

## Handout for carers and adoptive parents **Sleeping difficulties: a child's perspective**

'Me no wanna sleep!'

My bottom is cold/wet.

My nose is blocked.

I'm not tired – I had a long nap earlier.

My ears/teeth/tummy hurts.

I want mummy.

I'm too excited.

Look at me!

I've had a bad dream.

Mummy and daddy shout at night.

It's too quiet.

Teddy's gone.

I'm scared.

I'm hungry.

I'm too hot.

I'm cold.

All the fun is down stairs.

I don't like the dark.

I like my cot, not this bed.

Where am I? I fell asleep on the settee.

No nipple. No dummy. HELP!

It's too noisy.

It's strange here.

I can't remember where the toilet is. I don't know where anything is.

It doesn't smell the same here.

Bad things happen at night.

Who will be here in the morning?

Will I get any breakfast?

Who will come to me in the morning?

Will I see mummy tomorrow at contact? I'm scared. Will I see mummy tomorrow at contact? I'm excited.



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Every time I think he is asleep and I go to leave the room he wakes up and cries. He is doing it deliberately!

My mum used to leave us to cry ourselves to sleep but I can't bear to hear her crying.

Perhaps I should keep her in the room with us for a few more months.

If I try to put him in the cot on his own I think that he will be lonely.

She will only go to sleep on the settee.

She will not go to sleep in her cot.

He had bad nightmares so I let him sleep in my bed and now he won't go back into his bed and I'm too tired to keep putting him back.

I'm tired.

I'm frustrated.

I feel helpless.

I'm terrified – that there is something wrong.

I'm no good at this.

I'm making a rod for my own back.

I'm sure he's doing it on purpose.

She doesn't like me.



*NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you would like to take an online course for parents, visit [www.inourplace.co.uk](http://www.inourplace.co.uk).*

## Handout for carers and adoptive parents

### Preventing sleep problems

When using this handout it may be helpful to consider the following questions:

- 1 What is the exact age and stage of development of the child or young person?
- 2 What changes have taken place in your lives recently?
- 3 How well can the child or young person communicate their needs to you?
- 4 Is there anything in the child's background that would influence their behaviour?
- 5 Is there anything in your background that would influence their behaviour?
- 6 What do you think the child's expectations are of you?

3.3

Children may not have had the experience as babies of a safe and secure environment: one where they would have been able to develop the ability to separate from the adults at night, soothe themselves when falling asleep or waking up in the night and develop the ability to relax and calm down in order to go to sleep. In the case of older children you will need to consider their early life experience and whether they have had the opportunity of a relationship where they could learn this. They may need to regress with you to an earlier stage in order to build up this experience. So it can be helpful for you to think about a baby's experience.

During the first year a baby will begin to develop a sense of themselves as separate from you. By the end of the first year she will begin to manage some independence, first crawling away from you to explore a bit, each time coming back to you. The process of becoming separate and independent is a theme that will continue throughout her childhood and into young adulthood. It is part of normal growing up.

The key to how well we manage separation is how much confidence we have that the separation is temporary. A baby needs to know that if she crawls away from the carer she will be able to crawl back and find the carer again. If the carer is there for her the first few times then she will be able to tolerate being further away, even out of sight, without becoming too anxious, because she will trust that she will find the carer again. The baby is learning that it is okay to be by herself for short periods of time. The carer's presence and the baby's trust in the carer are what make separation possible.

With separation comes anxiety, and this is normal. Anything new and frightening will activate a babies inner alarm system, the 'cure' for which is seeing, hearing

or touching you. In order to grow and develop and learn about the world a baby will need to be exposed to new things and this will also help her to learn that a certain amount of anxiety is not the end of the world.

Think about how you feel when you are not close to your baby or child. It takes two to separate, and some carers will find it hard to manage their side of the bargain, either for themselves or because they worry about what it might feel like for their child. It may be that carers are reminded of other losses or separations that felt unbearable for example. The fostering/adoption social worker or the adoption support social worker can help you think about this if you feel it might be relevant to you.

So what does this have to do with sleep? Well, sleep is a time of separation. We leave others to go into our own world and this is something we cannot do with anyone else. A baby will be very sensitive to any messages from you about whether it is safe and okay to go to sleep. If she learns in the day that being on her own, and perhaps even being a bit anxious, is not the end of the world, then when she wakes up in the night she will be able to tolerate being on her own and will drift back off to sleep.

Some children have more energy than others and they wake up wanting something to do. It can help to make sure that there is a safe toy in easy reach of the child so that they can amuse themselves when they wake up without waking you. Some children also take time to settle. A favourite soft toy can help. It can comfort the child, as you are not there. They can also be part of a story the child tells himself, just as you sometimes read before he goes to sleep.

If you are feeling tired you are likely to be feeling overwhelmed. You may have memories of being left to cry as a child. You might feel guilty about how angry and frustrated she makes you feel. In fact there may be all sorts of reasons why you might struggle to manage the separation from the child at night, all of which will make it difficult to convey to the child that sleep and separation are safe and manageable. Remember the worker can help you think about these ideas if you think it would be helpful.

## 4-6 months

Babies will need you to be responsive in a fairly immediate way early on. The part of the brain that helps them to cope with a little bit more frustration has not yet developed. Don't worry too much about trying to build in a routine, just go with the natural rhythm of the baby's sleep/wake cycles.

Try to start a simple short pre-bedtime routine, which is relaxing and calming.

Make sure that during the 15 minutes before the baby goes to sleep, he does the same things in the same order, every night.

If this includes looking at a book, having a drink besides the cot and saying goodnight to a few toys in the same order, this routine can be done on holiday or wherever you are. Make sure the toys you use are small.

Try to work towards encouraging your baby to fall asleep independently of you. This will help them learn that being alone whilst falling asleep is manageable.

Try to move away from rocking, feeding to sleep, musical mobiles or light shows. Your baby will need to learn to soothe herself rather than become dependent on you or something while she is waiting to fall asleep.

Avoid letting your baby fall asleep anywhere that he is not going to spend the whole night e.g. the settee. Imagine how disorientating it would be for us if we woke up in a different place.

Try to discourage waking by making a clear difference between day and night, keep lights low, don't play, don't change nappies or move the baby out of the bedroom unless it is necessary.

## Over 6 months

A baby who had previously had a good night's sleep regularly, may develop a wakeful pattern after his routine has been broken by a holiday or by a period of illness. If this happens and you are sure your baby is well; you can discourage waking by using 'controlled crying techniques' (see leaflet). The age that a baby will respond to this technique varies but it is usually around 6-9 months.

## Sleep programmes

Make sure the child has a good meal at teatime/suppertime so that he is not waking because he is hungry

Make sure that he is dressed so that he is warm enough if he kicks off the bedclothes. Cold is a stimulant and will make a child more wakeful.

Avoid overheating. The child should not be so hot that he sweats, especially if he is unwell.

Have a set routine at bedtime as much as possible. The last hour should be a quiet period. Exciting play, physical activity, exciting/frightening television programmes, should be avoided during this wind down period.

A ritual of a bath/wash, drink, story, bed is suitable. Do not allow the child to over-extend this ritual, set a reasonable time limit.

The child should be taken gently to bed, tuck him in and say goodnight.

At this point the day is finished. Try to convey a confident expectation that he will stay in bed, reading a book or playing with a toy if he is not sleepy.

He may cry, get out of bed or come downstairs after being put to bed. Try to allow yourself to feel confident at this point. It helps if carers use the following approach at this time:

- Take the child back to bed without giving him attention such as playing with him so that he is aware that it is bedtime. The aim is to be boring and uninteresting.
- Tuck him in and whisper 'night-night'.
- If he becomes increasingly distressed and screams out you will need to offer him some comforting words of reassurance in order to calm him.
- If he refuses to lie down, continues to cry and you are finding it difficult to leave the room, try the 'disappearing chair routine'. (See leaflet).

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## Sleeping difficulties

The Solihull Approach to the disappearing chair routine

Before you try this technique it may be helpful to think about the following questions:

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3.3

The disappearing chair routine is not intended to be used as a first approach. First you need to try to understand what is happening emotionally and practically for you and your baby. You may find talking to your social worker or health visitor helpful. As part of a way of thinking about helping your baby to settle the disappearing chair routine may be suggested.

As part of helping the child to develop a healthy sleep experience it is important to also think about what happens during the day. Routines are important during the daytime so if you can help the child settle separately from you, this can be practice for the child to separate more easily at bedtimes.

The disappearing chair routine can be used for the child who tries to keep you with them at bedtime, or who wakes during the night.

- Put the child to bed with their usual routine.
- Sit in a chair beside the bed reading a book (pretend if necessary). If the child is very upset you may need to sit on the bed or lie beside her.
- Don't speak or look at her.
- If the child tries to get out of bed or sits up she should be gently returned to the lying down position.
- Every night the distance between you and the child should be increased. This may be sitting beside her if you have been lying beside her or moving the chair gradually towards the door. When the chair is outside the bedroom door you have completed the programme.

This process can take as long as you and the child need, several days to several months.

Be prepared for the problem to get worse for a night or two. In some cases this just means that she is testing you to see if you are really serious.

Making a new sleep routine is best started on a Friday night, or a time that convenient to you, so that you are not under pressure and can outlast the child's attempts to sabotage the new routine.

This is only an outline. Each child is different and changes may need to be made before the routine is totally successful.

It is important to continue to be aware of the child's response to this programme.

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## Sleeping difficulties

### Encouraging healthy sleep patterns: School age children

Encouraging a regular bedtime routine – calming the mind and body in preparation for going to sleep – is an important part of a child's development. Preparing to go to sleep marks the change from the daytime activities to a time of rest. This is where bedtime routines that involve spending time together are important; for example, giving the child a bath, reading a story quietly, or for older children allocating special time for a joint interest.

Avoiding stimulating computer games/television/music, intense studying around bedtime, or confrontation and arguing at bedtime are useful points to think about, especially as the child gets older and begins to take a more active part in organising their own bedtime routine.

What happens in the day can have a direct effect on how children and teenagers sleep at night. Negotiating a healthy balance between social activity, homework and the need for adequate rest will help the child to sleep better. Avoiding caffeine, nicotine and alcohol, which can be stimulating and affect sleep, is important as these can affect the ability to settle down to sleep and the quality of the sleep itself.

There are many things that can affect a child or teenager's sleep pattern. Their relationship with you and other people may create anxieties that can sometimes be shown in sleep difficulties. Also, events inside your family and outside experience can affect children and teenagers.

The child's chronological age is not a guide to judge where the child is at developmentally in terms of their sleep routine. They may have missed out on the early parenting experience of a safe and secure bedtime routine. An older child may need a much younger child's bedtime routine in order to be able to settle. This may be an opportunity to use the new relationship to develop a sleep routine but also use the sleep routine to contribute to the development of a deeper relationship.

The child may not have had a secure bedtime experience, possibly due to a chaotic or unpredictable environment. For some children bedtime will have been the opposite of a safe time. Perhaps it was a time when they were abused or abandoned. It may take many years for a child who has been emotionally damaged, abused or traumatised to develop a sleep routine. At times of change in their lives they are likely to regress and their disturbed sleep pattern may remerge.

Carers usually find that the teenage years are both an exciting and challenging time. Listening to a child or teenager's stories and experiences of the day can sometimes help you to anticipate problems that might present as sleep difficulties.

If children can be confident that the worries of the day can be shared, when they settle to sleep they can feel safe and their sleep time does not have to be taken up with thoughts about the day.

There may be times when a child or teenager's sleep pattern changes. Whether the root of the disruption is physical or emotional, it may be helpful for you to talk to someone about what is happening. This can often help you build up a clearer picture of how to help the child re-establish their sleep pattern.