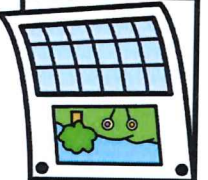






	<p><b>What happens next?</b></p> <p>When you have tried the advice suggested and the issue still continues, please call us on <b>0300 123 6629</b></p>
	<p><b>How long will I need to do this?</b></p> <p>The advice works best when tried for at least 4 weeks.</p>
	<p><b>What can I do about this?</b></p> <p>You can try the advice and information included or visit the websites suggested.</p>
	<p><b>Why have I been sent this letter?</b></p> <p>You are worried about your child's sleep (sleep hygiene).</p>

**School Nursing Service**

**Children's Sleep Help**



# Children's Sleep Help Useful Websites



<p><b>Sleep help resources</b></p> <p>Sleep Help including a family film, an animation for children and further resources.</p> <p>Click <a href="https://what0-18.nhs.uk/solent/camhs/sleep-help">https://what0-18.nhs.uk/solent/camhs/sleep-help</a></p>	
<p><b>Know how much sleep your child needs</b></p> <p>The amount of sleep your child needs changes as they get older.</p> <p>To find out how much your child needs visit: <a href="https://www.nhs.uk/live-well/sleep-and-tiredness/how-much-sleep-do-kids-need/">https://www.nhs.uk/live-well/sleep-and-tiredness/how-much-sleep-do-kids-need/</a></p>	
<p><b>Teens and sleep</b></p> <p>Your child's sleep may change when they become a teenager.</p> <p>Find out why teenagers are always tired at <a href="https://www.nhs.uk/live-well/sleep-and-tiredness/why-are-teens-always-tired/">https://www.nhs.uk/live-well/sleep-and-tiredness/why-are-teens-always-tired/</a></p>	

# 12 steps to good sleep practice

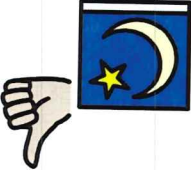
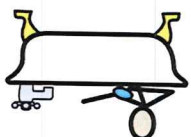
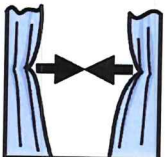
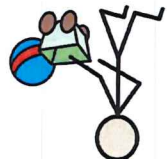
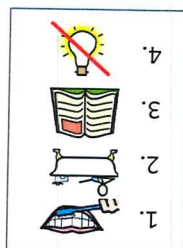
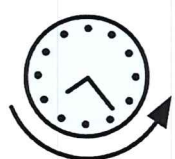


For children over the age of 2

<p>Make your child's room dark and quiet. No TVs or electrical items should be used. Tidy or cover toys. Close the curtains, black out blinds will help.</p>	
<p>Wake your child at the same time every day but not before 6am.</p>	
<p>Keep a regular bedtime for your child.</p>	
<p>Use the same bedtime routine every evening. Try making a picture schedule of the routine to help your child understand what happens next.</p>	
<p>Keep the room temperature comfortable. Between 16 - 20 °C is good.</p>	
<p>Keep the noise in the house down. No loud TVs or music.</p>	
<p>Make sure your child is not hungry when they go to bed. For children over 6 months do not give drinks or solid foods during the night.</p>	
<p>Help your child to learn to fall asleep on their own. More information on this is available from a sleep practitioner.</p>	



- Avoid stimulating activities before bedtime like TV, computer games or running around. Suggest quiet play like jigsaws or colouring.
  - Don't let your child have long naps in the afternoon. If they need a nap, let them nap in the early afternoon.
  - Have sleep inducing foods at dinner time like whole-wheat bread, banana, honey, turkey and almonds. Give a warm milky drink but no fizzy drinks, chocolate, tea or coffee.
- Try this example of a good bedtime routine:**
- After dinner allow free play for 1 hour.
  - Then have quiet play for 20 minutes.
  - Offer a drink or snack.
  - Use clues for bedtime, like closing curtains or playing the same calm music, each evening.
  - Relaxing bath time for about 20 minutes.
  - After bath time stay with your child in their bedroom.
  - Read a story for about 10 minutes.
  - Turn down the lights.
  - Say goodnight in the same way and for the same time each evening. Kisses and cuddles for no more than 3 minutes.
  - Leave your child to settle on their own.










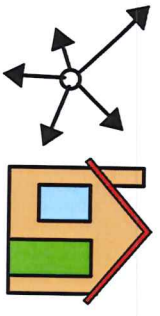
# Sleep diary

For children over the age of 2

Name: \_\_\_\_\_ Week beginning: \_\_\_\_\_

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date:							
What time was dinner? 	 [ ]	 [ ]	 [ ]	 [ ]	 [ ]	 [ ]	 [ ]
Any naps in the day? 	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Time started preparing for bed 	 [ ]	 [ ]	 [ ]	 [ ]	 [ ]	 [ ]	 [ ]
Time went to sleep 	 [ ]	 [ ]	 [ ]	 [ ]	 [ ]	 [ ]	 [ ]

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date:							
Where did your child go to sleep?	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other
How many times did your child wake?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+
Estimate how long they were awake for:	<input type="checkbox"/> Quick str <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick str <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick str <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick str <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick str <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick str <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick str <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour
Time they woke in the morning:	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>

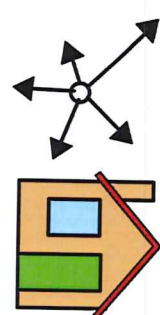












# Sleep diary

For children over the age of 2

Name: \_\_\_\_\_ Week beginning: \_\_\_\_\_

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date:							
What time was dinner? 	_____	_____	_____	_____	_____	_____	_____
Any naps in the day? 	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Time started preparing for bed 	_____	_____	_____	_____	_____	_____	_____
Time went to sleep 	_____	_____	_____	_____	_____	_____	_____

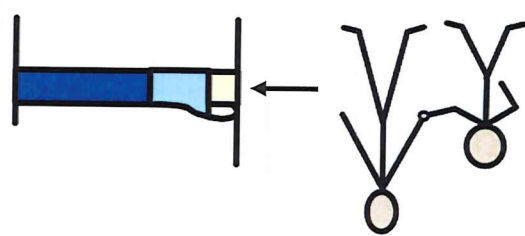
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<p>Date:</p>							
<p>Where did your child go to sleep?</p> 	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other	<input type="checkbox"/> Own bed <input type="checkbox"/> Parents bed <input type="checkbox"/> Sofa <input type="checkbox"/> Floor <input type="checkbox"/> Other
<p>How many times did your child wake?</p> 	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+
<p>Estimate how long they were awake for:</p> 	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Quick stir <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Over 1 hour
<p>Time they woke in the morning:</p> 	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>

# 'Rapid Return' technique



For children over the age of 2

If your child is always getting out of bed and seeking your attention at bedtime, then try the 'Rapid Return' technique.



## Step one:

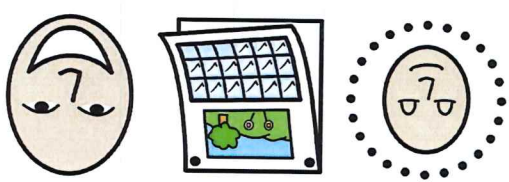
If your child gets out of bed tell them "its bedtime" and take them back to bed.

## Step two:

If they continue to get out of bed then **DO NOT** say anything and just guide them back to bed.



**DO NOT** engage in conversation, hugs or getting them drinks/food.



Be prepared to do this as many times as it takes to get them back to bed. This will reduce in time if you keep going over a few weeks.