it feels. Is your child wet or soiled? Could this be leading to their waking up?
- Hunger – Could your child be hungry? What time are they having their meal? Does the last meal of the day need to be later? Giving your child a snack mid-afternoon can help to move their mealtime to a later time.

- Weak body clocks – Does your child understand the difference between day and night? Sometimes children with **additional needs** require help to learn when it is daytime and when it is time to sleep, particularly if they have a visual difficulty. Strategies to reinforce this are discussed in the next section.
- Lack of routine – Do you have a good bedtime routine for your child? Has their routine become unsettled lately because of an event like a family holiday, or religious or belief celebration?
- Pain – Is your child in pain? Could they be teething? Some children with physical impairments cannot reposition themselves at night, which can disrupt their sleep. If you think that your child may be in pain you should seek advice from medical practitioners.
- Medication – is your child on any medication that may be impacting on their sleep? Or do they have to be given medication during their sleep which may be disturbing them? Check with a medical practitioner if you are unsure.
- Getting up too early – if your child wakes in the night do you treat it as a night-time waking or as the start of the day? You should consider what a reasonable time to begin the day is and if they are awake before that time they should be returned to their bed. This will help to strengthen their body clock.

## Medical reasons for sleep issues

Sometimes there are medical reasons why your child may not be able to sleep. These reasons may include:

- Asthma
- Epilepsy
- Eczema
- **Obstructive sleep apnoea** – It can occur in children with **additional needs**, particularly those with **Down's syndrome**. The **Down's Syndrome Association** has produced an information booklet on sleep difficulties. To order a copy, visit [www.downs-syndrome.org.uk](http://www.downs-syndrome.org.uk) or call 0333 1212300. If you are worried about your child's breathing while they sleep seek advice from your child's **paediatrician** or GP, who may arrange a **sleep study** if necessary.
- Sensory impairment – Children with visual impairments may need support to organise their body clocks. More information about children with visual impairments can be found in another booklet in this series.
- Children with additional needs caused by brain injuries – **Cerebra** is a charity that provides support to families of brain-injured children. It has a number of information sheets about sleep on its website and also runs a sleep service for families needing further support. For more information visit [www.cerebra.org.uk](http://www.cerebra.org.uk).

- Chronic illness – If children have lengthy stays in hospital they may have a significantly disordered sleep pattern due to their adjustment to sleeping in a busy and brightly-lit environment.
- **Autism spectrum disorders (ASD)** – Children with autism can be prone to sleep problems, but usually respond well to a good bedtime routine and specific strategies. The National Autistic Society has a helpline that you can contact if you would like to speak to somebody about your child's sleep difficulties. Call 0808 800 4104 or visit [www.autism.org.uk](http://www.autism.org.uk).
- Restless legs syndrome – This creates unpleasant sensations in the legs resulting in the need to constantly move them around. There is no known cure, but massage, warm baths and gentle stretching exercises may help. If you suspect that your child has restless legs syndrome seek medical advice.
- Rhythmic movement disorder – A neurological disorder where body rocking and head banging are common symptoms. If your child displays these symptoms you should inform a medical practitioner.

You should always seek advice from your doctor to rule out medical reasons for your child's sleep difficulties. Your child may be referred to a sleep laboratory where detailed tests can be carried out to assess what is causing their sleep problems.

*“Seek medical advice if you think that your child's sleep problem might be medically related, it may be something simple that is affecting their sleep. Talk to people about your problems, you may think you're the only one but you're not alone, so ask for help. See if a family member or friend can take the child for a while for you to get some rest.”*

Parent

## Diet and sleep

What we eat and drink during the day can affect how well we sleep at night. If your child is seeing a dietician you should speak to the dietician before making any adjustment to your child's diet. You might want to consider the following to try to make sure that your child's diet is not impacting on their sleep:

- Review your child's mealtimes – are they going to bed on a full stomach, which could make it difficult to get to sleep? Or could they be hungry? Are they snacking on high-energy foods close to bedtime? If they are tube fed, could the feeds be scheduled for different times, which may fit in better around your child's sleep patterns?
- Limit the amount of caffeine that your child has, particularly in the evening. Remember that caffeine is also found in things like chocolate, not just in tea and coffee. Chocolate used in baking is particularly high in caffeine, so if your child is eating food like chocolate cake in the evenings this could be contributing to their sleep difficulties. Energy drinks contain caffeine as does some over-the-counter medication.

- Drinking water in the evening helps your child to keep hydrated. Mild **dehydration** can cause sleep difficulties.
- Limit sugary snacks before bedtime because they can give your child an energy fix. For example, try cutting out biscuits before bed and replace them with something like toast.
- Calcium-based food and drink have been proven to aid sleep. A drink of milk, a yogurt or a fromage frais are ideal choices in the evening.
- Some foods may cause wind and are best avoided at night-time, for example, heavily-spiced foods and beans.
- Foods containing monosodium glutamate, such as Chinese food, have been found to interfere with sleep patterns.
- It may be helpful to make a note of what your child has eaten and whether this has had an impact on their sleep.

## Exercise and sleep

If your child has a physical impairment they may not need as much sleep as other children. Exercise can be beneficial in helping children to sleep, but it's important to keep the following in mind:

- If your child exercises close to bedtime they may find it more difficult to fall asleep; children should be encouraged to exercise during the day.
- If your child has health needs you should contact their health practitioners before beginning any new exercise programme for advice.
- Aerobic exercise has been found to promote sleep.

# Strategies to support sleep

## Self-settling

Many children with additional needs do not learn to settle themselves to sleep. This means that they rely on their parent carers to soothe them to sleep. If your child has not learnt to self-settle they will wake frequently during the night and need your help to get back to sleep. Each time your child comes to a **partial waking** they may wake up and then call out for you.

Some children rely on things like a bottle to settle themselves to sleep. If you have a child who is taking bottles throughout the night and is over 12 months, they are using the bottle for comfort rather than because they are hungry, they need to be taught how to self-settle.

Other children develop a reliance on certain conditions to be able to settle themselves to sleep. A child may need the television to be on, for example, or a mobile to be playing. Each time they come to a point of partial waking they are likely to wake up fully if the television or mobile has been switched off.

*“At the age of four my son used to constantly wake for a bottle. I’d not realised that he wasn’t hungry and was using it to self-settle. Once I knew this I was able to gradually reduce his night-time feeds. Within a couple of weeks he was sleeping through the night. I wish I’d known about the importance of self-settling sooner.”* Parent

## Tips to help children self-settle

- If you stay with your child until they go to sleep you need to gradually work on leaving them to settle alone. The best way to do this is by moving a short distance away from the bed each night. For example, if you currently lie in bed with them until they sleep, you should try sitting next to the bed for several nights. Then you can gradually move your chair farther away from the bed each night until you reach the bedroom door and eventually leave the room.
- If your child wakes in the night you should repeat the routine that you carried out when they settled.
- Once you have turned the lights out and said good night do not engage in conversation with your child. Reduce the amount of eye contact you give to them. You may find it useful to use one single phrase during the night such as, “It is night time, go to sleep”. If you start to have a conversation with your child they are being rewarded for remaining awake.
- If your child is waking for drinks or feeds throughout the night seek the advice of a medical practitioner as to whether this is necessary. If not you should begin to phase out the drinks by gradually reducing the amount that you give each night. Your **health visitor** will be able to advise you on this if your child is under the age of five.

## How to help your child have a good night's sleep

The good news is that you can work with your child using simple strategies to help them get a better night's sleep. In this section we are going to explore practical things that you can do at home to help. We teach children many new skills throughout their lives but we often forget that sometimes children need to be taught how to sleep well.

*“You must persevere and have confidence in yourself. It is never too late to tackle sleep issues. My son was 19 years old and I thought he'd never sleep. I followed the sleep tips and created him a good routine, and his sleep issues have been resolved.”* Parent

### Bedtime routines

Bedtime routines are not just for young children, they are important for everybody, including young people and adults. We tend to thrive on routines and children with **additional needs** in particular respond positively to routine. Routine is very important at bedtime. The same things need to happen in the same order every night for a bedtime routine to be successful. Here are some things to consider:

- Age is not a barrier to bedtime routines. The trick is to develop an appropriate routine for your child.
- Decide by what time you would like your child to be in bed. This will help you to structure the routine.
- Bath time should be a relaxing time and should ideally occur at least half an hour before your child goes to sleep so that their body temperature can regulate. A bath actually increases our body temperatures, which can make sleeping difficult. We do, however, become sleepy when our body temperature begins to reduce after a bath, which usually takes about 30 minutes. If your child finds bath time stressful or overstimulating do not make it part of the bedtime routine.
- Reading a story can be a nice way to round off bedtime. However, you should make sure that you have a clearly defined time limit on how long you are going to read. Depending on the age of your child this may be between a few minutes and 15 minutes.
- Story or lullaby CDs can be used, but you need to make sure you play them for the same length of time each night and turn them off before your child goes to sleep.
- Hugs and kisses are a lovely part of the routine, but make sure that you set clear boundaries about how long they last. Children may use them as a tactic to get you to stay longer than is necessary.
- A milky drink is a good idea. Remember to avoid any drinks containing caffeine, such as cola, chocolate, tea or coffee.



- Some fruit squashes have been found to act as a **diuretic**. If you notice that your child is going to the toilet frequently you may wish to avoid giving them squashes in the evening.
- Wake your child at the same time each morning, even at the weekend. This helps their bodies to get in a routine.
- Avoid screen activities, such as computer games, televisions and mobile phones, in the hour before bedtime because these can be highly stimulating.
- Hand-eye coordination activities help children to relax. Choose jigsaw puzzles or colouring in activities in the lead up to bedtime.
- Make sure that the room is at the right temperature and that your child is not hungry or thirsty.
- Use a set phrase to say goodnight, for example, “It’s night time, go to sleep”.

The table below shows an example of a good bedtime routine:

<b>Time</b>	<b>Activity</b>
5.30pm	Child has meal
6.00pm	Free play – computer games and television can be used at this time
7.00pm	Quiet play, including activities such as jigsaws and colouring. No computer games or television
7.20pm	Bath time
7.40pm	Child is ready for bed with teeth cleaned
7.45pm	Bedtime story
7.55pm	Cuddles from family members, who say goodnight
8.00pm	Leave child to settle

The above table is an example to help you develop your own bedtime routine for your child. Start off by deciding what time they should be in bed by. If your child does not go to bed until 11pm then you should start the quiet routine from 10pm. Once you have got your child into a good routine you can gradually bring their bedtime forwards by 15 minutes each week until they reach an earlier bedtime.

Once you have devised your bedtime routine you should make sure that everybody involved in your child’s care knows about it. Pin it up on your fridge and make sure that you stick to it.



## How to establish a routine

You may well believe that a bedtime routine will not work for your child or that your child will not accept a routine. It is important to remember that you are in control of the routine. If you find that your child is delaying bedtime you need to reconsider the routine that you use. When establishing a routine you need to:

- choose a time when life is settled, holiday times are best avoided
- be prepared for your child to resist the routine and for their sleep to initially get worse
- carry out the new routine for at least two weeks, you will almost certainly find that their behaviour and sleep patterns begin to improve
- be realistic about what you can achieve, start off with small changes if this is more manageable
- stick to it and be consistent

*“The best piece of advice I can give other parents is to set a strict bedtime routine and stick to it! No matter how hard it is you must stick to it. As soon as you give in a little you will have gone back to square one and all the hard work that you have just put in will have gone to waste. It is not easy at first, but as long as you don’t back down it will begin to work.” Parent*









## Visual timetables

Visual timetables can be useful to show your child what is going to happen next. Many children with additional needs are introduced to visual timetables through school or in **early years settings**. If your child attends a setting you could ask if a visual timetable has ever been used and, if so, you could look at it so that you can mirror the system at home.

A visual timetable is a way of demonstrating to a child what is happening, or about to happen, in a visual way. It can use words, pictures, symbols or photographs, depending on the child’s age and ability.

Young people and adults can still find visual timetables useful. You may wish to involve them in making decisions about what activities will appear in their routine.

A timetable used at bedtime can help the child to understand the order of events that are about to happen and to encourage independence skills. You might begin with just a couple of pictures for a younger child. The following table is an example of what a visual timetable may look like with the different parts of the routine being shown in pictures:

Play	
Bath	
Pyjamas on	
Teeth cleaning	
Toilet	
Bed	
Story	
Asleep	

It is a good idea to include a picture that represents being 'asleep' so that a child with additional needs can understand that this is what is expected of them at that point in the schedule. Some children also need to have a 'wake up' symbol on their timetables to reduce their anxiety about falling asleep.

## Consistency

When you have a bedtime routine you must be consistent. If you don't do the same thing each night it will not work. Other members of the family who care for your child should carefully follow the same routine.

If your child stays elsewhere, for example, with grandparents, a non-resident parent or at a respite setting, you should encourage whoever is responsible for the child to use the same routine. Explain to them the importance of consistency to help your child's sleep patterns and if necessary share this booklet with them.

## Rewarding your child

It is important that you remain positive with your child about bedtime. Night-time should be a relaxing and enjoyable experience. You should:

- give your child praise at bedtime for what they are doing well
- reward your child as soon as possible after they have displayed the behaviour that you are looking for
- give consistent rewards until the behaviour is firmly established
- choose rewards that are motivating for your child
- ignore where possible negative behaviour and focus on positive behaviour
- never send your child to their bedroom for a punishment; you want them to feel positively about being there

*“Being positive and loving at bedtime helped me and my child. Before, my son probably thought that bedtime was a punishment.”* Parent

There are a number of ways you can reward behaviour:

- Praise – Tell your child what it is that you like about their behaviour, for example, “I like the way that you put your pyjamas on so quickly”, and use phrases such as “well done”.
- Hugs – Children and young people enjoy receiving hugs as rewards.
- Signs – Some children and young people respond well to signs, such as a ‘thumbs up’, when you are pleased with them.
- Pictures – A picture of a happy face can help your child to understand that you are pleased with their efforts.
- Reward charts – These can be used to reward behaviour if your child understands that a sticker is a reward. A reward chart is simply a chart with behaviours written on it. When your child shows that behaviour then you give them a sticker to put on their chart.

- Tokens – Older children may prefer to be rewarded with tokens rather than stickers, which they can collect and trade in for a treat, such as a magazine.

## Day and night

Children sometimes need to be taught the difference between daytime and night-time. This can be particularly helpful for children with additional needs caused by visual impairments who may not get the visual clues.

It is not useful teaching a child that when it gets dark it is 'night-time' as in the UK it becomes dark mid-afternoon during winter months and it stays light long after some children's bedtimes during the summer.

Here are some suggestions to help you teach your child the difference between day and night:

- Tell your child what time of day it is. For example, you may wish to use a phrase such as, "It is night-time, time to sleep" as part of your bedtime routine. And when they get up each day tell them, "It is morning, time to wake up".
- Make sure that the bedroom looks different at night-time. Cover toys up if necessary. Close the curtains at night to make the room dark. In the daytime make sure that the curtains are open. You can encourage your child to help with this and emphasise that you are closing the curtains because it is night and opening them because it is day.
- Use scents to indicate night and day. You may wish to use, for example, a lavender scent at night-time so that your child can begin to associate this scent with the onset of bedtime. Always seek advice before using aromatherapy oils with children – some children might not like them or might react to them. There are now a number of products on the market designed specifically for children.
- Music can help children to determine day from night. You may wish to play the same piece of calming music each night as your child gets ready for bed. In the morning you may choose to play a more rousing piece of music. It is important that you use the same piece of music consistently so that they associate it with the appropriate time of day.
- There are now a number of alarm clocks on the market made specifically for children. These have a visual way of indicating when it is time to get up. For example, a character's eyes may open. If you think your child would understand, this you could buy them a clock and teach them that it is only time to get out of bed when the clock changes.

*"My child has a visual impairment; it never occurred to me that she couldn't distinguish between day and night. I used music as a way of indicating to her when it was time to go to bed and time to get up. It worked incredibly well. I couldn't believe that such a simple strategy could make such a difference to her sleep pattern."* Parent

## Broken record technique

It is important your child learns that they won't get your attention during bedtime hours. Children can see getting attention from you as a reward. Using the 'broken record' technique might be helpful: choose one phrase that you will use repetitively and refuse to be drawn into conversation with your child.

For example, if your child repeatedly gets out of bed you need to return them to bed without interacting with them. They may try to keep you there by asking for kisses, hugs or a drink. If you choose a phrase such as, "It's time to go to sleep" and repeat this phrase consistently, your child will eventually get the message that you are not going to engage with them during bedtime hours. Try to reduce eye contact with your child so that they know their behaviour does not gain your attention. Some children would rather receive negative attention than no attention at all.

## Your child's bedroom

Bedrooms should be restful environments associated with falling asleep. It is important that your child's bedroom is a calm and suitable environment in which to get to sleep.

*"I found that only having a bed and wardrobe in the bedroom helped with my child's sleep problems. I took out the television so that there were no distractions or temptations left on show at bedtime."* Parent

## Making the bedroom restful

There are a number of things that you need to consider about your child's bedroom, some of which have already been discussed in the sub-section [What is affecting your child's sleep?](#) These include:

- the temperature of the room
- whether the bed and pillows are comfortable; lie down and try them out. Some bed protectors can cause sweating and discomfort during the night, there are a number of alternatives now available in shops.
- making the room free of distractions, including screen activities
- ensuring that the room is free of scary posters or anything that may be disturbing your child. Rooms look different when in darkness. Even something as simple as a dressing gown hanging on the back of a door can cause some children to be afraid during the night.
- the colour of the bedroom. Pale colours and pastel shades are most calming. Bright colours can be overstimulating and are best avoided.
- whether comforters can be easily reached. If your child uses a comforter such as a dummy, blanket or toy, are they able to reach out and get them during the night? Sometimes it helps to have more than one comforter so that there is always one to hand.

- whether curtains are blocking out light to encourage the production of **melatonin**. Blackout blinds are very effective. However, children with visual and hearing impairments may need some light entering the room in order to orientate themselves.

### Helping your child to stay asleep

Once your child has got to sleep you can follow some simple steps to help them to stay asleep. These include:

- keeping noise at a reasonable level. Sudden or loud noises could wake your child. The house does not have to be silent, but try to avoid making too much noise close to their bedroom while they are asleep.
- making sure your child uses the toilet if appropriate before bedtime. If they wear continence aids make sure they have been changed.
- keeping light and conversation to a minimum if you need to administer medication or change them during the night
- checking any comforters, such as favourite blanket or a cuddly toy, are still in bed with your child before you go to bed. If your child wakes easily when you go into the room you should position a mirror at the end of their bed. You can then check on your child by looking through the mirror from outside the room to save you entering and disturbing them. Baby monitors are now available that allow you to see your child on a screen.
- providing them with appropriate bedding or sleepwear. If your child throws the covers off during the night or removes clothing, they may wake because they are too cold. There are a number of companies that specialise in manufacturing specialist sleepwear.

## The teenage/adolescent years

Young people also need to get the right amount of sleep in order to function to the best of their ability. Recent studies<sup>1</sup> have shown that sleep patterns in adolescents are different from those of adults or younger children. These findings explain what parent carers often notice: that their teens begin to stay up late and stay in bed later in the morning.

Research<sup>2</sup> suggests that during adolescence the **circadian rhythm** or internal body clock is reset. This means that teens feel sleepier later on and wake up later the next morning. **Melatonin** is produced later at night and this can make it harder for them to fall asleep.

On average teens need around eight-and-a-half to nine hours sleep each night. However, many young people get far less than this due to the fact that they are falling asleep later at night and getting up early in the morning to go to school. The following tips may help your young person to sleep better:

- A bedtime routine is still important at this age. Going to bed at the same time each night will help to strengthen the internal body clock. Getting up at the same time each morning is also very important.
- Young people can find it hard to relax. Explore ways of helping your child to calm down, including massage, listening to classical music or activities such as painting.
- Monitor what they watch on television and if they are independent readers check that the material isn't too stimulating. Television should also be turned off an hour before bedtime.
- Exercise can help but this should be in the late afternoon. Exercising close to bedtime can hinder sleep.
- Check what they are eating and drinking. Avoid anything containing caffeine.
- Make sure that they are exposed to light during the daytime. Turn the light on each morning; this will help the body's natural body clock to become more established.
- Remember that although they are a young person they still need parental guidance and boundaries.

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<sup>1</sup> Dr Jay Giedd, Child Psychiatry Branch of the National Institute of Mental Health  
Roberts R., Roberts C.R., Chan W., *Persistence and Change in Symptoms of Insomnia among Adolescents*. SLEEP 2008;31(2): 177-184  
Research group of Mary Carskadon, Professor of Psychiatry and Human Behavior at the Brown University School of Medicine and Director of Sleep and Chronobiology Research,  
[http://research.brown.edu/myresearch/Mary\\_Carskadon%20](http://research.brown.edu/myresearch/Mary_Carskadon%20)

<sup>2</sup> [www.sleepfoundation.org/article/sleep-topics/teens-and-sleep](http://www.sleepfoundation.org/article/sleep-topics/teens-and-sleep)  
Stores G., (2008) *Sleep problems in Children and Adolescents*. Oxford University Press  
[www.amazon.co.uk/Sleep-problems-Children-Adolescents-Facts/dp/0199296146](http://www.amazon.co.uk/Sleep-problems-Children-Adolescents-Facts/dp/0199296146)

## Anxiety and sleep

Many children find that they are particularly anxious in their teenage years. Their bodies are going through changes and hormones are being released, which can cause difficult feelings. It is very important that you teach your child how to relax if they are experiencing anxiety. An anxious child is going to find it very difficult to relax and get a good night's sleep. Here are some tips to try to reduce your child's anxiety:

- Take time each day prior to the bedtime routine to discuss the day and to sort out any issues that may have arisen.
- Some children find recording their worries helpful by writing them down in a book or drawing a picture to represent them.
- Massage can be helpful to ease anxiety.
- Weighted blankets can help some children to feel more secure at bedtime.
- Breathing exercises can help with anxiety. Encourage your child to breathe in for the count of seven and to breathe out for the count of 11. This helps regulate the breathing patterns and calms the mind.

## Bedrooms

All of the information that you have previously read in this booklet is also relevant for young people. It is important that they have a bedroom environment that is restful rather than stimulating. Young people may be more likely to want to engage in screen activities at night, such as computer games or watch television programmes. It is important that you establish a good routine where these are switched off in the lead up to bedtime.

Giving your young person choices about bedtime can be helpful. For example, offer two calming alternatives to choose from. As they grow up they may want to have more of a say in how their room is decorated, again offer them a choice from appropriately selected materials that will aid relaxation. Giving choices will help them to feel in control.



## Into adulthood

All of the information that you have already read is relevant for young people entering young adulthood. While bedtime routines may be associated with young children they are important for everyone, including young people and adults.

It may be a challenge to encourage a young person or young adult to address sleep issues, but it is very important for their overall development. It is important to maintain good **sleep hygiene** and to promote rest throughout this period.

Here are some tips for managing sleep into adulthood:

- Plan a bedtime routine and stick to it, routines to promote better sleep habits are important for everyone.
- Keep a sleep diary to help you work out why the sleep problem may be occurring.
- Review the bedroom environment and make sure that it is relaxing rather than stimulating.
- Cut out caffeine during the evenings.
- Review their diet and see if there is a link between eating certain foods and disturbed sleep.
- Offer choices so that they still have some control over their bedroom and routine.

*“My son has autism and chronic sleep problems. I was advised to limit his television viewing leading up to bedtime. It has made a difference and he now falls asleep more quickly. It is difficult when they are young adults, but I’m still his parent and he needs guidance from me.” Parent*

## Top tips

- Establish a good bedtime routine that promotes relaxation.
- Make sure the bedroom is restful and remove any distractions.
- Keep a sleep diary to see if you can identify any sleep patterns.
- Reward the young person and stay positive.
- Be consistent even when it is incredibly difficult.
- If you are worried about your child's sleep patterns seek medical advice from your GP, **paediatrician** or **health visitor**.
- Wake your child up at the same time each morning.
- Keep calm in the run up to bedtime.
- Review your child's diet and eliminate caffeine and stimulants.
- Caring for a child or young person with additional needs can be exhausting when you aren't getting enough sleep. It is important that you take care of yourself. Try to sleep when your child is sleeping rather than catching up on chores.

## Who can help

When you are feeling exhausted it can be helpful to talk to others to gain support. There are a number of practitioners that you can talk to about your child's sleep difficulties and some of them are mentioned below. For further details about other practitioners who could help, visit the Early Support website [www.ncb.org.uk/early-support/resources](http://www.ncb.org.uk/early-support/resources) read or download the [Background information](#) resource on [People you may meet](#).

**Health visitor** – This practitioner works with families who have young children and can help you to develop and establish a good bedtime routine for your child. Give them a call and ask to see them if you are not due to see them through a routine appointment.

**Occupational therapist** – They can advise on sensory issues that can impact on a child's sleep. They may suggest, for example, that your child would benefit from using a weighted blanket at bedtime. A weighted blanket can help some children with sensory issues feel calmer and safer.

**Paediatrician** – If your child is being seen by a paediatrician, you should discuss your concerns about sleep with them. They will be able to decide whether further investigation is necessary and may be able to refer you for additional support. If your child does not see a paediatrician then you should speak to your GP regarding your concerns.

**Physiotherapist** – If your child is seen by a physiotherapist you should discuss with them whether there are any physical issues that may be interfering with their sleep.

**Clinical psychologist** – A clinical psychologist helps people with a range of difficulties. They can help children with specific learning difficulties/impairments or behaviours that are challenging.

**Sleep practitioner** – It is becoming increasingly recognised that parent carers need support with their children's sleep. There are currently a number of courses that train sleep practitioners in England. **The Children's Sleep Charity** has a list of sleep practitioners available across the country who are specifically trained to work with families with a child or young person who has additional needs. For more information email [info@thechildrenssleepcharity.org.uk](mailto:info@thechildrenssleepcharity.org.uk).

### Other sources of help

- Many charities have information relating to sleep and specific conditions. For example, if your child has Down's syndrome, contact the **Down's Syndrome Association** for specialist information about their condition and sleep.
- **The Children's Sleep Charity** runs workshops where parents and practitioners can learn about sleep hygiene and meet other parent carers who have difficulties with their child's sleep. These workshops are run nationally and are free of charge for parents. For more information email [info@thechildrenssleepcharity.org.uk](mailto:info@thechildrenssleepcharity.org.uk) or call 07912 667676.

- Sleep Solutions is a service managed by **Scope**. It has a number of sleep services across the country. To find out more visit [www.scope.org.uk](http://www.scope.org.uk).
- Support groups can be a helpful way of meeting other parents and gaining support. You can find details about local support groups by contacting your local authority or by asking practitioners who support your child.
- **Cerebra** is a charity set up to improve the lives of children with brain-related conditions. It operates a sleep service. To find out more visit [www.cerebra.org.uk](http://www.cerebra.org.uk).
- Some charities have befriending services where you can gain emotional support from other parents who have been in a similar situation. For example, Face 2 Face runs a national befriending scheme as well as an online befriending service. To find out more about this **Scope**-managed scheme, visit [www.scope.org.uk](http://www.scope.org.uk).

## Resources

After reading this booklet you should begin to develop a better understanding of sleep and how to help your child sleep well. You may want to find out more, so here are some books that you may find useful:

- Aitken, K.J., (2012) *Sleep difficulties and autism spectrum disorders: a guide for parents and professionals*. Jessica Kingsley Publishers
- Durand, M.V., (1998) *Sleep better! A guide to improving sleep for children with special needs*. Paul H. Brookes
- Stores, G., (2009) *Sleep problems in children and adolescents*. Oxford University Press.
- Quine, L., (1997) *Solving children's sleep problems: a step by step guide for parents*. Beckett Karison.

### Story books

Sometimes it can be helpful to read children stories that address the subject of sleep issues. Here are a few that you may find useful:

- Dunbar, J., (2002) *Tell me something happy before I go to sleep*. This book helps to address children's night-time fears.
- Mazille, C., (2007) *How will I ever sleep in this bed?* Sterling. This book explores moving to a 'big' bed.
- Simmons, J., (2000) *Go to sleep daisy*. O'Brien Press Ltd. This is the story of Daisy Duck who can't get to sleep because she is disturbed by the noise of the other animals.
- Waddell, M., Firth, B., (2009) *Can't you sleep little bear?* Walker Books. This is a bedtime story about a bear who is having trouble sleeping because of his fear of the dark.
- Gray, C., (2010) *The new social story book*. Future Horizons Incorporated. Social stories can be a useful resource to promote social understanding for youngsters with autism.

## Further information and useful links

### Cerebra

A unique charity set up to help to improve the lives of children with brain-related conditions through researching, educating and directly supporting children and their carers

[www.cerebra.org.uk](http://www.cerebra.org.uk)

0800 3281159

### Contact a Family (CAF)

Helps families who care for a child or young person with additional needs. They have produced a booklet called *Helping your Child to Sleep*

[www.cafamily.org.uk](http://www.cafamily.org.uk)

0808 8083555

### Down's Syndrome Association (DSA)

Provides information and support on all aspects of living with Down's syndrome

[www.downs-syndrome.org.uk](http://www.downs-syndrome.org.uk)

0333 1212300

### National Autistic Society (NAS)

Offers support for families when a child has an autism spectrum disorder

[www.nas.org.uk](http://www.nas.org.uk)

0808 8004104

### Scope

Disability charity that has a number of sleep services and befriending services across the country

[www.scope.org.uk](http://www.scope.org.uk)

0808 8003333

### Sense

A UK voluntary organisation for children and adults born with multi-sensory impairment.

The website contains information about sleep difficulties.

[www.sense.org.uk](http://www.sense.org.uk)

0845 1270060

### The Children's Sleep Charity

A charity that supports both parents and practitioners to ensure that children get a better night's sleep.

[www.thechildrenssleepcharity.org.uk](http://www.thechildrenssleepcharity.org.uk)

07912 667676

## Glossary

**Additional needs** – The term is used in this and other Early Support resources to refer to any child or young person who has a condition, difficulty, challenge or special educational need, whether diagnosed or not, who is likely to need additional support beyond universal services.

**Autism spectrum disorder (ASD)** – A developmental disorder characterised by difficulties with social interaction, social communication and rigidity of thought

**Clinical Psychologist** – Helps people with a range of difficulties. They can help children with specific problems with learning or to overcome behavioural difficulties.

**Circadian rhythm** – It powers our internal body clock and helps us to synchronise periods of sleep and wakefulness.

**Dehydration** – Occurs when the normal water content of your body is reduced, upsetting the balance of minerals (salts and sugars) in your body fluid.

**Diuretic** – Anything that removes water from the body by increasing the amount of urine the kidneys produce. Medicines that do this are often known as ‘water tablets’.

**Early years settings** – General name for nurseries, playgroups, day nurseries and childcare facilities for children under five.

**Health visitor** – A qualified nurse or midwife with additional specialist training and experience in child health. They visit family homes in the early years to check on children’s health and development. They give advice and practical assistance to families about the care of very young children, child development, sleep patterns, feeding, behaviour and safety.

**Melatonin** – A hormone produced by the pineal gland in the brain. It can be prescribed as a medication to help children fall asleep.

**Night terrors (sometimes know as sleep terrors)** – When a child may scream and appear to be terrified, with staring eyes, rapid pulse, and sometimes with sweating and crying. Episodes end quickly and the child settles back down to sleep. They have no memory of the incident in the morning.

**Non-REM sleep** – This is made up of three stages, which go from drowsiness to very deep sleep.

**Obstructive sleep apnoea** – A medical condition when breathing temporarily stops while the person sleeps.

**Occupational therapist (OT)** – Helps children and young people improve their developmental function by therapeutic techniques, environmental adaptations and the use

of specialist equipment. OTs are concerned with difficulties that children and young people have in carrying out the activities of everyday life.

**Paediatrician** – A doctor who specialises in working with babies and children. They are often the first point of contact for families who find their child has an impairment very early on in hospital and can offer advice, information and support about any medical condition(s) a child has.

**Partial waking** – The period between sleep cycles. Often we do not wake up fully, although if conditions have changed from the ones that we went to sleep in we may fully awaken.

**Physiotherapist** – A health professional specialising in physical and motor development. They are concerned with maximising children's potential. This means they will assess your child and develop a plan that might include helping your child control their head movement, sit, roll over, crawl or walk. Physiotherapists can also teach you how to handle your child at home for feeding, bathing and dressing, and advise on equipment that might help your child's mobility.

**REM sleep** – Entered into after one or two cycles of non-REM sleep. The mind enters a dream-like state and the body becomes paralysed.

**Sleep hygiene** – The conditions that need to be in place for sleep to be restful. Good sleep hygiene includes having a good bedtime routine, monitoring diet and providing a restful bedroom environment.

**Sleep practitioner** – A person trained to work with families who have a child with sleep difficulties. Sleep practitioners work in partnership with families to develop sleep programmes.

**Sleepwalking** – A sleep disturbance, which usually occurs around an hour after bedtime. Children often cannot remember sleepwalking. It is best to try to guide them back to bed without waking them.



# Early Support

for children, young people and families

[www.ncb.org.uk/earlysupport](http://www.ncb.org.uk/earlysupport)

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sleep solutions

Face 2 Face  
Parents supporting parents  
of disabled children



spru | Social Policy  
Research Unit

**Early Years Equality**  
*removing racism • defying discrimination*

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