



This week's top tip relates to **bedtime schedules**. Taken from

<https://raisingchildren.net.au/autism/health-wellbeing/sleep/sleep-for-children-with-asd#:~:text=A%20regular%20bedtime%20routine%20starting,alone%20relaxing%20before%20lights%20out.>

The tips below can help all children, including autistic children, sleep better. They help children develop healthy daytime and bedtime habits that promote sleep.

1. Set up a bedtime routine

A regular bedtime routine starting around the same time each night encourages good sleep patterns. A bedtime routine of bath, story and bed can help younger children feel ready for sleep. For older children, the routine might include a quiet chat with you about the day then some time alone relaxing before lights out.

Autistic children might need extra support to get used to a bedtime routine. Here are ideas:

1	 put on pyjamas
2	 clean teeth
3	 go to the toilet
4	 into bed
5	 bedtime story
6	 turn off the light

★ Give your child clear and consistent cues when it's nearly bedtime. For example, 30 minutes before bedtime, start some quiet activities like reading or drawing in the family room.

★ Then 15 minutes before bedtime, get your child to clean their teeth and go to the toilet.

★ Use a visual support with pictures showing your child's bedtime routine, so your child understands the steps. Put stickers on the visual support to show when your child

completes a step.

- ★ Praise your child for successfully completing steps. For younger children, you could use a reward chart. **(If you would like a chart to use with your child, please come and talk to Ms Tuckett).**
- ★ If your child gets upset or wakes during the night, quietly and calmly put your child back to bed. Settle them and remind them of the sleep routine using words or pictures. You might need to do this many times.
- ★ Once your child has a positive bedtime routine, you might find that your child settles well when they can follow that routine. But your child's sleep problems might come back if the routine changes. You might be able to handle this issue by planning and preparing for changes to your child's routine.

2. Set regular and appropriate bedtimes

Regular and appropriate bedtimes can help your child get the sleep they need.

Your child's age	Recommended sleep time in 24 hours
Children 1 to 2 years	11 to 14 hours including naps
Children 3 to 5 years	10 to 13 hours including naps
Children 6 to 12 years	9 to 12 hours
Teenagers 13 to 18 years	8 to 10 hours

- ☆ The first thing is to work out the best time for your child to go to bed. You can do this by looking at when your child needs to get up, and how much sleep your child needs to be well and alert during the day.
- ☆ The next step is to move your child's sleepy time towards their ideal bedtime. To start with, put your child to bed when they're sleepy. This might mean that your child stays up later and starts their bedtime routine a bit later initially.
- ☆ Once your child is falling asleep quickly, move the start time for the routine back by 15 minutes every 2 days. It might take a few weeks, but your child should start to feel sleepy earlier until they're going to bed at the desired time.
- ☆ Until your child is good at settling to sleep, try to keep the same bedtime at weekends and holidays. It's best to introduce new bedtimes, bedtime routines and sleep habits gradually. It's also important to encourage, praise and reward your child as you make any changes.

3. Set up healthy sleep associations

Sleep associations and habits are the things that children (and adults) need to settle for sleep. When children wake at night, they need the same things to go back to sleep. For autistic children, sleep associations and habits can be very strong. They might include falling asleep while lying next to a parent, while watching TV or after using an electronic device.

If you'd prefer your child to fall asleep by themselves in their own bed, you might want to help your child develop some healthy sleep associations. Here are ideas:

- ☆ Use pictures of your child sleeping in their own bed as part of a visual support.
 - ☆ Give your child a reward for staying in their own bed.
 - ☆ Calmly and quietly return your child to their own bed if they get up after lights out.
- ☆ If your child falls asleep only when you're next to them, you could try sitting on the edge of the bed or on a chair next to the bed. Gradually move away

from your child each night as your child gets better at falling asleep alone.

4. Set up a safe, comfortable sleep environment

Some sleep environments can make it harder for children to get to sleep.

★ Check that your child's sleep space is quiet, dimly lit, and neither too hot nor too cold.

★ Gradually remove objects that might stop your child from sleeping comfortably. For example, if your child has a whole collection of toy cars in their bed, it might make it hard for your child to get comfortable. You could encourage your child to put 1-2 cars per night into a box next to their bed.

5. Avoid caffeine, screens and excitement before bed

Caffeine is in energy drinks, coffee, tea, chocolate and cola. Make sure your child avoids these foods and drinks, especially after 3 pm.

Your child might be more likely to relax and settle for sleep if they also avoid excitement, TV and electronic devices in the hour before bed.

6. Eat the right amount at the right time during the day

What and when your child eats and drinks can affect their ability to settle down at night.

In the morning, a healthy breakfast helps to kick-start your child's body clock at the right time. And in the evening, plan dinner so that your child is satisfied but not too full when they go to bed.

7. Get enough physical activity during the day

It's a good idea to encourage your child to be more active during the day. For example, even a family walk before dinner can make a difference. And it's great if your child can be active outside, because plenty of natural light during the day also helps with sleep.

If you have tried all of these tips and your child is still not settling, please come and talk to Ms Tuckett or make an appointment to discuss this with your doctor.