

Sleeping

Additional assessment questions

What do the parents think about the child sleeping, e.g. is she frightened that the child will die in the night?

Is the mother (or father) having difficulty separating from their child?

Do the parents have their own issues around sleeping?

If relevant: who benefits most from the child sleeping in the parent's bed?

What does leaving a child alone at night mean for the parents? Do they have memories of being left to go to sleep as children themselves?

What time does the child start getting ready for bed?

Is there a bedtime ritual/routine?

Has the parent got special toys or ways to help settling?

What time does the child usually go to bed?

What time does the child usually go to sleep?

What started the problem?

What do the parents/child do if they wake during the night?

What does the child do to settle itself?

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.



NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Sleeping difficulties: a parent's perspective

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.



NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Leaflet for parents

Preventing sleep problems

You and your baby were one, then when he or she was born you became two separate beings. Physically becoming two separate beings is not the same as emotionally becoming two separate beings. The process of learning where she ends and you begin takes longer.

During her first year your baby will begin to develop a sense of herself 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 it is temporary. Your baby needs to know that if she crawls away from you she will be able to crawl back and find you again. If you are 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 you again. Your baby is learning that it is okay to be by herself for short periods of time. Remember your presence and her trust in you is what makes separation possible.

With separation comes anxiety, and this is normal. Anything new and frightening will activate your baby's inner alarm system, the 'cure' for which is seeing, hearing or touching you. In order to grow and develop and learn about the world your 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 parents 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 parents are reminded of other losses or separations that felt unbearable for example. The health professional 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. Your 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 your child at night, all of which will make it difficult to convey to your child that sleep and separation are safe and manageable. Remember the health professional can help you think about these ideas if you think it would be helpful.

The first year

Your baby will need you to be close to you and early on you will need to be responsive in a fairly immediate way. The part of the brain that helps them to cope with a little bit more frustration has not yet developed. In the first few months don't worry too much about trying to build in a routine, just go with the natural rhythm of your baby's sleep- wake cycles. You will notice that your baby's sleep cycles are closely linked to their feeding pattern both during the day and at night. Each baby is different and as you and your baby get to know each other, you will become more confident in recognising your baby's signs.

In the first year, your baby will learn how it feels to fall asleep in a safe comforting way with your help. By responding sensitively to the changes in your baby's development you will build the foundations for a healthy sleep pattern in your baby. This process can take time and can feel like a dance between you and your baby and you will each learn to get into step with each other. As you get to know each other's rhythm you and your baby will begin to know the right time to soothe or be soothed less, rock or be rocked less, sing or be sung to and eventually your baby will learn how it feels to fall asleep using what you have taught them.

From around 3 months it can be helpful to start to introduce a simple short pre-bedtime routine which is relaxing and calming. This can include giving your baby a bath if this settles them, putting on their night clothes, calming down from the day by singing a lullaby or spending a quiet soothing one to one time with your baby and turning down the lights to help your baby recognize the difference between day and night. Bedtime routines can begin between 15-30 minutes before bed and are best carried out in the same order every night. As your baby gets older you can make small adjustments to their bedtime routine that are appropriate for their age, but the structure of the routine will stay the same. For example, nearer to the age of 1 year you and your baby may enjoy sitting together looking at a book.

There may be some nights when your baby is less settled even after their feed. You may find placing your baby in skin to skin contact or offering your breast again if they have just breastfed will calm your baby. This is because babies can find suckling comforting and does not mean your baby will overfeed. If your baby is unwell, their sleep may also be disturbed and, in addition to seeking medical advice, you may find these soothing actions helpful too.

There is a range of information and advice about creating a safe and comfortable environment for your baby to sleep in. This includes:

- sharing a room with your baby
- the best sleeping position for a baby
- safe room temperature
- where a baby should sleep
- supporting breastfeeding

New research is emerging all the time about these topics and you can find up-to-date information at:

NHS Choices <https://www.nhs.uk/conditions/pregnancy-and-baby/reducing-risk-cot-death/>

<https://www.lullabytrust.org>

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/caring-for-your-baby-at-night/>

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Sleeping for toddlers and young children

As your baby continues to grow and develop, so will their sleeping patterns and routines. We talked earlier about how becoming separate is a normal part of growing up and being able to settle and get oneself to sleep is an important part of our development. It is not helpful for young babies to be expected to settle themselves and although toddlers and young children will be moving towards this stage they will still need your help to get there.

Continuing to build on what you have done in the first year will help your child to manage how they feel when they are separate from you for short periods. All the suggestions for developing a healthy sleep pattern mentioned earlier in this leaflet such as bedtime routines and spending a calming time with your child, changing into night clothes, thinking about the temperature of the room and dimming the lights are still important. Your child may now be sleeping in their own room and you may find carrying out part of the bedtime routine in their bedroom helps them to settle. For example, you could read a story once they are in bed.

As you start to think about moving your child from a cot to a bed you may have concerns about how your child will cope with this change. It is another step in them 'growing up'. There is no set time to make this change although most children are ready between 18 months and 3 years. Again your child will look to you for support in how they manage this new experience in their life. Preparing your child and ensuring they are safe are probably the main issues you will be thinking about. It is a significant time in your child's development, when they may no longer be thought of as a baby and it can be worth spending time taking care of how you feel alongside your child's feelings.

The time your toddler or child goes to bed may also change as they develop and their daytime routine changes. Once again, there is no one bedtime that suits every child. Some children show signs of being ready for bed at 6pm while others do not appear tired until 8pm. Family routines can also affect your child's routine. For example, a parent may try to arrange a child's bedtime so that they are able to spend time with a parent who may work. It can be a challenge, but you are best placed to consider the impact for you and your child.

Many parents are beginning to ask about whether using televisions, mobile phones or tablets in their child's bedroom affects a child's sleep. There is now more known about how these devices can disrupt children's sleep and that includes young children and teenagers. Artificial light such as that emitted from TVs, phone and tablets has been found to reduce the

hormone that tells our brain to go to sleep, so turning the devices off an hour or two before bedtime can be helpful to your child.

There may be other changes or events that affect your child's sleep pattern. If your child is unwell, you go on holiday or there is a change in your family's routine your child may find sleep more difficult. Often these occurrences are temporary and last for a short time. It may take a few days, but those foundations that you have worked hard to give your child will help them return to a steady sleep routine with help from you. This can usually take a few days but if your child has a longer period of being unsettled, if you have concerns or questions and especially if your child is unwell, you can speak to your GP or health visitor for advice.

As your child gets older they may find that a soft toy or an item that reminds them of you comforts them as they fall asleep. This is not essential as most children settle with a bedtime routine and saying 'good night', which signals to them that the day is now finished and it is time to go to sleep.

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

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 your child to over-extend this ritual, set a reasonable time limit.

Your 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 parents use the following approach at this time:

Take your 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'. You may need to offer him some comforting words of reassurance in order to calm him.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Leaflet for parents

The Solihull Approach to the disappearing chair routine

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 health visitor or a professional 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 your 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 your child settle separately from you, this can be practice for your 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 your child to bed with their usual routine.
- Sit in a chair beside the bed reading a book (pretend if necessary). If your child is very upset you may need to sit on the bed or lie beside her.
- Every night the distance between you and your 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 your 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 so that you are not under pressure.

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 your child's response to this programme.

Leaflet for parents

Nightmares, sleepwalking and night terrors

Source: Ferber, R. (1985) Sleep, sleeplessness and sleep disruptions in infants and young children. *Annals of Clinical Research*. Vol17:5, pp227-234.

These can be very distressing for parents but it can help to know that they are normal and usually will pass in time.

Sudden partial wakings

Behaviour

Extended periods of crying, sobbing, and moaning with wild thrashing.

Typical age

6 months – 6 years; occasionally in older children.

What to do

Go in to be sure your child does not injure herself. Let the episode run its course.

Keep your distance. Don't forcibly 'help'.

Only hold your child if she recognises you and wants to be held. Do not shake her or try to wake her.

Watch for the relaxation and calm that signals the end of the episode. You may then help her to lie down and you may cover her. Let her go back to sleep. Don't make her feel strange or different.

General suggestions

Make sure that your child gets enough sleep. Consider an earlier bedtime. Restart a nap if it was stopped without good reason.

Make sure that her sleep and daily routines are fairly regular and consistent.

Professional advice may be considered if events are frequent and if they began around known stresses, or if significant and persistent stresses are present.

Calm sleepwalking

Typical age

At any age from the time the child learns to crawl or walk.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

What to do

Talk quietly and calmly to your child. She may follow your instructions and return to bed herself.

If she does not seem upset when you touch her, you should be able to lead her back to bed calmly. She may want to stop at the bathroom.

Although you may be able to wake her nothing is gained and there is no point in trying. She is unlikely to remember the sleepwalking in the morning and is not in any distress.

If she wakes by herself after the episode (which older children and adolescents commonly do), she will probably be embarrassed.

Do not make any negative or teasing comments. Don't make her feel peculiar or strange.

Treat the sleepwalking in a matter-of-fact way, and let her go back to bed.

General suggestions

For young children ensure adequate sleep and a normal schedule. Occasionally this will help older children as well.

Make the environment as safe as possible to avoid accidental injury.

Floors should not be cluttered, objects should not be left on stairs, and hallways should be lit.

If your child's walking sometimes goes unnoticed put a bell on the door so that you will be aware whenever she leaves her room.

If your child tries to leave the house an extra chain lock above her reach should be installed.

If she sleeps in a bunk bed, the bottom bunk is safer. Consider professional help.

Agitated sleepwalking

Typical age

Middle childhood through adolescence.

What to do

If the agitation is marked, restraint will only make the event more intense and longer lasting.

Keep your distance. Only hold her if she is starting to do something dangerous. Remember your child is unlikely to be in distress even though it may appear that way.

When she calms, treat her as you would a calm sleepwalker.

General suggestions

Same as for calm sleepwalking.

Night terrors

Behaviour

Screaming, look of panic and fear, possibly wild running. The child may cry out, talk, moan in a seemingly nonsensical way, and may have a glazed expression.

Typical age

Most commonly reported between the ages of 3 to 8.

What to do

Wait for the screaming to subside and then simply let your child return to sleep. They will be able to relax quite quickly and will have no memory of the night terror.

Do not try to wake her.

Do not embarrass her if she reaches full waking.

If there is wild running and risk of injury, you may have to intervene, but be careful; both of you could be injured.

Talk calmly and block her access to dangerous areas, but actually holding her may be very difficult and can lead to even wilder behaviour.

Try to stay calm yourself. The most difficult aspect of a night terror is the fact that the child's sudden arousal, characteristic of night terrors, also wakes you up with alarm and without warning. It is you who is more likely to be in distress, not your child.

General suggestions

She may be safer sleeping on the ground floor.

If there is a threat of, or actual window breakage, consider replacing glass with an unbreakable type.

Use the same general precautions as for sleepwalkers.

Consult your general practitioner for possible use of medication, especially if there is wild running.

If medication is used, it should be viewed as a temporary solution used mainly for protection.

Professional help should be considered. This is the case even if psychological factors seem minimal but arousals are frequent, intense and dangerous.

With all these behaviours talk to your child during the day and listen out for any worries.

Nightmares and night terrors: how to tell them apart

Source: Daws, D. (1993) *Through the Night: Helping Parents and Sleepless Infants*. London: Free Association Books.

- Nightmares tend to happen during the latter half of the night, whereas night terrors happen in the first third.
- Nightmares are long, frightening dreams, which wake the sleeper and can be remembered in vivid and intense detail. A night terror is not a dream but an unusual awakening. Sleepers do not remember the night terror as they might a dream, they remember either nothing at all or a single frightening image.
- Night terrors are a different biological phenomenon from nightmares. They can be considered a minor abnormality in the brain's sleep-wake mechanism, resulting in unusual arousals. They occur at a different stage of the sleep cycle, usually deep sleep, not REM sleep.
- Both nightmares and night terrors can be influenced by stress or a difficult period in the family. Night terrors are likely to be worse with sleep deprivation or extreme tiredness, which is why it can help to keep to a regular bedtime routine.
- Nightmares, like dreams, can be an opportunity to express and figure out the conflicts and worries of everyday life. Children may fear retaliation for their own angry impulses for example, which is why it can help to let your child know that their difficult feelings are perfectly normal and acceptable (even if some of the behaviours they show you are not).
- Your child can be consoled after a nightmare whereas they may not recognise you or allow you to comfort them after a night terror.
- Nightmares can be associated with daytime depression, whereas night terrors are associated with sleepwalking.
- After a nightmare your child might be frightened to go to bed or to sleep. After a night terror he will not have this fear, in fact he will be able to return to sleep quickly and will not be afraid to go to sleep on other nights.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Leaflet for parents **Sleep diary**

Child's name	Age						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time woke in morning							
Time of nap(s) in day							
Time went to bed evening							
Times woke at night							
What did you do?							
Times went to sleep again							
Comments							
How do you think your child felt?							
What did you feel?							
Suggestions for next week							