



Promoting Sleep in Children

This toolkit is for parents or carers of a child with additional needs or a developmental difficulty.

Here are some strategies ***to encourage good sleeping habits.***



Contents

The Importance of Sleep Page 3

The Stages of Sleep Page 4

Melatonin Page 5

Improving Sleep Hygiene Page 6

Sleep Diaries Page 8

Self-Care Page 9

Useful Resources Page 10

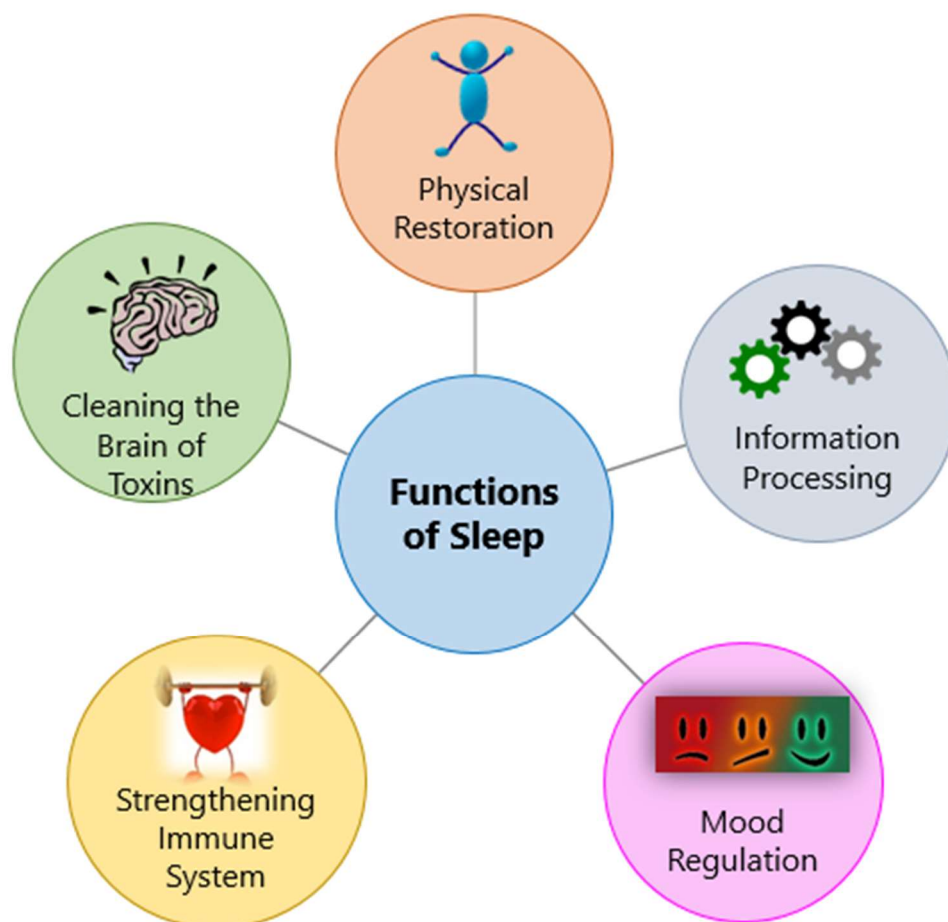
Contact Page 11

The Importance of Sleep

Sometimes a good night's sleep may be more difficult to achieve for children if they have an additional need which is likely to cause specific sleep difficulties.

For example, overtiredness may cause hyperactivity in some children, or a physical condition such as reflux may make sleeping in certain positions trickier.

However, sleep is an important part of every child's daily routine as it helps them to recover from mental and physical exertion. Sleep is just as important as drinking, eating and breathing. Without good quality sleep, children may have difficulty creating new memories, concentrating, and responding to situations quickly.



The Stages of Sleep

Sleep is made up of four different stages, which cycle several times throughout the night, usually every 60-90 minutes. Each natural sleep cycle ends with a 'partial awakening' which may only last a few minutes. The following table explains what happens at each of these phases when we are asleep.

Terminology

NREM = Non Rapid Eye Movement

REM = Rapid Eye Movement

Sleep Stage/Phase	What Happens at this Stage?
NREM (Stage 1)	At this stage we transition between wakefulness and sleep.
NREM (Stage 2)	At this stage we progress through light sleep to deep sleep.
NREM (Stage 3)	This is the deepest sleep stage. It is difficult to be awoken in this stage.
REM	This is the phase of sleep where we dream. This phase of sleep is responsible for memory and learning.
Partial Awakening	This is a brief period of awakening, where we wake up and quickly fall back asleep. <i>Using an object that your child finds comforting can be a substitute for a parent or carer when your child is trying to settle back to sleep.</i>

Melatonin

Melatonin is a naturally occurring hormone which is released during the evening in preparation to help us fall asleep. Implementing a bedtime routine can help with the release of melatonin if the body associates the routine with sleep. In very rare circumstances Melatonin can be prescribed in medication format, although natural interventions are usually explored in the first instance.

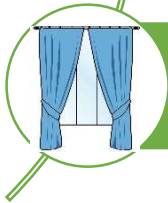
How to Naturally Increase Melatonin?



Implement a bedtime routine



Keep meal times consistent



Ensure the bedroom is dark by using black-out curtains or blinds

You can also increase your body's natural production of melatonin by eating melatonin and tryptophan rich foods in the evening combined with carbohydrates (Dieleo, Reiter and Taliaferro, 2002). Examples of melatonin and tryptophan rich foods include:

Dairy Products



Rice



Soy Products



Beans

Improving Sleep Hygiene

Sleep Timing

It is essential to set consistent bedtimes and wake times (including weekends and holidays). Bedtimes should be age appropriate and day time napping should be encouraged for age appropriate children. However, it may be beneficial to avoid late afternoon napping and excessive time spent in bed during the day.

Bedtime Routines

The 'golden hour' before your child goes to bed should consist of relaxing and calming activities that reduce cortisol and stimulation. It is essential to reduce blue light emission during this time and to turn off any screens and technology. Having bath time too close to bed time may be disadvantageous as children may be too stimulated by this and have difficulty falling asleep.

Limit Setting

Lots of children tend to push boundaries at bedtime, asking to stay up a little longer or to be read another bedtime story. Some children may be feeling anxious about going to sleep and will seek to have their caregiver in close proximity. Setting limits and sticking to your limits (although sometimes tricky) can help children fall asleep at a scheduled time.

FACT: All sleep specialists call good sleep routines and behaviour "good sleep hygiene."



Improving Sleep Hygiene

Sleep Associations

Sometimes children depend on certain circumstances to fall asleep such as making sure all their teddies are in a formation or wearing certain pyjamas, which can be time consuming and if not completed, can lead to anxiety and difficulty falling asleep. If your child does have sleep associations try to factor these into their bedtime routine, allowing them 20 minutes or so to engage in calming activities. Try to make sure the environment that your child falls asleep in is the same as it would be if they were to wake during the night because this will be reassuring to them and help them to settle back to sleep.

Other ways to improve sleep hygiene include:

1

Be Active

Encourage daily exercise and sensory stimulating activities throughout the day.



2

Provide a Good Quality Sleep Space

Make sure your child has a comfortable and minimal environment in which to sleep. Ensure the bedroom is a quiet space and consider setting the room temperature at 16-20 degrees. Ensure the space is calming and remove or hide any stimulating toys which may make the space feel chaotic or active.



3

Plan your Meal Times

It may be useful to avoid eating big meals too close to bed time as our bodies do not feel ready to sleep until our digestive systems have finished processing our food.



Sleep Diaries

Keeping a sleep diary can be useful for many reasons. They provide evidence of your child's sleep patterns which can be used to support communications with professionals in the future. They also give a visual representation of your child's sleep which can help with objective thinking and recognition of improvements.

Below is an example of a sleep diary, however you will also be able to find an example on the NHS website at:

<https://www.nhs.uk/Livewell/insomnia/Documents/sleepdiary.pdf>



It may also be helpful to record if your child displayed any challenging behaviours through the night (what they were, when they occurred, and their duration), as well as any other activity such as sleep walking and sleep terrors.

Sleep Diary							
W/C _____	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Is there a bedtime routine in place? What is it?							
Any day time naps? What time?							
Time which child fell asleep							
Time which child awoke							
Total hours slept							

Self-Care

Being a parent or carer of a child that doesn't sleep too well can be difficult and stressful. Self-care is something you can use to be kind to yourself and look after yourself, especially when things are feeling tough. It is important to do this at times of stress but also a little bit each day can be really helpful. Self-care can be doing something each day that can help balance the effects of the emotional and physical demands we experience every day. Or it can be making an extra effort to look after ourselves when we are particularly struggling with something.

Self-care is unique for everyone. It does not need to be about self-indulgence or self-pampering. It's just about doing something we enjoy and showing ourselves some compassion.



Useful Resources

Self-help Apps

Self-help apps can be a useful and viable way of support. The NHS have published apps on their digital library, some focussed on helping you relax include:



Calm



Chill Panda



Headspace



Mindfulness



Woebot



Clear Fear

Useful Websites

<https://www.gosh.nhs.uk/medical-information/procedures-and-treatments/sleep-hygiene-children>

<https://www.nhs.uk/live-well/sleep-and-tiredness/healthy-sleep-tips-for-children/>

<https://www.autism.org.uk/about/health/sleep.aspx>

<https://cerebra.org.uk/get-advice-support/sleep-advice-service/>

<https://www.scope.org.uk/advice-and-support/help-disabled-child-sleep/>

Further Support

Children's Centre Psychology Team: If you require further support please use the contact details overleaf to contact the team in your designated Children's Centre.

GP: If you are concerned about yourself or a member of the family you can access support from your local GP.

Charities: Charity organisations such as Mind Cymru, Samaritans and Young Minds may also be able to provide you with support regarding resilience.

Local Support Groups: Groups are a great way to meet new people and to talk about shared experiences. Here are the links to some we are aware of in the local area:

<https://www.facebook.com/SparrowsAln/>

<http://www.valleydaffodils.co.uk/>

<https://www.asdinfowales.co.uk/newport-autism-support-group/>

<http://www.buildingbridgesproject.org.uk/>

<https://hopegb.co.uk/>

<http://www.onelife.wales/About-us/>

<https://www.magicparents.co.uk/>

Contact

This toolkit was created by the **Children's Centre Psychology** team at Aneurin Bevan University Health Board (ABUHB).

Your feedback is important to us! If you would like to tell us what you thought about this self-help toolkit, please get in touch with us using the contact details below to speak to a member of the team at your local children's centre. We would love to hear from you.

Additionally, if you need any help or support with using or accessing these resources, please do not hesitate to contact us with the below details.

Serennu Children's Centre 01633 748023	Nevill Hall Children's Centre 01873 732713
Caerphilly Children's Centre 02920 867447	

Please contact the team if you would be interested in any of our other toolkits on the following topics -

Understanding and
Managing Behaviour

Supporting Siblings

Building Resilience

Friendships

Managing Anxiety

References

- Bull-Tyagi, L. (2017). Managing Sleep Problems in Children with Learning Disabilities: The Nursing Role. *Learning Disability Practice*, 20(6), 20-23.
- Family Fund. (2020). Tired All the Time – The Impact of Sleep Difficulties on Families with Disabled Children. *Family Fund*.
- Sutton, J. E., Huws, J.C., & Burton, C.R. (2018). Sleep Hygiene Education and Children with Developmental Disabilities: Findings from a Co-design Study. *Journal of Intellectual Disabilities*. 1-21.