

INFORMATION AND RESOURCES



ADDvanced Solutions
Supporting you to find the answers

Supporting Sleep

- Around 40% of our children have sleep problems.
- Between 40% and 80% of children with additional needs will also have sleep issues.
- 81% of 6 to 11year-olds with a neurodevelopment condition will have insomnia.

Children with neurodevelopmental conditions are more likely to have sensory processing difficulties (SPD) so may struggle with sleep.

Sleep deprivation can have a major impact on the whole family not just the child. It can impact on mental and physical health, cause family tension, and affect the child and their siblings' behaviours.

There are two types of sleep: REM and non-REM:

REM sleep happens when you first start to fall asleep; you will be aware of light, sounds and environmental changes albeit subconsciously, and this is when you are relaxing. It is during this stage that we typically process information from the daytime such as visual images, learning, emotions, and social interactions.

Non-REM sleep is the deep sleep when the heart rate and body temperature drop. This is the period of sleep that we find it most difficult to wake up from.

Melatonin is known as the 'hormone of darkness'; it is produced naturally by the brain and is controlled by your body clock. Melatonin levels typically rise at night and fall at dawn. However, children with neurodevelopmental conditions usually produce less melatonin or sometimes none at all.

Children with ADHD who suffer with restlessness at night are more likely to struggle to manage their ADHD characteristics during the day.

Autistic children may struggle to fall asleep as they tend to play out the day's events over and over in their head, heightening anxiety. Their difficulties in communicating their feelings and worries have a massive impact on sleep and prevent the relaxation needed to settle into REM.

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Sleep Hygiene

Sleep Hygiene is the term given to a variety of different practices that are necessary to have normal, quality night-time sleep and full daytime alertness.

It is important to have a regular sleep pattern even at weekends. You need to consider routine, screentime, food, hunger, thirst, exercise and environmental factors. The first steps are:

1: Setting the mood

During this hour you need to be aware of your child's sensory needs and adjust their environment according to their requirements to reduce anxiety and help them to regulate themselves and be in a calm state.

Your bedtime routine should take no more than one hour. Ideally there should be no screen time within this hour (however the Impact of sensory processing difficulties should be considered, and adjustments may be needed especially if this is how your child relaxes)

2: **Choose a calming activity** which incorporates fine motor skills such as colouring or jigsaws. You can use a box for the family and fill it with a choice of activities to be used at this time.

3: **Supper** is important as it can ensure that your child is not going to bed hungry or thirsty but be mindful of what you give them. Avoid anything containing sugar and/or caffeine.

4: **Bath-time** is important as this induces the natural production of melatonin. You should not return downstairs after this stage. If your child has sensory needs and you struggle with bath-time perhaps warm the pyjamas on the radiators as this can provide a similar calming effect.

5: Limited time for a short story. Hugs kisses and sleep.

Use phrases such as "sleep time" consistently; do not engage in prolonged conversations during this period as your child may become confused.

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If you have implemented a good sleep hygiene routine and there are still difficulties then you may need to consider further advice and support from a sleep practitioner, who can look in detail at your child's environment and routines.

You may need to seek medical advice if you think there may be specific conditions such as:

- Respiratory conditions
- Parasomnias (triggered by medication, asthma, eczema, bad weather etc.)
- Night terrors
- Sleepwalking
- Movement disorders, e.g., Restless Legs Syndrome
- Rhythmic movement disorders
- Teeth grinding (Bruxism)
- Excessive daytime sleeping / narcolepsy
- Sleep apnoea

These are only referred on to a specialist if there is a significant effect on their daytime functioning, safety concerns, underlying medical conditions and educational or social development after having implemented behavioural measures.

For further advice, or to work through your child's difficulties please come along to our training sessions delivered through our Community Network Groups or our family workshops on supporting sleep difficulties.

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