

The background is a light blue gradient with several realistic water droplets of various sizes scattered across the surface. The droplets have highlights and shadows, giving them a three-dimensional appearance.

Sleep hygiene

AIMS & OUTCOMES

- To understand the importance of sleep.
- To know how much sleep is needed for age of child.
- To understand key parts of sleep routine.
- To understand the benefits for good sleep hygiene.
- To know how to implement key strategies for healthy sleep routine.

IMPACT OF NO SLEEP

WHAT DO YOU NEED TO HELP YOU GET TO SLEEP?

WHAT DOES YOUR CHILD NEED TO HELP THEM GET TO SLEEP?

- SLEEP DEPRIVATION CAN BE A FORM OF TORTURE. IT WEAKENS PEOPLE PHYSICALLY AND EMOTIONALLY.
- MANY FAMILIES WITH CHILDREN WHO HAVE SLEEP ISSUES ARE IN CRISIS AS A RESULT OF EXHAUSTION.
- SLEEP IMPACTS ON THE WHOLE FAMILY.
- SLEEP DEPRIVATION IS NOT ALWAYS RECOGNISED AS A FACTOR IN WIDER FAMILY ISSUES.



EFFECTS OF POOR SLEEP

PARENT

CHILD

- MENTAL HEALTH (E.G. STRESS AND ANXIETY)
- POOR HEALTH
- HEADACHES
- INABILITY TO AFFECT CHANGE
- POOR PARENT-CHILD RELATIONSHIP

- HYPERACTIVITY
- POOR MEMORY AND COGNITIVE ABILITY (CONCENTRATION)
- LOWERS IMMUNE SYSTEM
- WEIGHT/GROWTH ISSUES
- ABILITY TO MEET THEIR FULL POTENTIAL
- HORMONAL PROBLEMS
- BEHAVIOURAL PROBLEMS

POSITIVE EFFECTS OF SLEEP

“Some research showed that if children are sleep deprived by just an hour a night, it could reduce their cognitive academic performance by up to 2 whole years. We need to recognise that sleep is one of the most powerful performance-enhancers known to human kind.”

Dr Guy Meadows, Sleep Physiologist

- Concentration increased by 44%
- Problem solving ability increased by 61%
- Memory increased by 57%

HOW MUCH SLEEP?

HOW MUCH SLEEP DOES A CHILD
NEED IN ANY 24 HOUR PERIOD AT:

2 YEARS OLD

5 YEARS OLD

8 YEARS OLD

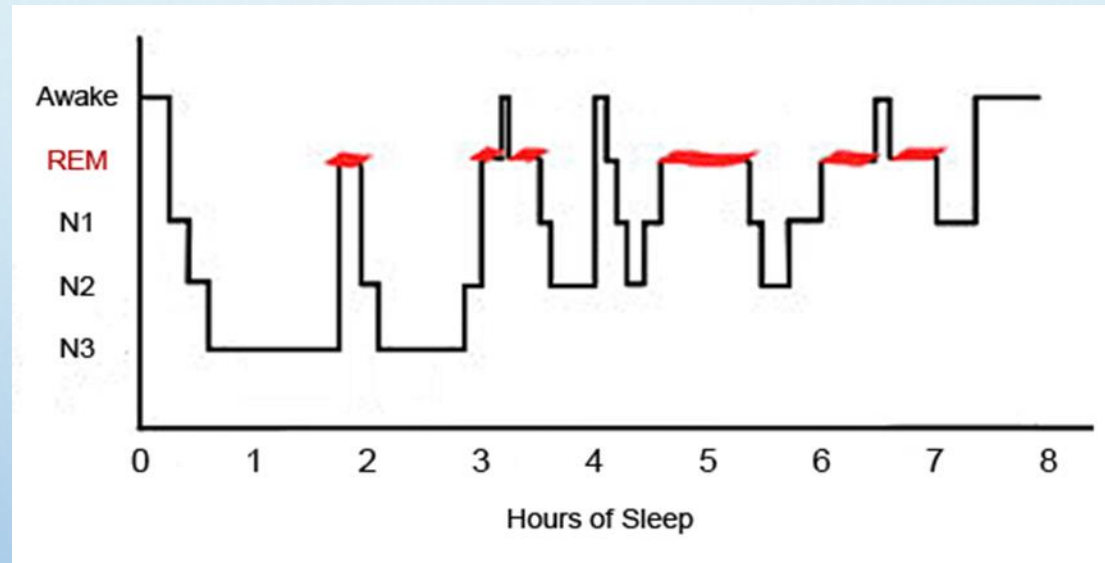
10 YEARS OLD

14 YEARS OLD

Age	Average number of hours needed at night	Average number of hours needed during day
12 months	11 ½	2 ½
2 Years	11 ¾	1 ¼
3 Years	11	1
4 Years	11 ½	-
5 Years	11	-
6 Years	10 ¾	-
7 Years	10 ½	-
8 Years	10 ¼	-
9 Years	10	-
10 Years	9 ¾	-

Age	Average number of hours needed at night	Average number of hours needed during day
11 Years	9 ½	-
12 Years	9 ½	-
13 Years	9 ¼	-
14 Years	9	-
15 Years	8 ¾	-
16 Years	8 ½	-

SLEEP CYCLE



Stage 1 (N1)

A very light sleep where your child will be easily woken. If parents tip-toe out of their child's room and they wake up it is because they were in a light sleep.

Stage 2 (N2)

Still a light sleep but the body is preparing for the deep sleep that is about to come. The child will be more relaxed. Now is a good time to sneak out of their room!

Stage 3 (N3)

This is a very deep sleep. The body needs this sleep so that repair can take place. The child is difficult to wake at this stage.

MELATONIN



- MELATONIN NATURALLY OCCURS IN OUR BODIES. IT IS PRODUCED AT NIGHT TIME TO HELP US GO TO SLEEP.
- CHILDREN'S SLEEP IS MORE EFFECTIVE IF THEY GO TO BED IN A DARK ENVIRONMENT AND DIM THE LIGHTS IN THE LEAD UP TO BED TIME.
- LESS MELATONIN IS PRODUCED WHEN SCREENS ARE USED BEFORE BED. THEREFORE IT IS RECOMMENDED THAT WE **SHOULD TURN OFF THE TV, COMPUTERS AND SMARTPHONES AT LEAST ONE HOUR BEFORE BED.**
- SOME CHILDREN WITH ADDITIONAL NEEDS ARE PRESCRIBED MELATONIN TO HELP WITH THEIR SLEEP DIFFICULTIES. HOWEVER, THIS WILL ONLY BE EFFECTIVE IF GOOD SLEEP HYGIENE IS IN PLACE.



Overcoming Common Sleep Issues: Routines

CHILDREN FIND ROUTINES COMFORTING AND SAFE – THEY KNOW WHAT TO EXPECT AND WHAT IS EXPECTED OF THEM.

WHEN BEGINNING A BEDTIME ROUTINE IT IS IMPORTANT TO USE IT DAILY UNTIL IT IS WELL ESTABLISHED – YES, EVEN AT WEEKENDS!!

IT IS IMPORTANT THAT THE BEDTIME ROUTINE IS USED CONSISTENTLY BY EVERYONE CARING FOR THE CHILDREN AROUND BEDTIME.

OVERCOMING COMMON SLEEP ISSUES: HUNGER / THIRST

THE INTRODUCTION OF A SLEEPY SUPPER INTO THE EVENING ROUTINE

THERE ARE A VARIETY OF FOOD GROUPS WHICH CAN ASSIST WITH IMPROVING SLEEP.

ALL THE FOODS RECOMMENDED CONTAIN AN ESSENTIAL AMINO ACID CALLED TRYPTOPHAN WHICH CAN ONLY BE PRODUCED THROUGH DIET, THIS THEN CONVERTS IN TO THE NEUROTRANSMITTER SEROTONIN, WHICH IS THEN CONVERTED TO THE NEUROHORMONE MELATONIN.



Food Group	Specific Foods
Milk and Milk Products	Traditional Milk products (warm), Yogurt and Soya Milk
Meat	Chicken and Turkey
Fish	Cod, Tuna, Mackerel, Salmon,
Cheese	Cheddar, Processed Cheese, Cottage Cheese, Tofu,
Fruits	Apples, Bananas, Blueberries, Strawberries, Avocados, Pineapple, Peaches, Cherries
Vegetables	Spinach, Asparagus, Green Peas, Broccoli, Tomatoes, Cabbage, Cauliflower, Mushrooms, Cucumbers, Potatoes
Nuts	Walnuts, Peanuts, Cashews, Pistachios, Chestnuts, Almonds
Seeds	Ground Flax, Sesame, Pumpkin, Sunflower Seeds
Legumes	Mung Bean, Soybeans, Kidney Beans, Lima Beans, Chickpeas
Grains	Wheat, Brown Rice, Red Rice, Barley, Corn, Oats
Bread	Whole Wheat Bread

OVERCOMING COMMON SLEEP ISSUES: OVER STIMULATION



- PHYSICAL ACTIVITY AND USE OF SCREENS TOO CLOSE TO BEDTIME (REMEMBER, SCREENS SHOULD BE TURNED OFF AT LEAST AN HOUR BEFORE BEDTIME).
- QUALITY TIME WITH YOUR CHILD DOING QUIET AND CALM ACTIVITIES E.G. COLOURING, LEGO, JIGSAWS, THREADING ETC.
- CALM BATH TIME APPROXIMATELY 30MINUTES BEFORE BED.
- STORY TIME IS ALSO AN EFFECTIVE WAY TO CALM DOWN, SPEND QUALITY TIME TOGETHER AND PROMOTE LEARNING.

Overcoming Common Sleep Issues: Inability to Relax

- A routine that is predictable
- Only one person giving instructions
- Use of social stories if a trigger is identified

Calming activities:

- Relaxation CDs / music
- Massage / Wrapping
- Craft activities
- Breathing strategies
- Playdoh / MohDoh
- Visualisation
- Mindfulness - Repeat 1 line from a song

Notice 5 things you can

- See
- Hear
- Feel

7/11 Breathing – breathe in for 7seconds and out for 11seconds
– repeat 6 times

OVERCOMING COMMON SLEEP ISSUES: BEDROOM ENVIRONMENT



- 1) IS THE BEDROOM ALSO A PLAY AREA?
- 2) CURTAINS / BLINDS AND NIGHTLIGHTS
- 3) NOISES
- 4) SHADOWS WHICH A CHILD MAY FIND SCARY?
- 5) COLOUR OF THE BEDROOM – IS IT A RESTFUL COLOUR?
- 6) IS THE BED COMFY FOR YOUR CHILD?
- 7) IS THE ROOM THE RIGHT TEMPERATURE?

STRATEGIES

“It’s night time XXXX, go to sleep” then...

- Slow Retreat

Parent/Carer remains inside the child’s bedroom on a chair / cushion (out of touching distance) until the child is asleep. Once settling with no intervention move the chair every 3 days.

- Rapid Return

Parent/Carer remains outside child’s bedroom and re-enters as soon as they get out of bed. Putting them back into bed, repeating the sleepy phrase before leaving again.

DEVELOPING YOUR OWN SLEEP PLAN

Using a Sleep Plan, work out your new routine:

- How much sleep does your child need?
- What time does your child need to wake up in a morning? Work backwards to determine the time that your child should be going to sleep.
- Choose a strategy that will work for you and your family.
- Consider if there are any other changes you would like to make e.g. introduction of nightlight / blackout curtains etc.
- Decide when you will start using your plan.

REMEMBER:

- Consistency throughout the week including weekends.
- It can take several weeks for a child to learn a new behaviour.
- Behaviour may become more difficult at first.
- You are putting this new routine in place to help your child and the family.
- Keep positive and use lots of praise and encouragement.