



Learning Space Sleep Support and Information Pack



Welcome to the Learning Space Sleep Support Information Pack. This pack is designed to give you support and guidance on how to support children with additional needs and improve their quality of sleep. This information pack will be broken up into sections of ways to improve children's sleep from environment, routine and settling methods. If you find this pack unsuccessful in improving your child's sleep, please contact either Learning Space to see if we have capacity to support or Sleep Scotland <https://sleepscotland.org/>

Good Luck and let's get a good night's sleep!

Why is sleep important?

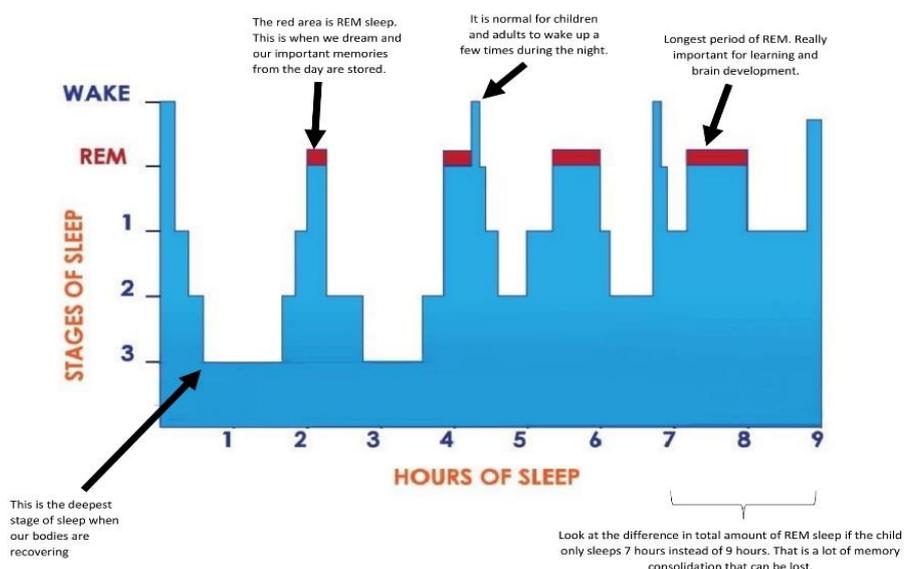
As a society we are still unsure why we need sleep, the general consensus is as a restorative function to prolong our lives and support our mental and physical health. When we become sleep deprived it has a dramatic effect on our mental and physical health and can lead to emotional outbursts, short attention spans and lowered learning ability.

For children with additional needs sleep can be a much more prevalent problem. This could be due to sensory, physical, social or emotional issues that could impact the quality or quantity of sleep. As much as sleep deprivation has effects on our children it also has a wider effect on parents and families.

Sleep is a very important aspect for children for brain development through younger years. During different phases of sleep come different functions. Sleep is needed for consolidating newly acquired information including vocabulary, pronunciation and the ability to remember new words. This is why getting a good night's sleep is a crucial part of children's lives. Having good quality sleep allows children to learn and develop at a steady rate.

Hypnogram

A hypnogram is created by collecting lots of physiological data including brain waves, blood pressure and breathing. A hypnogram shows us what our sleep looks like and the different phases of sleep that we go through during the night. Below is a picture of a hypnogram:



As you can see, we normally start off our sleep cycle in a deep sleep phase, which restores our body. The parts of the hypnogram in red are our Rapid Eye Movement (REM) sleep, this is where we dream and consolidate learning and memories. The blue sections above the REM sleep is light sleep phase, it is also a normal for us to wake during this period, however we naturally go back to sleep. Lots of different smart devices can also use tracking similar to a hypnogram. These can also give you important data on your sleeping habits and how we can improve them or spot patterns in poor sleep.

The Body Clock and Circadian Rhythm

Both humans and animals all have an internal body clock that controls our circadian rhythm. The circadian rhythm is a process that controls certain functions within our bodies such as our sleep and wake cycles. This could be through exposure to external factors such as sunlight and temperature. When the circadian rhythm is unbalanced, this can cause issues such as insomnia and other sleeping issues. The circadian rhythm runs on external information for example during the sleep and wake cycles, it will react to light and make us feel alert and when it is dark release our bodies supply of the sleepy hormone called melatonin.

Hormones

Our body clock also prompts the release of two specific hormones needed throughout the day. When waking up from sleep our brain releases a hormone called cortisol. This is also known as the "stress hormone", however we need this to be released to make us alert and ready for daily activities. The next hormone that is released by our body clock is melatonin. This is sometimes called the "sleepy hormone". This hormone when released makes us feel tired and sleepy. This hormone is released in conjunction to darkness. Some children with autism are suggested to have lower levels of this hormone, which can affect their sleep. This hormone can be prescribed by a doctor or GP to support a sleep routine if needed.

Why is collecting data important?

Data collection can be a dull task especially when we do not understand why we are collecting it. Keeping a sleep diary is a great way of being able to see your child's sleeping pattern, bedtime, waking times, how many times they awake in the evening and other important information you could then use to see if there are any apparent issues. Issues could include a varying bedtime, noises in the night that wake a child, bladder issues or anxiety. Below is an example of a sleep diary you could use to keep track of your child's sleep pattern (there is a printable version included at the end of this pack):



Sleep Diary

Name _____ Week: _____ Date: _____ Counsellor: _____

Day and Date	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Time and length of nap(s) in day							
Time started preparing for bed Any Problems here? If so, what did you do?							
Time in bed at night Where? How long did he/she take to settle? What did you do?							
Time went to sleep							
How many times did he/she wake? (note length of each waking) What did you do when he/she woke?							
Time parents go to bed							
Time woke in morning							

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Medical Concerns

When initially identifying sleeping issues with your child it is important to rule out medical concerns first. These may not be noticeable at first however some medical conditions such as snoring can be linked to sleep disturbance and breathing difficulties leading to poor sleep.

Below is a list of possible medical concerns.

Snoring (loudly)	Sweating
Restless	Appears to stop breathing or gasp
Wets the bed (Enuresis)	Grinds teeth whilst sleeping (Bruxism)
Rock/sway or head bangs at night	Epilepsy

If you notice any of these concerns above, please contact your GP or Doctor to rule out a medical issue causing sleep disturbance first.

Once medical concerns have been ruled out by a GP or Doctor or if your child does not have any medical concerns, we can move onto looking at behaviour approaches in managing sleep disturbance.

Routine

Routine is an important part of learning to go to sleep. Children with additional needs can use routine as a cue to understanding the process of bed time. To maintain consistency for our children and young people we must make sure the routine is the same every night and at the same timings. Below is an example of a good bedtime routine:

Time	Activity
5.30pm	Evening meal
6.00pm	Play time
7.00pm	Quiet play e.g. Jigsaw puzzles, train set Snack
7.20pm	Relaxing bath
7.40pm	Pyjamas, teeth cleaned and into bed
7.45pm	A bedtime story
7.55pm	Cuddles from family member
8.00pm	Leave to settle

(Sleep Scotland, 2018)

Everyone's bedtime will vary however it is important to remember these important aspects:

- Avoid naps in the afternoon as this can disrupt a child's evening sleep. We must remember if a child naps during the day we must take that amount of sleep off what we expect them to sleep in the evening.
- Once the child has left the rooms they associate with daytime (living room and kitchen) they should not return to them. After bath time, downstairs or other rooms apart from the child's bedroom become not available.
- Research suggests a relaxing bath is a good addition to a sleep routine. This also allows a child's core temperature to be raised rapidly in the bath and during the "cool-down" after a bath is what supports a deeper sleep. This may not work for all children due to sensory sensitivities.
- Make sure that the child is well fed and hydrated before they go to bed, however, try and limit drinks to 1 hour before bed time and make sure they use the toilet before they go to sleep.
- Avoid drinks of cola, chocolate, tea, and coffee i.e., caffeine and additives, in the hours before bedtime as these have stimulants in them which lay latent in a child's body stopping them from naturally sleeping.
- It is good practise to make sure your child is physically exhausted as this promotes sleep due to tiredness, however, try to avoid stimulating activities in the hours before bedtime so a child is not overly alerted before bedtime.
- Quiet play activities before bedtime should include calming activities for your child such as fine-motor activities, massage, or activities you can do with your child that will not alert them.
- The use of a 'Gro clock' can be a nice visual support for children with additional needs. This can teach through the use of colours when it is night time and day time, therefor visually supporting when it is time for sleep and time to wake up.

- Make sure you do not brush children's teeth right before bed as this can be very stimulating and can awaken the senses to become alert.
- A bedtime story can be used as a visual cue it is time to get into bed and can be used as an incentive.
- Hugs and kisses are a good way to finish the bedtime routine as these release happy hormones and can make children feel safe before going to bed.
- Use rewards in the morning for staying in bed, such as hugs or stickers to celebrate positive sleep with your child.
- Avoid Television, IPADS, tablets and computers at least 1 hour before bed time as these emit blue light which can increase children's chances of finding it hard to settle.

Visuals including Symbols

Using visual reinforcement is essential in supporting children with their night time routine. If a child is anxious, symbols can support children and put them in control of knowing what is happening and when. This works particularly well with children with autism. You can use pictures of locations, symbols or even draw on a whiteboard using a first and then or comic strip you can show visually what it is happening now. Below are some examples of visuals you can use to support with bed time and sleep.

These symbols are produced using the board, however if you do not have access to a symbol creating software you could use widget online which is an online symbol creating service at a reasonable price or contact school and they should be able to make some visuals for you.



Environment

The environment we sleep in is very important to supporting good sleep hygiene. As a parent you can complete a sensory audit below to see if your child's environment could be the issue disturbing your child's sleep.

Please complete self-audit below and see where you could perhaps make improvements to your child's environment.

Is your child's room free from bright coloured walls or busy wallpaper?	Yes/No	Solution – Make sure children's rooms are plain in colour to reduce eye stimulation at night.
Has your child got adequate blinds or curtains?	Yes/No	Solution – make sure you use blackout blinds or good quality curtains to block out unnecessary light especially in summer months.
Is your child's room clear of any toys or stimulating activities?	Yes/No	Solution – make sure all toys are packed away before bedtime or remove toys from the bedroom.
Is your child's room too hot?	Yes/No	Solution – make sure children's rooms are a comfortable temperature, mostly cool as this supports good sleep.
Is your child's room close to a busy road or have noisy neighbours?	Yes/No	Solution – try and move your child's bed away from the sounds, swap bedrooms or you could try soundproofing.
Is your child's room free from harsh lighting?	Yes/No	Solution – make sure all lights are dim inside and outside the bedroom
Is your child's bedroom free from unwanted harsh smells?	Yes/No	Solution – make sure bedroom doors are closed when cooking, try spraying lavender spray to promote sleep.
Does your child have bright coloured or busy patterned duvets?	Yes/No	Solution – try and use plain coloured duvet sets to avoid over stimulation.

Blue Light and Technology

As a society technology including smart devices, televisions and tablets are now part of daily life. Children and young people even have more exposure to these devices at school in present day. The problem with these devices as great as they are, they release a specific light called "blue light". When this light penetrates our eyes, it tricks our body into thinking it is daytime or light which allows us to not naturally release melatonin and keeps our body in an "alert" state. Reducing the amount of screen time will benefit your child especially in the hours before bed. This allows the body to wind down and react to the natural lighting thus releasing hormones to get us ready for our sleep cycle. You can also now get "blue light glasses" these have a special filter on them that blocks this light wave. These can be beneficial for both children and adults who have a lot of screen time and find it hard to sleep due to light exposure.

Co-Sleeping

Co-sleeping is defined as sleeping with another person normally a parent. This is a natural process and tends to happen when children do not settle or wake during the evening and normally becomes a last resort due to the child not sleeping and the parent craving sleep. However, this does come with its draw backs as children get into the habit of sleeping with a parent, which then makes sleeping in their own bed a challenging process for the child and parents alike. This method also does not allow children to learn to self-settle and can create some anxiety around sleeping by themselves.

A method that can be used to support the extinction of co-sleeping can be the gradual retreat method. This is where a parent gradually withdraws from the bedroom through a series of steps, thus to lower children's anxiety. An example of this method is shown below:

Neuro Disability and Sleep

Children and young people with Neuro disability can find sleeping a more complex situation due to the co-morbidities associated with neuro disability. For example, one of the newest clinical features of the dyad of impairments of ASC is sensory sensitivities. This can add another layer to understanding and supporting young people with their sleep. For example, looking at sensory factors including clothing at bed time, linen, room temperature can be key ingredients to getting good sleep. Children may also benefit from some sensory supports at night including weighted blankets or lycra body socks to sleep in to give them feedback. Children may also experience anxiety around bedtime. It is important to have a concrete routine and stick to this. Predictability and routine is key to supporting anxiety. It is also important to note that the duration of time it takes to resolve sleeping issues in children or young people with neuro disabilities can be lengthened, however, it is important to remain consistent and persistent as once a behaviour is extinct and a new one replaced, this issue will be resolved. When completing interventions children or young people will tend to fight, flight or freeze during changes, this is a natural response. You need to allow time for your child or young person to create new neural pathways and learn new behaviours.

Gradual Retreat Method

For children with anxiety around settling to go to sleep can become an issue. A graduated retreat method can be used to support self-settling. This method still incorporates the use of a parent being in the room initially, however the parent will gradually transition further from the child and eventually from the room allowing the children to self-soothe and go to sleep. This method can be used to support night-time waking. If a child is co-sleeping with a parent whilst settling, when the child is awoken during REM sleep, they are not able to get back to sleep as they learn that the parent is the key in the routine to get them back to sleep. This method should be gradual and at the pace both parent and children can cope with. This method has no timescale.

Step 1: Choose a reasonable bedtime when the child is tired, but not overtired.

Step 2: Start a regular relaxing routine about 1 hour before bedtime. The ½ hour before bath activities should be calming and non-stimulating e.g. fine motor skills, playdough or threading.

Step 3: Use visuals or symbols to reinforce activity and bedtime routine.

Step 4: Go upstairs to the bathroom and make sure the child has their snack before. Once upstairs (in night-time rooms), never go downstairs again.

Step 5: Have a relaxing bath that could last up to 15-20 minutes. The aim of the bath is for an unwinding routine and to raise the child's core body temperature.

Step 6: Take time to rub and cuddle the child with a towel and put on pyjamas.

Step 7: Take the child to the bedroom and read a story or put on a story tape. Take the child to their bedroom and settle him/her in his/her bed.

Step 8: Once the routine is complete, say goodnight. Your goal is now to distance yourself gradually from the child's room in a series of steps. This could take days or weeks according to the circumstances with each family.

Step 9: The child will eventually learn the new bedtime rules. You can begin by sitting on a chair at the side of the bed.

Step 10: Gradually move the chair away, e.g. to the end of the bed, by the door, outside the door etc.

Step 11: After the parent has said goodnight, limit the interaction with the child. Even limit eye contact. The parent is now there to re-assure him/her and help them learn to go to sleep.

Step 12: When child is asleep withdraw from the bedroom. If child wakes and leaves their bedroom, do not interact and limit communication, walk your child back to their bedroom, back into bed and start the method again.

Step 13: If a child is still anxious towards the end of the graduated withdrawal method, another method can be used called "5 Magic Kisses".

5 Magic Kisses Method

Some children are anxious about being alone in their room and repeatedly get out of bed to reassure themselves that mum or dad is still around. This technique takes the responsibility for providing that reassurance away from the child and gives it to the parent, allowing the child to relax in bed and increasing the chance of settling within a reasonable time.

- 1.** Explain to the child that there are 5 kisses for him or her to have before they go to sleep and that the fifth is a magic kiss which lasts all night. They are to stay in bed, and you will return to kiss them.
- 2.** At the end of a calming bedtime routine tuck the child in and give them kiss number one. Say you will return in a few minutes, perhaps that you will tidy up the bathroom and leave the room.
- 3.** After the agreed time return and give kiss number two. Say you will return for kiss number three. This will be after a slightly longer interval than the time between kisses one and two. Choose an interval you think the child will be able to manage. Perhaps this time you will go downstairs and do the washing up. Leave the room.
- 4.** After the agreed time return and give kiss number three. Again, increase the interval between kisses by an amount you think the child can manage.
- 5.** Repeat for kiss number four.
- 6.** When you return for kiss number five, leave something which represents the fifth, magic kiss which lasts all night. Some people use a lipstick kiss on a tissue; you might choose little knitted heart or a tiny, safe, soft toy. This way if the child is asleep when you bring the magic kiss, they will know that you kept your word and came to kiss them. You can read 'The Kissing Hand for Chester Raccoon' to reinforce the idea.

If the child gets out of bed and comes to find you return them to their room, remind them briefly that they don't need to do that as you will come and kiss

Then be a 'Boring Parent' and leave the room, returning at the agreed time to give the next kiss.

At first you may need the five kisses to be quite close together so that the child is able to stay in bed long enough to learn that you really will keep your word and come back. As their confidence grows you will be able to increase the interval between kisses bit by bit. (Sleep East, 2018)

We hope you find this information pack useful. If methods and support from this pack are exhausted, please contact Learning Space or Sleep Scotland.

References

Bishop, J (2018) Sleep East. Available at: <http://www.sleepeast.com/> (Accessed: 23rd November 2018).

Sleep Scotland, (2018) *Sleep Scotland: Supporting families of children and young people with additional support needs and sleep problems.* Available at: <http://www.sleepscotland.org/> (Accessed: 23rd November 2018)



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