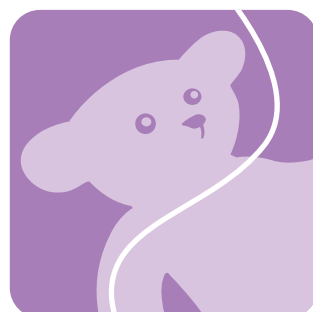


# Early Support

Helping every child succeed

## Information for parents

### Sleep



## About this publication

This is a guide for parents with young children who have concerns about their child's sleeping. It was developed by the Early Support programme in partnership with a number of organisations and individuals, including:-

- Scope (Sleep Solutions)
- Southampton University (Dr Cathy Hill)
- Face 2 Face parents groups
- Handsel Trust
- Sheffield Children's Hospital (Heather Elphik)
- University of York Social Policy Research Unit (Bryony Beresford)
- Miranda Parrott (independent consultant)

It was developed in response to requests from families, professional agencies and voluntary organisations for better standard information about sleep issues. Families were consulted about the content and the text reflects what parents who have 'been there before' say they would have liked to have known.

To find out more about [Early Support](http://www.dcsf.gov.uk/earlysupport), visit [www.dcsf.gov.uk/earlysupport](http://www.dcsf.gov.uk/earlysupport)

Where words are printed in colour and italics, *like this* it means that a parent said it. Where a word or phrase appears in colour, *like this*, it means you can find an explanation of the word in the text that surrounds it, that the contact details for the organisation or agency identified are listed in the [Useful organisations and sources of information](#) section or that you can find out more in the [Who can help?](#) section.



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## Introduction

Getting a good night's sleep is important for both adults and children. If you have concerns about your child's sleeping habits you might find this booklet useful. You may also find the information useful to help you to develop good sleep practices with your child and avoid sleep difficulties developing.

This booklet has been produced in partnership with parents of children who have additional needs and sleep difficulties. It aims to provide you with information about sleep and simple strategies to try at home.

Problems with sleep are common among all children, but are more likely to occur among children with additional needs. Researchers estimate that between 40% and 80% of children with additional needs might have problems with sleep. If your child has difficulties with sleep you are not alone.

*'Sleep deprivation has left me feeling unable to cope with an already demanding situation.'*

This booklet will:

- Provide information about sleep and its importance
- Explore how sleep deprivation might affect the whole family
- Examine why sleep problems may occur
- Give you ideas to try at home to help your child have a better night's sleep
- Tell you about support and services that can help

You may feel that now is not the right time to read the booklet, and that is 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. You might want to put the booklet away and come back to it when you feel more able to read through the information.

*'Sleep deprivation is like a form of torture. You struggle your way through the days but you're only half there. For the first 3 to 4 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.'*

## Understanding sleep

Understanding the basics about sleep can help you to think about why your child may be having sleep difficulties. When your child has a sleep difficulty it can be tempting to compare their sleep with that of other children. Remember that all children are individuals and making comparisons is not helpful. If your child is not sleeping you may feel as if you are failing, but remember - all parents go through difficulties establishing good sleeping habits with their children.

## The importance of sleep

Sleep is as important to our bodies as food. Sleep is particularly important for children.

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.

**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.

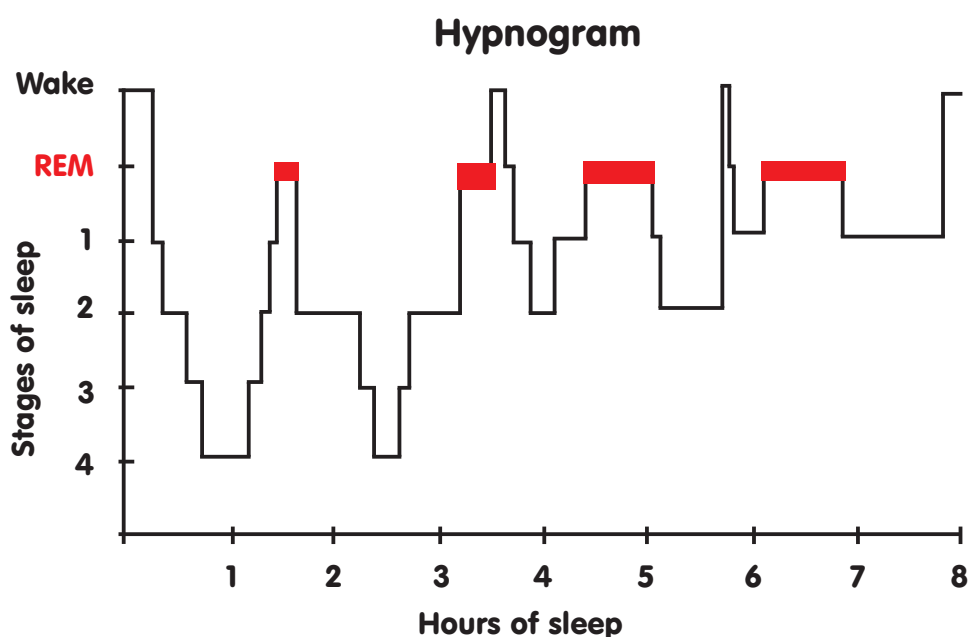
**Non-REM** sleep is made up of 4 stages:

- Stage 1 is where you experience light sleep, when you are nodding off.
- Stage 2 is the deeper sleep.
- Stages 3 and 4 are when you are in a deep sleep and may find it difficult to awaken.



Some children experience **night terrors** or **sleep walking** as they move from deep sleep to lighter sleep, during stage 4 - because most deep sleep occurs at the start of the night (see diagram 1 below) these things usually happen in the early part of the night. Diagram 1 shows the stages of sleep - this kind of diagram is called a **hypnogram**.

Diagram 1: Stages of sleep



We experience this series of sleep stages several times each night. 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. However:

- Children who have not learned to settle themselves may wake fully at this point.
- A child who partially wakes in a different environment to the one where they fell asleep may wake fully. For example if your child fell asleep on the sofa downstairs and you carried them upstairs to bed, they may experience a partial waking and then go on to wake up fully as their environment has changed. Just imagine if you fell asleep in bed and then partially awoke and found yourself in another room, you would wake up startled too!

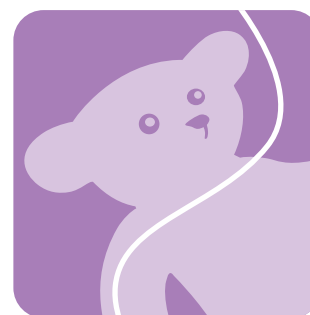
A complete sleep cycle is when we pass through the 4 stages of **Non-REM** sleep and the stage of **REM** sleep. This usually takes around one hour in children.

## 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**, which 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 e.g. your child is tired, comfortable, in a quiet dark room, not hungry or over tired and feeling relaxed.





## How much sleep?

Each child is an individual and they may differ widely in the amount of sleep they will have. However, the following table offers a guide to how much sleep your child is likely to need:

Age	Average daytime naps	Average night time sleep
3 months	5 hours	15 hours
4 to 12 months	3 hours	11 hours
1 to 3 years	2 hours 15 minutes	11 hours
3 to 4 years	1 hour 30 minutes	10 hours 30 minutes
5 years	None	10 to 12 hours

## Daytime naps

Naps during the day help children to avoid becoming over-tired. A child who is over-tired can find it difficult to sleep at night and may seem to be hyperactive.

Daytime naps can also help parents by giving them a much-deserved break. You can expect your child to continue having daytime naps until they are around two to three years of age. Because nap-time can help your child to sleep at night, it is important for you to try to establish a good nap-time routine with your child:

- Make sure that you have set times when your child has a nap so that they get 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, changed and that the room is at the correct temperature
- Let your child settle themselves to sleep - even if they don't actually fall asleep 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 don't sleep well at night because they simply are not tired enough. Keeping a **sleep diary** can be helpful for noting the number of naps that a child has. If your child is at school or accesses school transport it might be useful to ask the staff whether your child is napping during the day. This helps to build up an accurate picture for you of the amount of sleep that your child is getting. Sleep diaries are discussed in the section 'Why aren't they getting enough sleep?'.



## What happens if you don't get a good night's sleep?

Not getting enough sleep – **sleep deprivation** – can have a devastating impact on the whole family. Parents, siblings and the extended family can all be affected, as well as the child. 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 irritable, anxious or even depressed.

### **When parents don't get enough sleep it can:**

- Impact on their relationship - if you are tired, tempers can become frayed and the relationship can be put under a lot of strain.
- Affect their intimacy - some parents may never get to sleep together or spend time together because they are taking it in turns to be awake with their child.
- Affect emotional well-being - our mood can be negatively affected when you are constantly tired.
- Add to feelings of depression - something very common among sleep deprived parents.

*'My son struggled to settle to sleep at night taking up to 2 hours to drop off. We had no evening together as a couple and my son would get distressed because he couldn't sleep. In the morning he was difficult to rouse for school; he was grumpy and looked drawn. He woke during the night as well and this coupled with disturbed evenings meant that we were very tired and never got a break.'*

**When children don't get enough sleep:**

- Their behaviour can be affected.
- Their ability to learn and to function can be impaired.
- They can become hyperactive.
- They may become drowsy during the day and need naps.

*'Through lack of sleep my daughter is now showing challenging behaviour, she is also not achieving as well as she was at school.'*

*'My son is constantly on the go. The less sleep he has the more active he seems to get, it's exhausting!'*

**The child's siblings can be affected:**

- Their sleep pattern may be disturbed by the child with sleep difficulties. This may lead to the sibling becoming sleep deprived themselves and they may have difficulty functioning.
- They might 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.'*



## Why aren't they getting enough sleep?

### Sleep diary

Keeping a sleep diary (see Diagram 2 below) will help you to get an accurate picture of your child's sleep patterns, if you are worried about your child's sleep.

Sleep diaries might help you to find reasons why your child is not sleeping. You should keep a sleep diary for two weeks so that you can see if any patterns emerge.

You might find it helpful to share your sleep diaries with some of the professionals you meet, such as your [Health Visitor](#), [Paediatrician](#) or [Clinical Psychologist](#). A sleep diary can help them to begin to understand your child's sleep difficulties in more detail.

#### **Tips for keeping the 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 short-break 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 the diary in honestly- if your child wakes up repetitively each night record every time they wake up.
- Photocopy the sleep diary pages if necessary and enlarge them to give you more space to write.
- Keep the sleep diary during a typical fortnight. For example, keeping it at Christmas time is not a good idea as children's sleep patterns do become affected by the changes in routine and excitement.

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

- Is it the initial getting to sleep that's causing a problem? For example, is your child taking longer than 30 minutes to get to sleep?
- Once your child is asleep do they wake up during the night? If so, is there a pattern to this and can you see any reason for it?
- Is your child waking at the same time every morning?
- How much sleep on average is your child getting per night?
- Is your child having very few day-time naps or are their day-time naps very short?
- Is your child having lots of day-time naps or are their day-time naps very long?

Sharing this information with a professional can be a helpful way to begin to find out the reasons for your child's sleep difficulties. If you are worried about your child's sleep you should try to get some help as soon as possible.

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

## Diagram 2: 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							

## What is affecting your child's sleep?

There are many reasons why your child may not be going to sleep or may be waking during the night. Have a look at the following list and see if you can identify why your child may be having sleep difficulties – all of the things that follow can affect sleep and you could look through your sleep diary to see if you can identify any of the following as being an issue for your child:

- **Room temperature** – is your child too hot or too cold? Ideally the temperature in the bedroom should be between 16 C and 20 C. You can buy a thermometer to hang in your child's bedroom from nursery shops.
- **Bedding** – is your child kicking the bedding off during the night and waking because they are cold? If so, you can 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 sleep suits that fasten at the rear to stop children taking them off during the night.
- **Noise** – is there any noise inside or outside the home that may be disturbing your child? Some children with sensory issues, such as children with an **autistic spectrum disorder**, can be particularly sensitive to noise - what may seem like a quiet sound to you can seem very loud to them.
- **Light** – is the room dark enough? **Melatonin** is produced when the room is dark. You might consider buying black-out blinds to make the room darker.
- **An over stimulating bedroom** – does your child get out of bed to play with toys? Are they playing computer games or watching TV before they go to bed? If so, your child may be over-stimulated by the bedroom environment. We will explore in detail how you could create a restful bedroom environment later on in this booklet.
- **Comfort** – is their bed comfortable? Try lying on it during the day and seeing how it feels. Is your child wet or soiled? Could this be causing them to wake up?
- **Hunger** – could your child be hungry? What time are they having their meal? Does their mealtime need to be later? Giving your child a snack mid-afternoon can help if you want to try moving their meal time to a little later in the day.
- **Lack of understanding about day and night** – do they understand the difference between day and night? Sometimes children with additional needs require help to learn when it is day time 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 Christmas?





- **Getting up too early** – if your child wakes in the night do you treat it as a night awakening or as the start of the day? You should consider what a reasonable time to begin the day is, and if your child wakes before that time they should be returned back to their bed. This will help to strengthen their body clock.
- **Pain** – is your child in pain? Could they be teething? Some children with physical disabilities 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 professionals.
- **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.

## Self-settling

Many children do not learn to settle themselves. This means that they rely on their parents to soothe them to sleep.

If your child has not learned to self settle, they are likely to wake frequently during the night and they will 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. It would be helpful if they could be taught how to self settle.

*'At the age of 4 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.'*

### Tips to help children to self settle

- If you have stayed 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. So, for example if you currently lie in bed with them until they fall asleep you should try sitting next to the bed for several nights. Then you should move your chair a short distance away from the bed and so on until you can 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 don't 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 it's as if they are being rewarded for staying awake.
- If your child is waking for drinks or feeds throughout the night, seek the advice of your **Health Visitor** about 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.
- Does your child go to sleep with the television on? If so, they are likely to wake up later on in the night because the conditions that they fell asleep in have changed. It is important that the conditions are exactly the same throughout the night to avoid them waking up fully during a **partial waking**. So, it would be better to have the television off as they go to sleep.



## Medical reasons

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

- Asthma
- Epilepsy
- Eczema
- **Obstructive sleep apnoea** can occur in children with additional needs, particularly those with **Down syndrome**. The **Down's Syndrome Association** have produced an information booklet on sleep difficulties when children have Down Syndrome. You can order a copy from their website - [www.downs-syndrome.org.uk](http://www.downs-syndrome.org.uk) - or telephone 0845 2300372. More contact details for the Down's Syndrome Association are provided in the **Useful contacts** section at the end of this booklet and there are further details about Down syndrome in another booklet in this series.
- **Sensory impairment** can impact on sleep difficulties. Children with visual impairments can need support to organise their body clocks. More information about children with visual impairments can be found in another booklet in this series.
- **Chronic illness** can upset sleep mechanisms. Also if children have had lengthy stays in hospital environments their sleep pattern could be severely disrupted because they've adjusted to sleeping in a busy, noisy environment that's often well lit.
- Children with brain injuries can be susceptible to sleep disorders. **Cerebra** is a charity that provides support to families of brain injured children. They have a number of information sheets on their website about sleep and also run a sleep service for families needing further support. Information about the service can be found on their website at [www.cerebra.org.uk](http://www.cerebra.org.uk) or by writing to Cerebra Sleep Service, Freepost SWC3360, Carmarthen, SA31 1ZY
- **Autism Spectrum Disorders (ASD)**. Children with an **autistic spectrum disorder** can be prone to sleep problems but usually respond well when specific strategies are used. 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 0845 070 4004.

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.

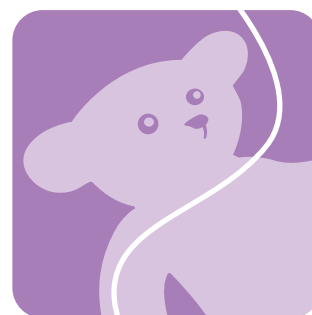
*'Seek medical advice if you think that your child's sleep problem might be medically related. It may be something simple that is affecting their sleep. Talk to people about your problems, you may think you're the only one but you're not alone, so ask for help. See if a family member or friend can take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

## 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 then you should speak to the dietician before you make any adjustments 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 meal times** - are they going to bed on a full stomach, which could make it difficult to get to sleep? Or could they be hungry? You might consider adjusting the times that your child eats to see if this has any impact on their sleep.
- **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 chip cookies or chocolate cake in the evening this could be contributing to their sleep difficulties. Caffeine should be avoided for at least 6 hours before bedtime.
- **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 carrot sticks or toast.
- **Avoid foods high in fat** - recently they have been found to cause poor quality sleep.

Now that you are beginning to identify reasons for your child's sleep difficulties, we can begin to move on to look at strategies to improve and maintain a good sleep pattern. If you are still finding it difficult to work out why your child is not sleeping, share your completed sleep diaries with a medical professional and ask for their advice.



## 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 to 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 such as cleaning their teeth, washing and using the toilet but we often forget that sometimes children need to be taught how to sleep well.

*'You must persevere and have confidence in yourself; there is a light at the end of the tunnel.'*

### Bedtime routines

Children tend to thrive on routines. They quickly learn what is expected of them in most situations if they are given guidance. Routine is particularly important for children at bedtime. Most children need a wind down time before bed to help them sleep well at night. The same thing needs to happen in the same order every night for a bedtime routine to be successful.

#### **Things to consider:**

- Decide by what time you would like your child to be in bed. This will help you to build the structure of 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.
- Reading a bedtime 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 for. Depending on the age of the child, this might be between three and fifteen minutes.

- Story or lullaby CDs could be used, but you need to make sure that you play them for the same length of time each night.
- Hugs and kisses are a lovely part of the routine but make sure that you set clear boundaries about how long they last; otherwise your child may use them as a tactic to get you to stay longer than is necessary.
- A milky drink would be a good idea – but make sure you avoid drinks that contain caffeine at bedtime, such as cola, chocolate, tea or coffee.
- Blackcurrant juice can make your child want to go to the toilet more often because they act as a **diuretic**. It would be helpful to avoid giving this during the evening. If your child insists on having blackcurrant juice, gradually water the content down.
- Wake your child at the same time each morning; this helps their bodies to get into a routine.
- It's best to avoid watching television or playing computer games in the hour leading up to bedtime because they can be highly stimulating for children.
- Colouring in or jigsaw puzzles are ideal activities to choose in the evening because hand-eye coordination activities help children to relax.
- As previously suggested, make sure that your child is not hungry or thirsty and that the room is at the correct temperature before they go to bed.

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

Time	Activity
5.30pm	Child has meal
6.00pm	Free play, computer games and television can be used during this time.
7.00pm	Quiet play. No computer games or television. Play should include quiet activities such as jigsaws and colouring.
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



Diagram 3, on the next page, is a template for you to use to develop a 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.

If you are finding devising a bedtime routine difficult, ask for some help from your [Health Visitor](#) or another professional that you know well.







### 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 are using.

Choose a time when life is settled to introduce a bedtime routine. Holiday times are best avoided. It is important to remember that when you do introduce strategies to manage your child's sleep, their behaviour and sleep difficulties may at first appear to get worse. This is because your child will attempt to get you to move your boundaries by resisting them. If you persist for two weeks or so you will almost certainly find that their behaviour will begin to improve.

*'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 be 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.'*








## Visual timetables

Visual timetables can be useful so that you can show your child what is going to happen next. Many children with additional needs are introduced to visual timetables in **early years settings**, such as nurseries, play groups or schools. If your child attends a setting you could ask if they have ever used a **visual timetable** 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. Visual timetables can use words, pictures, symbols or photographs depending on the child's age and ability.

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A timetable used at bedtime can help the child to understand the order of events that are about to happen and to encourage their independence skills. You might begin with just a couple of pictures for younger children until they get the hang of it. The following table shows what a visual timetable might look like, with the different parts of the routine being shown as 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 the child understands that this is what is expected of them at that point in the schedule.



## Consistency

When you have a bedtime routine it is essential that you use it consistently or it will not work. The same routine should be followed every night. Other members of the family who care for your child should also follow the same routine.

If your child stays elsewhere such as with grandparents, a non-resident parent or at a respite setting, you should encourage them 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 at bedtime. Night time should be a relaxing and enjoyable experience. Children need praise at bedtime to encourage them to go to bed willingly and to go to sleep more easily.

Reward your child as soon as possible after they have displayed the behaviour you are looking for. For example, if getting into bed has been a battle, make sure that as soon as they are in bed they receive a reward. The reward should be given consistently each time they perform the appropriate behaviour until it is firmly established in their bedtime routine.

*'Being positive and loving at bed time helped me and my child. Before my son probably thought that bedtime was a punishment.'*

There are a number of ways of rewarding your child's behaviour, these include:

- **Praise** – tell your child what it is that you like about their behaviour- for example, 'I like the way you got undressed quickly' and using phrases such as 'well done'.
- **Hugs** - children enjoy receiving hugs as rewards.
- **Signs** - some children understand and respond to **signs** such as a 'thumbs up' for 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.
- **Star charts** - these can be used to reward behaviour if your child understands that a sticker is a reward. A star chart is simply a chart with behaviours shown/written on it. When your child shows that behaviour then you give them a star or some other kind of sticker to stick on to their chart as a reward.

## Day and night

Children sometimes need to be taught the difference between day time and night time. This can be particularly helpful for children with visual impairments who may not get the visual clues.

It is no good teaching a child that when it gets dark it is 'night time' as in the UK it becomes dark mid-afternoon during the winter months and it stays light long after some children's bedtimes during the summer.

Here are some suggestions to help you to 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 nighttime, time to go 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 daytime.
- **Use scents to indicate night and day.** You may wish to use for example a lavender scent at nighttime 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. However, 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 time of the day.
- **There are a number of alarm clocks** on the market now made specifically for children. These have a visual way of indicating when it is time to get up, for example by the characters eyes opening. If 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.'*

## Broken record technique

It is important that 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. This technique involves choosing one phrase that you are going to use repetitively and refusing 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 getting involved in an interaction 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, the 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.

## Your child's bedroom

Is your child's bedroom a restful environment? Does your child associate their bedroom with falling asleep or is it a room where they play and have fun? It is important that your child's bedroom is a calm and suitable environment for them to get to sleep in.

*'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.'*

### **Making the bedroom restful**

Sometimes it's helpful to take some time to lie down in your child's room and experience what they see, hear and feel from their bed. 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 section [What is affecting your child's sleep](#):

- Is the room at the right temperature?
- Are the curtains too thin?
- Is the room free of distractions?
- Can you hear any noises?
- Things look different when in darkness - are there any scary posters on the wall? Is there anything displayed that could be disturbing your child? 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.
- Is the colour of the bedroom relaxing? Pale colours and pastel shades are the most calming. Bright colours can be over-stimulating and you might want to avoid them.
- Is the bed comfortable? Your child may not be able to tell you that they are uncomfortable in bed, so spend some time lying on the mattress to see for yourself how it feels. Some bed protectors can cause sweating and discomfort during the night. If so there are a number of alternatives now available in the shops.
- Are comforters within easy reach? If your child uses a comforter such as a dummy, blanket or favourite teddy, are they able to reach out and get them during the night? Sometimes it is helpful to have more than one comforter so that there is always one to hand.



## Helping your child to stay asleep

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

- Making sure that noise is kept to 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 that your child has used the toilet before bedtime, or if they wear nappies that they have been changed.
- If you need to wake your child during the night for example to give them medication or turn them, don't engage in conversation with your child and keep the lights low so that they can quickly drift back off to sleep.
- If your child has a comforter such as a favourite blanket or toy, make sure that they are still in bed with the child. By looking in on your child before you go to bed you can check for these important items. 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 rather than by having to enter the room.

## Financial help

Research has shown that raising a child with a disability can cost up to three times more than raising a child without a disability. Families often find their finances are stretched. It is therefore important that you check that you are receiving all of the state benefits that you are entitled to.

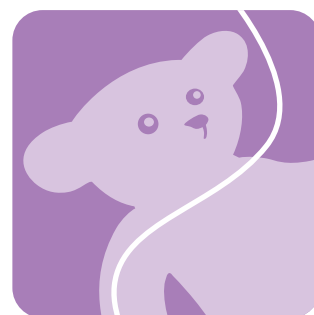
There are a range of benefits and tax credits available to help families when they have a disabled child. If you would like to check whether you are receiving the correct benefits you can telephone the Benefits Enquiry Line on 0800 88 22 00. You can also visit the Department for Work and Pensions website ([www.dwp.gov.uk](http://www.dwp.gov.uk)). Your social worker might also be able to answer any questions that you may have about benefits. You could also call Contact a Family's Helpline on 0808 808 3555 and they will be able to advise you.

There are a range of other funding sources, including:

- The Family Fund – awards lump sums to families for items to support the care of a severely disabled child. Items such as clothing, transport, white goods (e.g. washing machines, fridges) and holidays can be funded. Your financial circumstances will be taken into account. For an application form, telephone 0845 1304542 or email [info@familyfund.org.uk](mailto:info@familyfund.org.uk)
- Voluntary Organisations – if your child has a specific diagnosis it may be worth researching the charities involved in this area as they sometimes offer grants for individuals.
- Directory of Social Change – publish a book called 'A Guide to Grants for Individuals in Need'. It lists national and local charities that contribute to individuals. Your local library should be able to get you a copy.
- Caudwell Children – a charity that provides donations of resources to disabled children and their families. To find out how to apply telephone 0845 300 1348 or visit the website at [www.caudwellchildren.com](http://www.caudwellchildren.com)

Detailed information about the financial help you may be entitled to can be found in the [Early Support Background information booklet: Financial help](#). To order or download this booklet visit the [Early Support](#) website [www.dcsf.gov.uk/everychildmatters/earlysupport](http://www.dcsf.gov.uk/everychildmatters/earlysupport) or call 0845 602 2260 quoting reference ES23.





## Who can help?

When you are feeling exhausted it can be helpful to talk to others to gain support. There are a number of professionals that you can talk to about your child's sleep difficulties and some of them are mentioned below. For further details about other professionals who could help you could have a look at the [Early Support Background information booklet: People you may meet](#). You can download this from [www.dcsf.gov.uk/everychildmatters/earlysupport](http://www.dcsf.gov.uk/everychildmatters/earlysupport) or call 0845 602 2260, quoting reference ES20

*'Seek help and respite through Social Care and other agencies especially if there is no or little family support network.'*

**Health Visitor** – your Health Visitor may be able to help you to develop and establish a 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** – an Occupational Therapist can advise on sensory issues. They may suggest for example that your child would benefit from a weighted blanket. Weighted blankets can help children with sensory issues feel calmer and safer at bedtime.

**Paediatrician** – if your child is being seen by a Paediatrician you should discuss your concerns about your child's sleep with them. They will be able to decide whether further investigations are required and may be able to signpost you on for additional support. If your child does not see a Paediatrician then you should mention your concerns to your GP.

**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.

**Sleep Practitioner** – it is becoming increasingly recognised that parents need support with their children's sleep. There are currently a number of courses that train sleep practitioners in England. Scope's **Sleep Solutions** service has a list of sleep practitioners available across the country who are specifically trained to work with families when the child has an additional need and sleep disorder. For more information about this service, contact Scope Response by telephoning 0808 800 3333 or by emailing [response@scope.org.uk](mailto:response@scope.org.uk)

*'We tried Scope's Sleep Solutions service and our Sleep programme worked for us! My daughter was so proud to have slept in her own bed and loved building up her sticker board to create a picture to show the sleep practitioners.'*

## Other sources of help:

- Many charities have information relating to sleep and specific conditions. For example if your child has Down Syndrome contact the **Down's Syndrome Association** for specific information about their condition and sleep.
- **Sleep Solutions** also run workshops where professionals and parents can learn about **sleep hygiene** and meet other parents who have difficulties with their child's sleep. These workshops are run nationally and are free of charge to parents. For more information about this contact **Sleep Solutions** by telephoning 01432 355308 or by emailing [karen.hunt@scope.org.uk](mailto:karen.hunt@scope.org.uk).
- Support groups can be a helpful way of meeting other parents and gaining support – you can find details about the availability of local support groups by contacting your local authority, asking local parents and asking professionals supporting your child
- Some charities have befriending services where you can gain emotional support from another parent who has been in a similar situation. **Face 2 Face** run a national befriending scheme as well as an online befriending service. To find out more about the scheme you can log onto their website at [www.face2facenetwork.org.uk](http://www.face2facenetwork.org.uk) or telephone 0844 800 9189. Many **Face 2 Face** schemes are now linked to a qualified sleep practitioner.



## Sources of further information

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

**Sleep better! A guide to improving sleep for children with special needs**

V. Mark Durand. Published by Paul H. Brookes (1998)

**Sleep Problems in Children and Adolescents**

Greggory Stores. Published by Oxford University Press (2009)

**Solving Children's Sleep Problems: A step by step guide for parents**

Lyn Quine. Published by Beckett Karlson (1997)

## 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:

**Tell Me Something Happy Before I Go To Sleep**

Joyce Dunbar. WH Smith (2006)

This book is useful for addressing children's night time fears.

**How Will I Ever Sleep In This Bed?**

Capucine Mazille. Sterling (2007)

This book addresses the issues of moving to a 'big' bed.

**Go To Sleep Daisy**

Jane Simmons. O'Brien Press Ltd (2000)

The story of Daisy Duck who can't get to sleep because she is disturbed by the noise of the other animals.

**Can't You Sleep Little Bear?**

Martin Waddell and Barbara Firth. Walker Books (1998)

A bedtime story about a bear who is having trouble sleeping because of his fear of the dark.

## Useful contacts and organisations

### Cerebra

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

Second Floor Offices,  
The Lyric Building, King Street  
Carmarthen, SA31 1BD

Parent support helpline: 0800 328 1159

Fax: 01267 244201

Email: [kellyg@cerebra.org.uk](mailto:kellyg@cerebra.org.uk)

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

### Contact a Family (CAF)

Help families who care for a child with an additional need. Contact a Family is a UK-wide charity providing support, advice and information for families. They run a helpline for family members. Contact a Family can also help you get in touch with other parents living near you. They have produced a booklet entitled 'Helping Your Child Sleep'.

209-211 City Road  
London, EC1V 1JN

Freephone Helpline: 0808 808 3555

Email: [info@cafamily.org.uk](mailto:info@cafamily.org.uk)

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



### Down's Syndrome Association (DSA)

The Down's Syndrome Association provides information and support on all aspects of living with Down syndrome. They also work to champion the rights of people with Down syndrome, by campaigning for change and challenging discrimination. A wide range of Down's Syndrome Association publications can be downloaded free of charge from their website. Printed copies are available for a small fee. Single copies of most leaflets and information sheets are available free of charge to members.

The Langdon Down Centre  
2A Langdon Park  
Teddington  
Middlesex TW11 9PS

Helpline : 0845 230 0372 (open Monday to Friday, 10am to 4pm)  
Fax: 0845 230 0373

Web: [www.downs-syndrome.org.uk](http://www.downs-syndrome.org.uk) Email: [info@downs-syndrome.org.uk](mailto:info@downs-syndrome.org.uk)

### The Handsel Trust

An organisation that promotes family-centred support for babies, children and adults. They aim to get the voices of children, parents and other family members heard and to promote key worker and team around the child approaches.

Tel: 01497 831550

Email: [enquiries@handseltrust.org](mailto:enquiries@handseltrust.org)

Web: [www.handseltrust.org](http://www.handseltrust.org)

### National Autistic Society

Support for families when a child has an Autism Spectrum Disorder. The National Autistic Society champions the rights and interests of all people with autism and to ensure that they and their families receive quality services, appropriate to their needs.

393 City Road,  
London EC1V 1NG

Helpline: 0845 070 4004 (local rate)  
Minicom: 0845 070 4003 (local rate)  
Parent-to-Parent Support line: 0800 952 0520  
Befriending Scheme: 0115 911 3369  
Web: [www.nas.org.uk](http://www.nas.org.uk)

### Scope

Scope is the UK's leading Disability Charity. Their focus is on children and adults with cerebral palsy and people living with other severe and complex impairments. Their vision is a world where disabled people have the same opportunities to fulfil their life ambitions as non-disabled people.

6 Market Road  
London N7 9PW

Tel: 0808 800 3333  
Text: SCOPE plus message to 80039

Email: [response@scope.org.uk](mailto:response@scope.org.uk)  
Web: [www.scope.org.uk](http://www.scope.org.uk)

### Sense

A UK voluntary organisation for children and adults born with multi-sensory impairment. The website contains information about sleep difficulties.

101 Pentonville Road  
London N1 9LG

Telephone: 0845 127 0060  
Textphone: 0845 127 0062

Email: [info@sense.org.uk](mailto:info@sense.org.uk)  
Web: [www.sense.org.uk](http://www.sense.org.uk)



### Sleep Solutions

Supports families of disabled children who have sleep difficulties. It provides a one to one sleep service for families and also sleep workshops for professionals and families around sleep issues.

Telephone: 01432 355308

Email: [karen.hunt@scope.org.uk](mailto:karen.hunt@scope.org.uk)

Web: [www.sleepsolutions.org.uk](http://www.sleepsolutions.org.uk)

## A final word

Parenting a child with an additional need can be exhausting and when you aren't getting enough sleep it can leave you feeling overwhelmed. It is important that you take care of yourself. Try to sleep when your child is sleeping rather than catching up on chores. Don't be afraid to ask for help whether it be from your partner, family or a professional.

Finally parents who have experienced sleep difficulties with their children, but found solutions, stress that it is important to take one step at a time and to always be consistent when dealing with your child.





## Glossary

**Autistic spectrum disorder (ASD)** – a lifelong, developmental disorder that affects the way a person is able to communicate and relate to people around them. Autism and Asperger's syndrome are names for different types of autistic spectrum disorders.

**Carer's allowance** – a benefit paid to people who care for somebody with a disability.

**Clinical psychologist** – A clinical psychologist helps people with a range of difficulties – they can help children with specific problems with learning or with overcoming behaviour difficulties.

**Dehydration** - occurs when the normal water content of your body is reduced, upsetting the balance of minerals (salts and sugar) 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'.

**Health visitor** – A health visitor is a qualified nurse or midwife with additional special training and experience in child health. They visit family homes in the early years to check on children's health and development. They give help, advice and practical assistance to families about the care of very young children, normal 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 to fall asleep.

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

**Non-REM sleep** – made up of 4 stages, which go from drowsiness to very deep sleep.

**Obstructive sleep apnoea** – medical condition when breathing temporarily stops while asleep.

**Occupational therapist (OT)** – helps children improve their developmental function by therapeutic techniques, environmental adaptations and the use of specialist equipment. OTs are concerned with difficulties that children have in carrying out the activities of everyday life.

**Paediatrician** – A paediatrician is a doctor who specialises in working with babies and children. They are often the first point of contact for families who find out their child has an impairment or disability 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 a disability and sleep difficulties. The sleep practitioner will work in partnership with the family to develop a sleep programme.

**Sleep walking** – when a child partially but does not fully awaken in the night. Children can often not remember sleep walking.

## About Early Support

**Early Support** is the Government's programme to improve the quality, consistency and coordination of services for young disabled children and their families across England. **Early Support** is funded and managed by the Department of Children Schools and families (DCSF) and is an integral part of the wider Aiming High for Disabled Children (AHDC) programme, jointly delivered by DCSF and the Department of Health. The AHDC programme is seeking to transform the services that disabled children and their families receive.

**Early Support** is targeted at families with babies or children under five with additional support needs associated with disability or emerging special educational needs although the principles of partnership working with families can be applied across the age range. This partnership working between families and professionals means that families remain at the heart of any discussions or decisions about their child - their views are listened to and respected and their expertise is valued by the professionals working with them.

To find out more about the **Early Support** programme and associated training or to view or download other materials produced by the programme, visit [www.dcsf.gov.uk/everychildmatters/earllysupport](http://www.dcsf.gov.uk/everychildmatters/earllysupport)

This booklet is one in a series produced in response to requests from families, professional agencies and voluntary organisations for better standard information about particular conditions or disabilities. This is the first edition of the booklet.

The other titles in the series are:

Autistic spectrum disorders (ASDs) and related conditions (ES12)

Deafness (ES11)

Down syndrome (ES13)

Multi-sensory impairment (ES9)

Speech and language difficulties (ES14)

Learning disabilities (ES15)

Visual impairment (ES8)

When your child has no diagnosis (ES16)

If your child has a rare condition (ES18)

Neurological developmental disorders (ES83)

Behaviour (ES81)

Other [Early Support](#) information about services is available separately, or as part of the [Early Support Family pack](#). The [Family pack](#) helps families who come into contact with many different professionals to co-ordinate activity and share information about their child through the first few years of life, using a [Family file](#).

These are resources that families say make a difference. If your family is receiving regular support from professionals, please feel free to ask them about the [Early Support family pack](#). It may help and is available free of charge.

[Early Support](#) would like to thank the many families and professionals that have been involved in development of these resources and to thank the following, who were involved in producing this material for their help in writing this booklet:

- Scope (Sleep Solutions)
- Southampton University (Dr Cathy Hill)
- Face 2 Face parents groups
- Handsel Trust
- Sheffield Children's Hospital (Heather Elphik)
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- Miranda Parrott (independent consultant)

Copies of this publication can be obtained from:

DCSF Publications  
PO Box 5050  
Sherwood Park  
Annesley  
Nottingham NG15 0DJ

Tel: 0845 602 2260  
Fax: 0845 603 3360  
Textphone: 0845 605 5560

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1st edition

[www.dcsf.gov.uk/everychildmatters/earllysupport](http://www.dcsf.gov.uk/everychildmatters/earllysupport)

We acknowledge with thanks the contribution of the following organisations in the production of this resource.

**scope**

About cerebral palsy.  
For disabled people achieving equality.

**sleep solutions**

Supporting parents of disabled children

**face2face**

Parents supporting Parents of Disabled Children

**spru** | Social Policy  
Research Unit