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Barnet Early Years SEND Advisory Team/ Barnet Early Autism Model (BEAM)

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FACTS

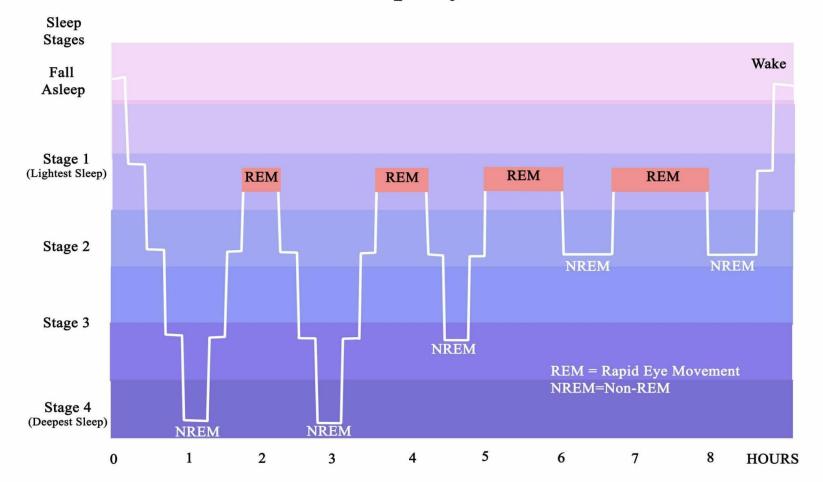
Sleep problems are common! 75% of all children have a sleep problem at some point

Sensory differences are linked to sleep difficulties (Autism CRC Australia)

Sleep fundamentals

- Although sleep is a basic instinct, staying asleep for the whole of the night is not.
- All children and adults have cycles of sleep, waking frequently during the night. Typically an adult needs 4- 5 sleep cycles a night.
- As adults we have learnt to put ourselves back into sleep after a cycle of sleep ends (we may not even be aware of waking briefly) but babies, children and young people need to learn this skill.

Sleep Cycles



Why might my child struggle with sleep?

having difficulty settling, winding down and going to sleep

waking repeatedly during the night

increased anxiety or an inability to relax causing insomnia

irregular secretion of the sleep hormone melatonin, which regulates sleep patterns.

They may have sleep associations- needing rocking, dummy, bottles, certain blanket etc. which they can't resettle without.

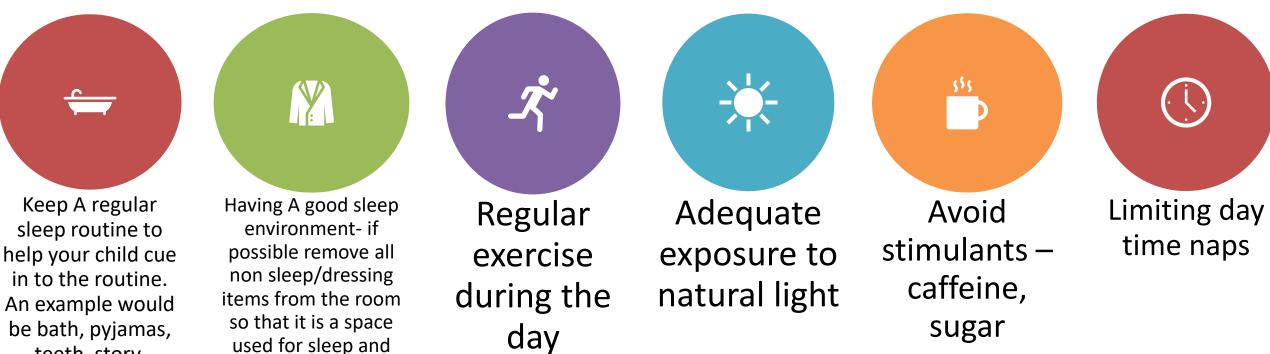
sensory differences

problems caused by food allergies, which could cause gastrointestinal issues and discomfort, or food consumptionthey may be hungry if they have a restrictive diet, or may have stomach pain brought on by constipation

What could affect your child's sleep?

- Siblings in the room
- Fears-scared of the dark, night mares, night terrors
- Other medical conditions including epilepsy or visual impairment
- Environment-cold, over stimulating, too light (black out blinds)
- Wanting the IPAD/Tablet
- co-sleeping with parents
- Day sleeping
- Breathing problems

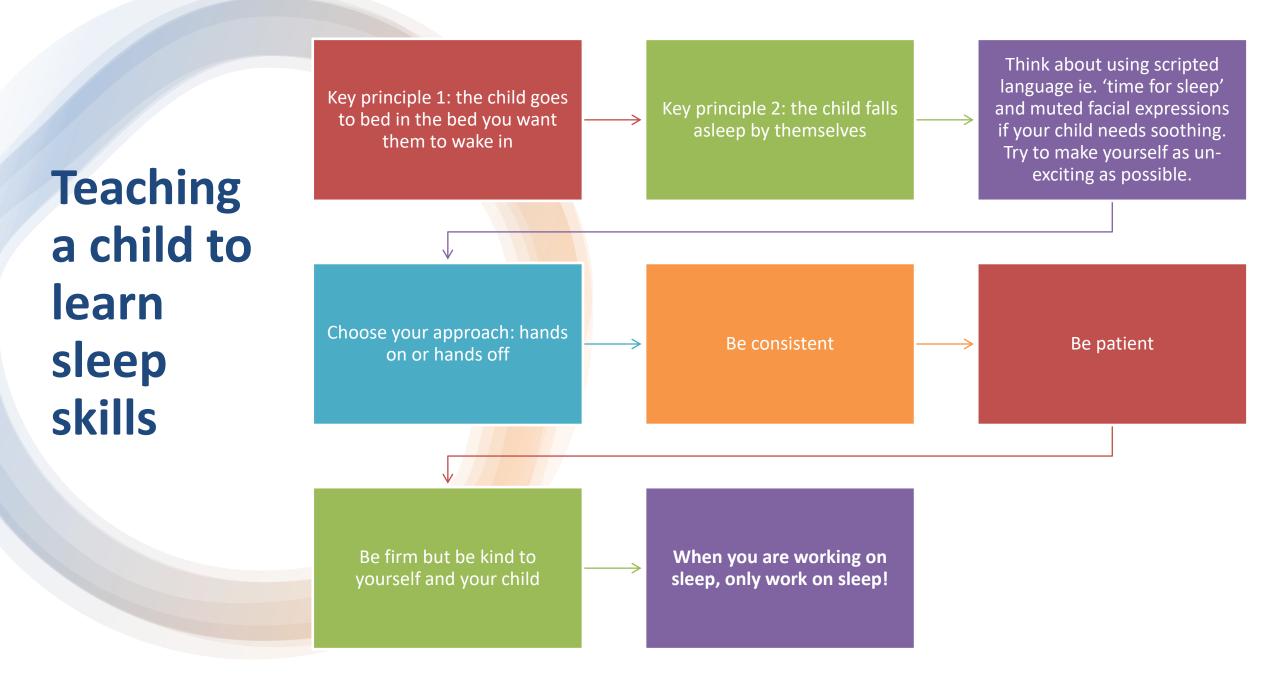
Good sleep hygiene- what does it mean?



teeth, story, bedtime.

dressing/undressing

only.



Where to start?

Start a sleep diary

(approx. 5-7 days)

Ensure you are following a bedtime routine

Look at environmental factors and think if there is anything you can change.

Strategies to help manage anxiety

Promote relaxation

After you have explored strategies linked to environment, routine and regulation, you may want to see a paediatrician about Melatonin.



Day of the week				
Date				
Time woke in morning				
Time and length of nap in day				
Time start prep for bed time				
Time went to bed in evening				
Time went to sleep				
Time(s) woke in the night				
What you did				
Time(s) went to sleep again				

*Use 24hr time	Example	Day one	Day two	Day three	Day four	Day five	Day six	Day seven
Location -	Home	THUR 10/3/22	FRI 11/3/22	SAT 12/3/22	SUN 13/3/22	MON 14/3/22	TUES 15/3/22	WED 16/3/22
Time and length of daytime naps	15:30, 60 minutes	11.15 105 minutes	N/A	N/A	14.40 60 minutes	N/A	N/A	14.20 45 minutes
Snack eaten before bed	Banana	N/A	Sweets	Sweets	Chocolate Cake	Chocolate Cake	N/A	N/A
Time bedtime routine started	18:30	19.45	19.30	19.55	19.40	19.30	19.25	19.30
How did the routine go? What worked and what <u>didn't</u> work?	Fine, bath was calming and helped transition to bed.	All fine	All fine	Good, lots of walking today.	Tired from trampolining but he had an <u>hour long</u> nap.	Tired today	Still tired	Not tired because of his nap
Time in bed	19:30	20.50	20.30	20.40	20.20	19.40	19.50	23.00
Any problems? If yes, what happened, what did you do?	Yes. Got out of bed and returned twice (toilet).	No problems	No problems	No problems	Had slept for an hour so he wanted to play. He was tired so it wasn't as bad as I thought it would be	None	None	Had to let him run down his energy
Time fell asleep	21:30	21.40	20.35	21.00	21.15	20.10	20.10	23.30
Time and length of night awakenings?	21.45, 12.15, 03.50	4.00 20 minutes	N/A	5.50 30 minutes	2.30 60 minutes	2.40 60 minutes	N/A	N/A
Any problems? If yes, what happened, what did you do?	First and second wakings to use toilet, third he thought it was time to get up for the day.	New nappy and drink	<u>.N</u> /A	Fidgeting and wanted a drink	were fighting over a drink	Kept quiet and kept laying him down	N/A	N/A
Time child woke in the morning and their mood	05:45. Woke up over tired and a bit grumpy.	6.25 Good - happy	8.00 Нарру	7.45 Good - happy	6.55 Good - happy	7.00 Нарру	5.30 Нарру	6.45 Нарру

Environmental factors

Lighting-dim or dark lighting

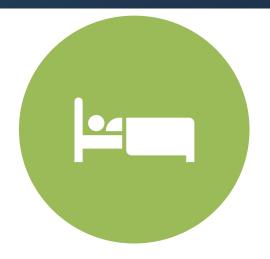


- •Visual clock to let your child know when it's time to sleep and when it's time to be awake
- •Blackout curtains/blinds
- •Comfortable pyjamas-you may need to cut out labels.
- •Weighted blankets- with medical advice only
- Duvet-Calm colours or favourite characters
- •Calm voices from adults, scripted language, muted reactions.
- Temperature of room
- •Level of background noise –white noise machine may help

Melatonin secretion



Melatonin is a hormone that occurs naturally in your body. At night, your levels of melatonin rise, before returning to normal during the day. This helps to control how and when you sleep.



You can take a synthetic version of melatonin for short periods if you have sleep problems such as <u>insomnia</u>. This adds to your body's natural supply of melatonin, so you may be able to fall asleep more quickly and you're less likely to wake up during the night.

Diff of dark lighting (bright light linibits
secretions). Red or amber bulbs may help
*Tablet screens off if possible
*Drop in body temperature-A short bath
before bedtime.
*No noise or consistent noise-white noise
Ielatonin medication comes in immediate r

*Dim or dark lighting (hright light inhibits

Optimum conditions for melatonin

production:

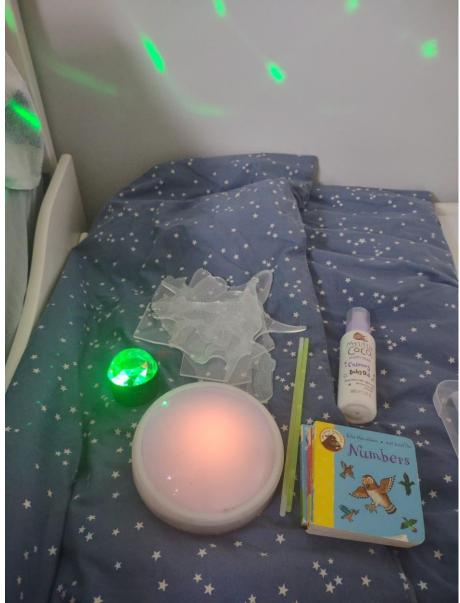
GOOD SOURCES OF MELATONIN: Eggs Milk Fish Nuts

N release or prolonged:

- * The immediate release will have a rapid onset and last 2-3 hours.
- * The prolonged release will not work if crushed or put in liquid- if you do it will act as an immediate release.

Jade – lived experience

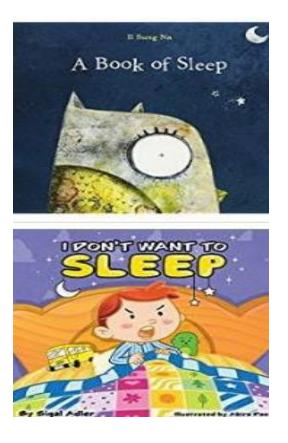




Make Bedtime predictable to help reduce anxiety!

• Repetitive bedtime routine





- Visual supports
- Repetitive stories and songs as well as scripted language

Relaxation- some ideas

- A gentle foot, hand, or scalp massage
- Listening to calm, soothing music
- Gentle lighting in the bedroom
- Setting some time aside for your child to talk about their day. You may want to discuss their worries about sleep- if so do during the day and not right before bed
- Bedroom should be associated with sleep, not physical activities.

Separating from your child

If a child can fall asleep alone, they are more likely to resettle themselves if they wake in the night.





Every 4th night, move onto next degree of separation

For example:

- Lie on top of the bed covers
- Sit up in bed
- Sit with your feet over the edge of the bed
- Kneel on a cushion next to the bed holding the child's hand
- Move the cushion away from the bedside a little
- Move halfway to the bedroom door
- Move just inside the bedroom door
- Move just outside the bedroom door
- Move along the landing until the parent is in their own room

What to do if nothing works?



See your GP or health visitor

Seek individualised sleep support

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Consider Melatonin supplement (with medical advice). You will need to see the paediatrician for this. 4

Ask for help to change routines for short periods of time e.g. nursery hours. It's always worth asking! <u>Sleep Right | Disability charity Scope UK</u>- Sleep Right is a free support service, that helps parents and carers of disabled children to improve their child's sleep.

<u>Sleep Advice Service – Cerebra</u>- free sleep advice service

Sleep medicine services | Evelina London

Nhs service for complex sleep problems. Referrals accepted from paediatricians, not GPs or families.

<u>Support - Sleep Scotland</u>- information and general advice

<u>SNappD</u> is a sleep diary app (free and available for Apple and Android)



Look after yourself!

