

Service information guide

Wiltshire

Sleeping difficulties in childhood

Information for families



What are sleeping difficulties?

Sleeping difficulties in children and adolescents are common.

Sleeping difficulties may include:

- Difficulty in falling to sleep
- Difficulty maintaining sleep with frequent night- time waking
- Early morning waking

Any of these sleeping difficulties can result in daytime sleepiness and associated impairment affecting learning, behaviour, emotional regulation and can have a considerable impact upon a child and their family.

Why is sleep important?

Sleep is an essential building block for children's mental and physical health

Sleep improves a child's:

- Cognition and learning skills by making them more alert, able to pay attention, perform skills, retain and remember things
- Sleep helps improve a child's mood, emotional wellbeing, and behaviour
- Sleep is essential for normal growth through the production and release of growth hormone and for the maintenance of a healthy weight
- Sleep helps your child's body repair injuries and makes them less susceptible to illnesses

Lack of sleep can cause children to struggle to concentrate, learn or remember things and less able to consolidate learning.

Lack of sleep can cause children to become more irritable, easily frustrated, upset and find it more difficult to make good decisions.

Lack of sleep can cause children to become overactive and eat more unhealthy foods.

For more information about the importance of sleep please visit:

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

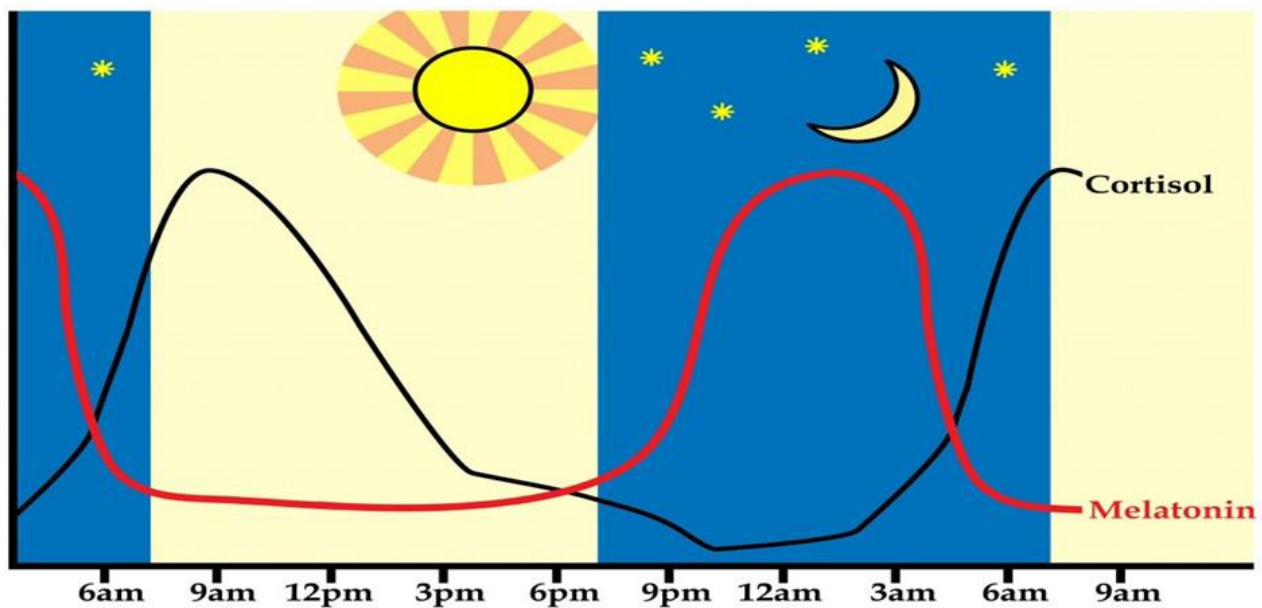
What is sleep?

Sleep is a naturally recurring state of mind and body, characterised by altered consciousness, inhibited senses, and reduced muscle activity.

Our sleep/ wake cycle is regulated by our internal 24-hour body clock or circadian rhythm and is governed by changes in light, hormones, and temperature.

Our eyes detect a drop in light levels each evening which then triggers our brain to send a message to a gland (known as the pineal gland) to secrete a hormone called Melatonin, which helps induce sleep. Then when light levels increase the next morning Melatonin production reduces, and we rouse from sleep.

This rise and fall of Melatonin levels helps regulate the Circadian Rhythm.



Ballantyne, S. (2014) Regulating Circadian Rhythm.

Stages of sleep

Sleep is made up of four different stages that together make up a cycle of sleep.

In children each cycle of sleep lasts between 60-90 minutes and ends with a brief waking period, therefore it can be **'normal'** for your child to **briefly** wake 1-3 times each night in between cycles and then fall back to sleep.

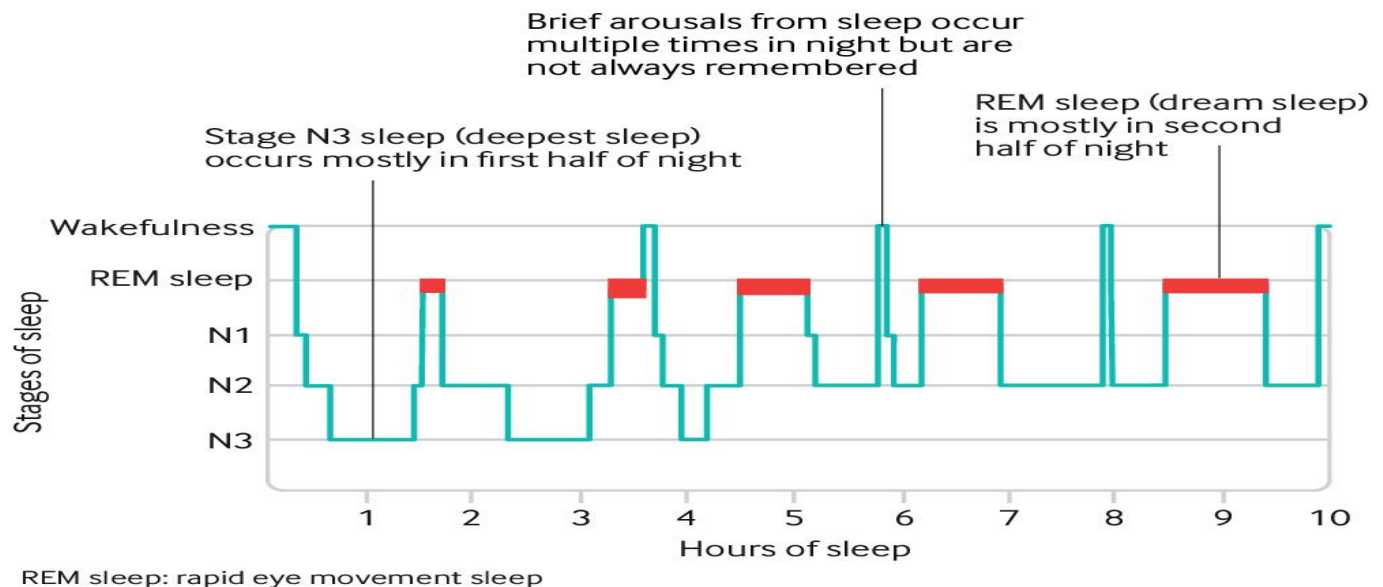
Our sleep pattern is built around these sleep cycles and is known as our sleep architecture, and these sleep cycles are repeated several times throughout the night.

Stage 1: Starting to feel drowsy, closing eyes but still aware of what is going on around them (**NREM 1**)

Stage 2: Light sleep, falling to sleep but easily aroused to wakefulness if disturbed (**NREM 2**)

Stage 3: Deep sleep, unconscious not aware of surroundings, difficult to rouse or waken (**NREM 3**)

Stage 4: Dream sleep, characterised by rapid eye movement (**REM**)



In the first part of the night more time is spent in NREM sleep, especially stage 3 deep sleep where most of the restorative functions of sleep occur. This sleep stage will help your child feel rested and refreshed the next morning, improves short and long-term memory function and growth hormone is also secreted during this sleep stage.

In the latter part of the night more time is spent in REM sleep, which is known as dream sleep. In infants, essential brain development occurs in this stage, and in older children it is important for learning and making and retaining memories.

New-born babies, infants, and toddlers sleep patterns and sleep cycles differ from children aged 4-5 years and above. New-born to 3-4-month-old infants have equal amounts of Non-REM to REM sleep and sleep up to 18 out of every 24 hours. As infants progress into toddlerhood, their sleep cycle evolves, with most of their sleep requirements achieved during night-time, but they still require 1-2 naps in the day.

How much sleep does a child need?

Below are the approximate hours of sleep needed by children of different ages.

Babies 4 to 12 months old	12 to 16 hours including daytime naps
Toddlers 1 to 2 years old	11 to 14 hours including daytime naps
Children 3 to 5 years old	10 to 13 hours including daytime naps
Children 6 to 12 years old	9 to 12 hours
Teenagers 13 to 18 years old	8 to 10 hours

www.nhs.uk/live-well/sleep-and-tiredness/how-much-sleep-do-kids-need/

If your child displays any of the 'lack of sleep' symptoms outlined earlier, then your child may not be obtaining enough sleep.

Sleeping difficulties in childhood

Sleeping difficulties during childhood are common, generally short lived and will respond to sleep hygiene and behavioural management measures.

However, some sleeping difficulties may be due to underlying health issues and your child may require medical/health care advice before embarking on a sleep hygiene program. Seek medical/ health care advice first if your child:

- Has underlying health condition such as Epilepsy, Profound Learning Disabilities or takes regular medication for their health condition
- Snores loudly each night
- Repeatedly coughs or wheezes in the night
- Complains of restless or uncomfortable legs at night
- Aged over 5 years and regularly has toileting accidents during the night
- Is experiencing persistent low mood or excessive worrying

If your child is below school starting age and is experiencing sleeping difficulties, please seek sleep advice from your child's Health Visiting Service.

The main sleeping difficulties children experience are:

- Difficulty settling and falling to sleep (sleep initiation): This could include bedtime resistance and sleep onset association difficulties (only falls to sleep under certain conditions e.g. co-sleeping with parent)
- Night-time waking and inability to return to sleep (maintaining sleep): This could be due to arousal disorders (such as nightmares, night terrors or sleep walking episodes) or sleep onset association difficulties
- Early waking

Some individuals are naturally more alert and awake late into the evening and night (night owl), whilst others may feel more alert and active early in the day (morning larks). This is down to their individual body clock settings.

This could account for why some children struggle to fall asleep at what is seen as an age-appropriate bedtime, then struggle to wake at the appropriate time the next morning or wake inappropriately early each morning ready to start their day.

Without the daily demands of school/ college/ extra-curricular activities and the need for children to conform to these timelines, many children's sleeping patterns would not be considered problematic. Many would be able to achieve their required sleep quota if allowed to sleep when their body clock demanded.

However, these lifestyle demands interfere with children's internal body clocks and sleeping patterns, leaving many children sleep deprived.

Improving your child's sleeping pattern can be achieved through developing consistent bedtime routines and sleep/ wake times, which is known as Sleep Hygiene routines.

Ways to promote a healthy sleeping pattern

To improve your child's sleeping pattern you also need to consider:

Day time routines: This needs to include **time spent being physically active** and playing, expending energy, preferably outside in the fresh air. However, physical activity immediately before or in the hour leading up to bedtime is not recommended since this can stimulate children making it difficult for them to settle to sleep.

A healthy balanced nutritious diet: Important for the development of a healthy sleeping pattern. Children require a wide range of nutrients and calories for normal health and growth; be mindful of the effects too much sugar or caffeine can have on your child's health and sleeping pattern especially in the hours leading up to bedtime. Breakfast, lunch, and dinner, as well as a small healthy snack/supper before bed is essential for growing children.

A calming and consistent bedtime routine: Sleep is a learnt behaviour and establishing a healthy sleeping pattern will require **both you and your child** to follow a **consistent approach**. Children learn and thrive on routine and consistency as this provides structure and predictability which helps make them feel secure.

Children learn new skills through repetition and practice. Consistently following the same routine night after night for at least 2-4 weeks will help your child's brain learn this new routine. Have a consistent bedtime and wake up time and routine and stick to this routine, even over weekends and school holidays.

Example of bedtime routine

To ensure your child obtains enough sleep you need to determine an appropriate bedtime.

The best way to do this is to work backwards; note the time your child would normally awaken or is required to be awake by each morning and count backwards for the number of recommended hours sleep they need (use chart on page 4 as guide).

If your child wakes very early, calculate their sleep time based on anticipated waking around 6am (which is generally considered to be a reasonable time for children's daytime to begin).

E.g. Your child requires 10 hours of sleep each night, usually wakes around 6am therefore bedtime would need to be 8pm.

The hour before your child's calculated bedtime, often referred to as 'The Golden Hour', is the time when your child's bedtime routine should start.

The Golden Hour should mark the end of daytime activities and start preparing for night-time.

Time	Activity
Before evening meal	30- 60 mins energy burning activities e.g. outdoor play
After evening meal	Play time, completing homework etc
7pm	1 hour before bedtime – golden hour begins All TV's, screens/ technology/ mobile phones turned off. Have supper and drink Quiet play/ activities e.g. books, Lego, jigsaws, colouring, play cards, listen to quiet music, parent/ child time together talking or playing.

7.30-7.45pm	½ hour before bedtime Bath or shower should be calm and relaxing experience. If this is too stimulating or not necessary, every night use this time for washing hands/ face etc.
7.45-7.55pm	Change into night wear, clean teeth, toilet.
7.55 – 8pm	Into bed for 1 story or (5-10mins independent reading), cuddle, kiss goodnight.
8pm – 6am	Lights out and bedtime, leave your child's bedroom.

- Involve your child in drawing up the bedtime routine, it may be helpful to display this routine for your child to see and refer to
- Follow and stick to this bedtime routine (or as near to these times as possible), including over weekends and school holidays
- Sleep and behaviour programs often fail when parent/ carers use an inconsistent approach or give an inconsistent response during the implementation of a new routine
- Children often become confused when their behaviours are met with inconsistent responses and are more likely to test and push boundaries to see what response they get
- Try not to undo all the hard work already achieved, be consistent, it will pay off

Creating the right bedroom/ sleeping environment

The bedroom needs to be a place for rest and sleep, a safe place.

- Try to avoid using your child's bedroom as an area of punishment during the day and discourage your child from spending lengthy amounts of time in their bedroom or lying on their beds during the day
- Ensure the bed is comfortable, the right sized bed with a comfortable mattress and appropriate bedding
- Ensure the room is not too cluttered; remove or tidy away for night-time any distracting or stimulating toys or gadgets
- Try to maintain room temperature between 18-20 degrees or cooler, ideally the bedroom should be one of the coolest rooms in the house
- **Remove or disable TV/ all types of screens or technology devices in your child's bedroom overnight** to reduce distractions, temptations, and arguments
- Try to encourage your child to fall to sleep in a dark, quiet bedroom
- Artificial lighting and blue light emitted from light bulbs and electronic screens have a stimulating effect on your child's brain, tricking it to think it is still daytime which then delays the release of the sleep hormone Melatonin making it **very difficult** for your child to fall to sleep
- If your child shares their bedroom with another sibling you may need to consider whether it is appropriate or beneficial to have the same or separate bedtimes, this will be age and behaviour dependent

- If your child struggles to fall asleep in the dark, consider using low-level night lights or twilight bulbs which have been designed to reduce blue-light emission, these bulbs are available online and may be helpful

Behaviour strategies and tips when implementing new sleep routines

- Be positive, praise wanted behaviour – **Attentive Parent**
- Ignore unwanted behaviour – **Boring Parent**
- Tackle one problem at a time
- Be consistent in your approach and responses
- Rewards help motivate and reinforce positive behaviours. Rewards used alongside praise do not need to be big or expensive and will depend on your child's age and what motivates them
- When you give your child praise or rewards be specific e.g. 'you earned this reward for not getting out of your bed last night'
- **Bedtime Tokens** are also an excellent way of rewarding positive bedtime behaviours

How to use Bedtime Tokens



You and your child agree the value of 1 bedtime token, you will know best what specific thing motivates your child, e.g., 1 bedtime token = 5 minutes extra of game, park, or screen time

At start of each bedtime your child has 6 bedtime tokens, which potentially could earn them 30 minutes more of the agreed reward (you may start with less or more depending on individual circumstances)

Agree token rules with your child e.g. 'if you leave your bed or room after being put to bed, you will lose 1 bedtime token each time

Aim is for your child to retain all or as many of the bedtime tokens as possible so that the next day they will be able to claim their reward

Stick to agreed rules, remove token if rule broken and next day (regardless of your child's daytime behaviour) **give them the reward**, equal to the number of tokens they have held onto the next morning, and when they cash in this reward remind them that this reward is for their sleeping efforts the night before

Remember the point is to motivate them so may need to initially start off with lots of wins/ rewards

Relaxation techniques for children

Breathing or progressive muscle relaxation techniques can be helpful sleep aids for children struggling to fall off to sleep.

Showing and encouraging your child to use some simple relaxation techniques may be helpful.

Here are two simple relaxation techniques children can learn and use.

Progressive muscle relaxation, whilst lying down with eyes closed slowly tense then relax your muscles, starting with your toes and slowly working up through their body to the face.



Or simple breathing exercises, such as breathing round a triangle, practiced whilst lying down with eyes closed for 1-5 minutes.

Encourage your child to visualise or maybe look at a picture of a triangle and encourage them to slowly breath in for 3-5 seconds, then hold their breath for 3-5 seconds then breath slowly out for 3-5 seconds and repeat this process.



Common bedtime behaviour difficulties

If your child is struggling with sleeping, keep a sleep diary for two weeks to obtain a clearer understanding of their specific sleeping difficulties to then know how best to help your child.

Bedtime resistance

Your child resists bedtime by continually calling out to you or refuses to stay in their bed after bedtime.

Tips to help overcome this:

- Ensure appropriate bedtime for their age/ recommended amount of sleep
- Follow a consistent bedtime/ golden hour routine
- Ignore any calling out
- If your child leaves their bedroom use the Rapid Return approach – **quickly and quietly** return them to their bed, then leave. Whilst returning them to bed refrain from conversing with them, be a **'Boring Parent'**
- Brace yourself, ignoring the protests or returning your child to their bed may need to be repeated countless times across several nights
- **Most important**, in the morning greet your child as the **'Attentive Parent'**, praise your child for their sleeping efforts
- If you feel ignoring or the rapid return approach would not suit you or your child, then the Gradual Retreat approach may be more suitable
- Gradual retreat requires you to put your child to bed, but instead of then leaving sit quietly next to their bed until they have drifted off to sleep, then leave
Ignore your child's attempts to engage you in conversation or play. If they leave their bed, quickly and quietly return them with minimal fuss, no conversation, and no eye contact
Remember, be a **boring parent**
Then every 2-3 nights slowly increase the physical distance between you and your child, moving further away from their bed towards the bedroom door and then beyond it
If they wake in the night repeat this process
The next morning greet your child as the happy **attentive parent**

Sleep onset association difficulties

Your child will only fall to sleep when certain conditions are met e.g., in front of TV or co-sleeping and these behaviours are having a significant impact upon the household.

Sleep onset association difficulties present at bedtime but could also be a reason for disturbed sleep during the night. Your child comes light in their sleep cycle and requires the same conditions to be met to return to sleep.

Removing the association or replacing the current association with a less disruptive association, will have a positive effect upon sleep initiation and night-time waking as your child will then have positive and less disruptive associations to help them fall to sleep.

Tips to help overcome this:

- Ensure appropriate bedtime for their age/ recommended amount of sleep
- Follow consistent bedtime/golden hour routine
- Remove/replace sleep association condition
- Removing these associations will initially be met with resistance and will require you as a parent to be persistent in your approach and responses
- If you feel unable to completely remove a certain sleep association behaviour, then maybe consider replacing it with a less disruptive association

e.g., TV/screens replaced with audiobooks/quiet music/white noise. This at least removes light from the bedroom

- However, if your child has an item or routine as their sleep association you need to be mindful that when they wake in the night this association needs to be readily available to them to help return them to sleep e.g., audiobooks on continuous loop or radio left on quiet mode
- If your child co-sleeps and returning them to their own bed or bedroom is proving too difficult, break the task down into more manageable steps. Try settling them to sleep in separate bed within same room (mattress on floor). Sleeping separately is progress and you can gradually build from there
- **Most important**, in the morning greet your child as the ‘**Happy, Attentive Parent**’, praising them for their sleeping efforts

Night-time waking

Your child has fallen asleep but then has disturbed sleep or wakes in the night and is unable to independently fall back to sleep

Tips to help overcome this:

- Briefly waking 1-3 times each night is entirely normal, however if your child wakes in the night and is unable to return to sleep within 15-20 minutes then they are experiencing night-time waking
- Try to determine the reason for waking e.g., using the bathroom, needing a drink/hungry etc and if so, try strategies to reduce/stop the waking, such as reducing evening time fluids/toilet trip immediately before bedtime, substantial supper etc.
- Disturbance in the night can be due to your child experiencing night terror, sleep walking or nightmare episode. These are known as sleep arousal disorders and can commonly occur in childhood. They are often triggered by stressful events and sleep deprivation but are usually transient and can be managed successfully

Try not to worry. Night terrors and sleep walking, although distressing for you as a parent to watch, are unlikely to be recalled by your child the next morning

Do not attempt to wake your child from these episodes, this will only result in increased distress. Instead, just stay with your child, ensure their safety, and remain with them until the episode has passed

Ensure your child follows a consistent bedtime routine and is gaining enough sleep

Further advice for these sleep disturbances is available through www.nhs.uk or from your child's GP, Health Visitor or School Nurse

- Night-time waking is often associated with sleep onset association difficulties. Resolving, or replacing the sleep onset association (as outlined in previous section) enables a child to independently self-soothe to sleep both at the beginning of the night and if wakes during the night

Early morning waking

Your child consistently wakes too early each morning, is unable to return to sleep and this is disturbing the rest of the household.

Tips to help overcome this:

- Determine whether your child's early waking follows them having had their recommended quota of sleep for the night. If this is the case, then you may need to consider delaying (putting back) their bedtime in the evening to try to move or realign their sleep-wake cycle
You may want to try the gradual approach, delaying bedtime by 15-minute increments over several nights rather than moving bedtime back in one jump
- If your child wakes early regardless of their bedtime, then you may have to accept your child is an early riser and work on strategies to help them remain in their beds or engage in quiet activities until an acceptable wake up time
- 6am is generally considered as the earliest acceptable waking time

- Ensure your child is aware of the agreed/accepted house wake up time
If your child can tell the time, having a clock is helpful
If your child is unable to tell the time, then they will need clues to help them know when they can get out of bed
There are numerous products on the market designed to help children know morning from night, such as the Gro-clock that uses pictures and lights to indicate morning time
- Then you need to agree acceptable quiet activities your child can engage in their bed or bedroom if they wake early and are unable to fall back to sleep
e.g., reading or colouring in, listening to quiet music or audiobooks
It is not advisable for your child to use screens/ technology this early as this may encourage your child to wake
- **Most important**, in the morning greet your child as the ‘**Happy, Attentive Parent**’, praise them for their sleeping efforts

Struggles to wake each morning in time for school

Your child struggles to wake in time for school and it is a challenge to get them out of bed and ready for school on time.

This may be due to your child not achieving enough sleep as they are either going to bed too late or struggles to fall off to sleep each evening.

Tips to help overcome this:

- Ensure appropriate bedtime for their age/recommended amount of sleep is being achieved. You may need to adjust your child’s evening bedtime
- Follow consistent bedtime/golden hour routine and sleep/wake times (even over weekends and holidays)
- If your child struggles to fall to sleep each evening, then follow advice on bedtime resistance or night-time waking
- Children who struggle to wake each morning may find being exposed to bright light upon waking each morning helpful, switch on lights, opening curtains or blinds helps switch off the production of melatonin and move brain to wakeful state
- During summer the morning light is bright enough, however during the winter months and dark mornings the natural light is not strong enough and you may want to try using a special lamp often referred to as Light Therapy or Sad Lamps. There are several products available on the market designed to help increase our exposure to morning light, such as the Sunrise Alarm Clocks or Light Therapy lamps, 30 minutes of light exposure is recommended each morning. These specialist lamps can be purchased online; however, you need to ensure the bulb is 10,000 Lux or above to be effective
I would advise you to speak to your child’s GP or health practitioner first, as although light therapy is a relatively safe therapy there are some conditions that would not be suitable to use this approach

Adolescent sleeping difficulties

A good night’s sleep is just as important for adolescents as for younger children.

A good sleeping pattern will help your adolescent’s brain retain more information (great for memory and recall), help them look better (clearer skin and shinier hair) and improve athletic performance, as well as all the benefits of sleep mentioned at the beginning of this booklet.

There are many reasons why your adolescent may be struggling with sleep.

- **Worries or anxieties about school, home, friendships, or relationships**

Young people face increasing amounts of pressure in their day to day lives and often feel ill-equipped to deal with and manage these pressures

- **Social media, screen time and peer pressure**
Screen activity too close to bedtime or inability to switch off their screens interferes with your adolescent's sleep
- **Delayed sleep phase**
Your adolescent's internal body clock alters, making them more alert and less sleepy in the evening and night but more tired and difficult to wake when the alarm goes off each morning. It is widely thought that Melatonin (sleep hormone) levels fall during adolescence
- **Time pressures and poor sleep routines**
Running out of time due to pressures of homework, leisure activities, chores, and lack of routines
- **Unhealthy lifestyle**
Unhealthy food and drink choices, eating too late at night or too much sugar/caffeine, reduction in physical activity and increased levels of sedentary (inactive) behaviour, increased amounts of time spent on screens/ technology, reduced or limited exposure to natural daylight - particularly over weekends or school holiday periods, increase in risk taking behaviours such as alcohol or illegal substance use can all have a significant impact upon your adolescent's sleeping pattern

Tips to help improve your adolescent's sleeping pattern

- Make them aware of the positive benefits of sleep – health benefits, healthier skin complexion, achieve optimum growth, improve their memory and concentration abilities
- Encourage your adolescents to try to obtain 9-10 hours of sleep each night
- Encourage your adolescent to follow a healthy lifestyle, support and encourage them to eat a healthy balanced diet and keep well hydrated with water-based drinks – see Healthy eating for teens – NHS
- Encourage your adolescent to engage in daily physical activity e.g., where possible walking to and from school, engage in school PE lessons or extra-curricular sports or activities, encourage daily fresh air and daylight, time away from their bedrooms or from lying on their beds during daytime
- If you have concerns that your adolescent may be experimenting with substances, such as drugs or alcohol and are struggling to talk to your adolescent or manage this behaviour seek advice from their school, school nurse or GP who can support you
- Agree evening and night-time rules with your adolescent to help develop healthy sleeping patterns
e.g. time screens or tech switched off, where phones/tech charged or kept overnight – preferably outside of bedroom, lights out and bedtime and most importantly consistently apply these rules.
- Try to encourage your adolescent to keep consistent sleep/wake times even over weekends and school holidays, if they have a late night discourage them from sleeping too late into the next day
- If your adolescent's sleeping pattern drifts over school holiday periods, they run the risk of reversing their sleep/wake cycle by staying awake all night and sleeping all day which is difficult to reverse when school/college restarts
- It is 'normal' for your adolescent to test rules and push boundaries and they are more likely to abide by rules when they are included in the drawing them up
When agreeing rules with adolescents, compromise is key

e.g., ideally you would like your adolescent in bed by 10.30pm, they are likely to push then for 11pm, therefore suggest 10pm as opening offer as there is then room for negotiation, this approach enables both parties to feel they have reached an acceptable compromise

- Once these agreements have been reached the next challenge is to consistently follow and apply these bedtime rules
- If your adolescent is resistant to agreeing a new bedtime routine, compromise and agree on one rule to start with
e.g. your adolescent refuses to switch off or hand over their phone each night, consider agreeing upon time social media activity must stop but allow them to have phone to listen to podcasts/music, or if your adolescent resists phone being removed and charged outside the bedroom overnight agree an area in bedroom that is out of arms reach from bed. Build trust and personal responsibility element into the agreement, reminding them that rights come with responsibility
Remember small progress and improvement in their sleeping habits is a positive step.
- Encourage your adolescent to access [Teensleephub.org.uk](https://www.teensleephub.org.uk), this is an excellent website for young people that offers more advice and information on sleep and sleep hygiene tips

Other causes of sleep difficulties

Many children will experience some degree of sleep disruption due to illness, during or following a life changing event such as bereavement, family separation, introduction of new sibling or family member, moving to a new house or schools or because of a significant event such as the Covid Pandemic. Time, patience, understanding and above all following a consistent sleep hygiene routine and behavioural approach will help resolve the majority of sleeping difficulties.

If you or your child would like further sleep hygiene advice, information or support please visit

- Healthy Sleep Tips for Children – www.nhs.uk
- Sleep Advice for Children – [Sleepcouncil.org.uk](https://www.sleepcouncil.org.uk)
- Teen Sleep advice – [Teensleephub.org.uk](https://www.teensleephub.org.uk)
- For infants to preschool aged children – sleep advice can be sought from our Health Visiting Service on 03002470090
- For school age children – further sleep advice can be sought from our School Nursing Service on 03002470090
- For children with diagnosed Learning Disabilities further sleep advice can be sought from our Children's Learning Disability Nursing Team on 03002470090
- Sleep advice and support for children with physical disabilities is available via [Scope.org.uk](https://www.scope.org.uk)
- There are some children friendly short video's available on sleep - google Educational Video's on sleep and view 'Why do we sleep? The Dr Binocs Show or 'The Brain: Sleep: why do we need it?' by Science Trek