



Improving Sleep in Children and Young People – The Sheffield Sleeping Well Project

Janine Reynolds – Clinical Nurse Specialist in Sleep

Ruth Kingshott – Sleep Physiologist

Sheffield Children's NHS Foundation Trust

- Sleep & sleep strategies (5 mins)
- Research Project (5 mins)
- Case Presentation (5 mins)
- Open discussion and questions (5 mins)

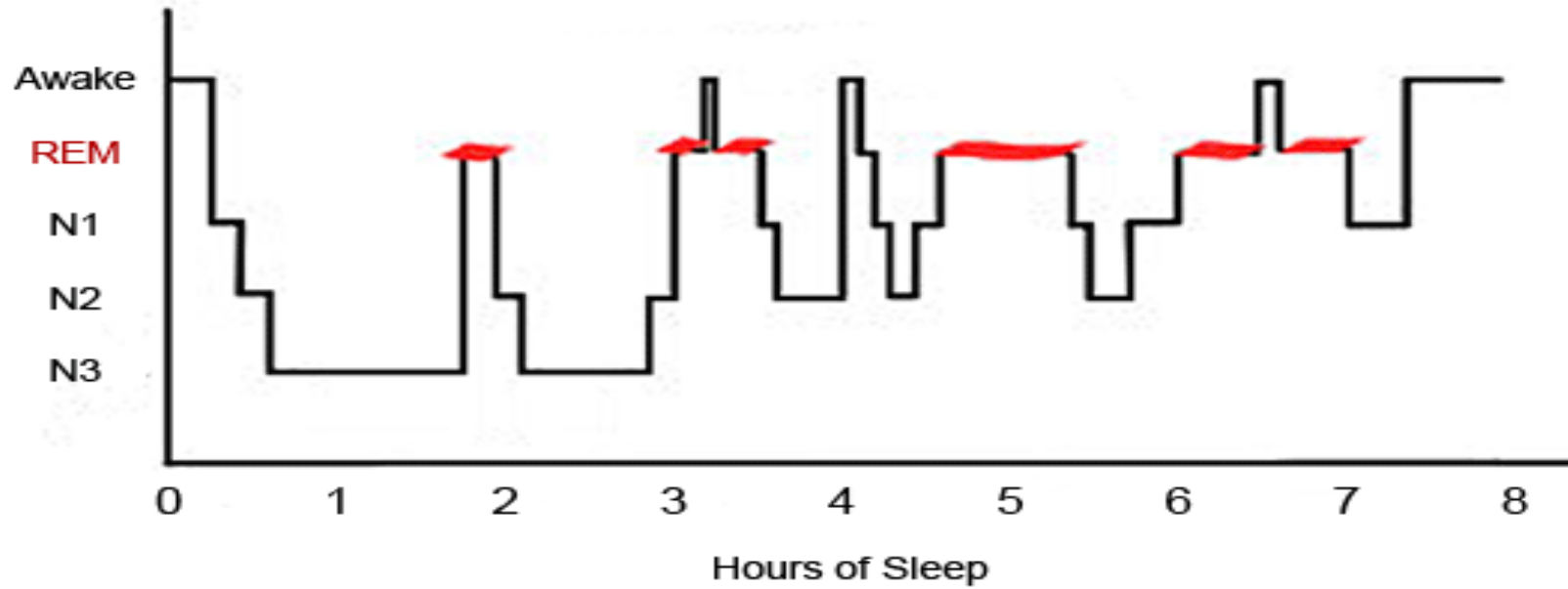
The Importance of Sleep

Sleep is vital to our mental, emotional and physical wellbeing



Working to ensure that children get a good nights sleep
.....and so do their parents!

Sleep Cycles



Working to ensure that children get a good night's sleep
.....and so do their parents!

Sleep Issues

- Restless Leg Syndrome
- Rhythmic movement disorder
- Night terrors/Nightmares
- Sleep walking
- Sleep apnoea



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Potential Sleep issues

1, Lack of routine

2, Pain

3, Temperature of room

4, Bedding

5, Noise

6, Light

7, Over stimulating bedroom

8, Medication

9, Comfort

10, Sleep associations



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Common Issues

- Self settling
- Night waking
- Understanding the difference between day and night
- Anxiety



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Checklist for Good Sleep

Is the child:

- Hungry
- Thirsty
- Ill
- In pain
- Teething
- Wet or Soiled
- Not tired
- Able to self settle?



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'Sleepy' Foods

- Think about sugar content.
- Avoid caffeine
- Dairy products are good – cheese, yoghurt, fromage frais
- Slow release



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Developing a Good Routine

- Plan quiet time.
- No screens in the hour before bedtime.
- Hand eye coordination activities.
- Make sure the bedtime routine is calm.
- Bath time.
- Once your child has gone to their room they should not go back into the living room.
- Avoid giving your child blackcurrant drinks, chocolate, cola or coffee in the evening.
- Keep hugs, kisses and stories to the same length each night.
- Use a set phrase



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A Restful Room

Needs to be:

- Comfortable – bed, duvet, pillows, nightwear
- Quiet
- Dark or consistently have a light in it
- Tidy
- The correct temperature 16 – 18 degrees
- Calming not stimulating – think about decor



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Rewards

- Does your child know what you are rewarding?
- Give verbal praise “I like the way you are . . .”
- Never take rewards away
- Never give sad faces, crosses etc
- Reward as soon as possible
- Review rewards



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Funded by the Health Foundation -12 months
of multidisciplinary working

3-WAY PARTNERSHIP



Sheffield Children's 
NHS Foundation Trust

Paediatric Clinical Sleep
Service, ADHD service,
CAMHS service



Resource materials, training,
expertise



Children, Young People and Families
Service & Fostering and Adoption
Services

What did we do?

Referral
into
Project

Screening
&
Eligibility

Baseline
Research
Home
Visit

Behavioural
Sleep
Intervention

Follow up
support

Final
Research
Home
Visit

- Neurodisability
- CAMHS
- MAST
- SEN
- Social Care
- Fostering Team
- Adoption Team
- Sleep Clinic

- Age 1-16
- Reporting sleep issues
- Parent or guardianship order in place for consenting

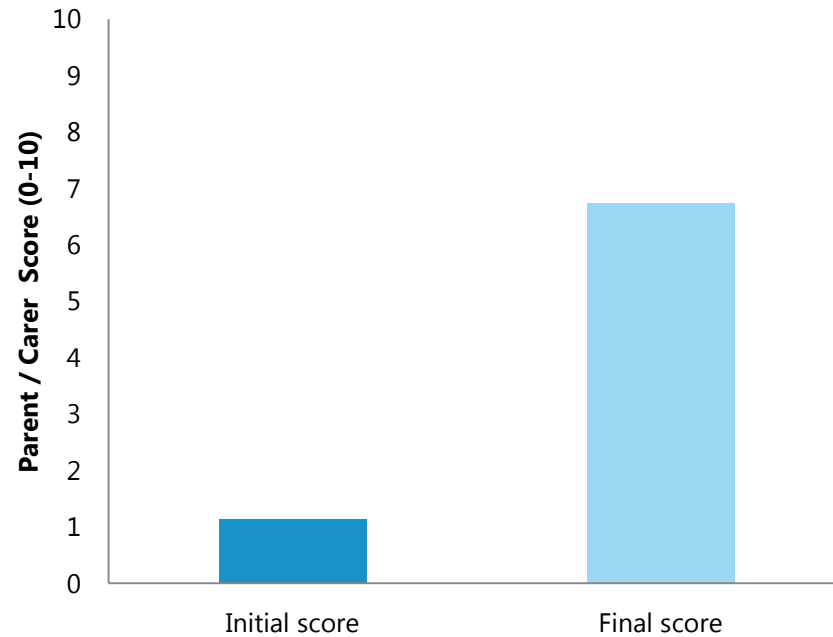
- Consent
- Sleep Times
- Sleep quality and impact
- SDQ
- Warwick Well-being

- Phone call
- Goal setting
- 3hr workshop
- 1:1 Clinic
- Creating the sleep plan

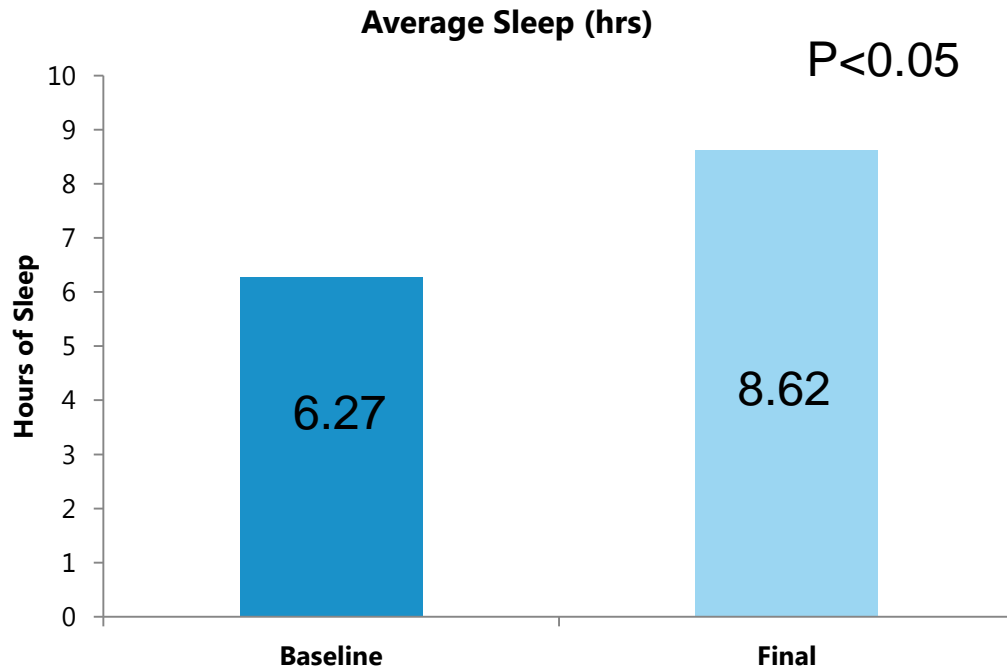
- Regular follow up phone support
- Assessment of goals

- Sleep Times
- Quality and impact
- SDQ
- Warwick Well-being
- Feedback

Self settling score



Parents / Carers' ratings of their child's ability to self-settle to sleep improved from 1.13/10 to 6.73/10 after the intervention.

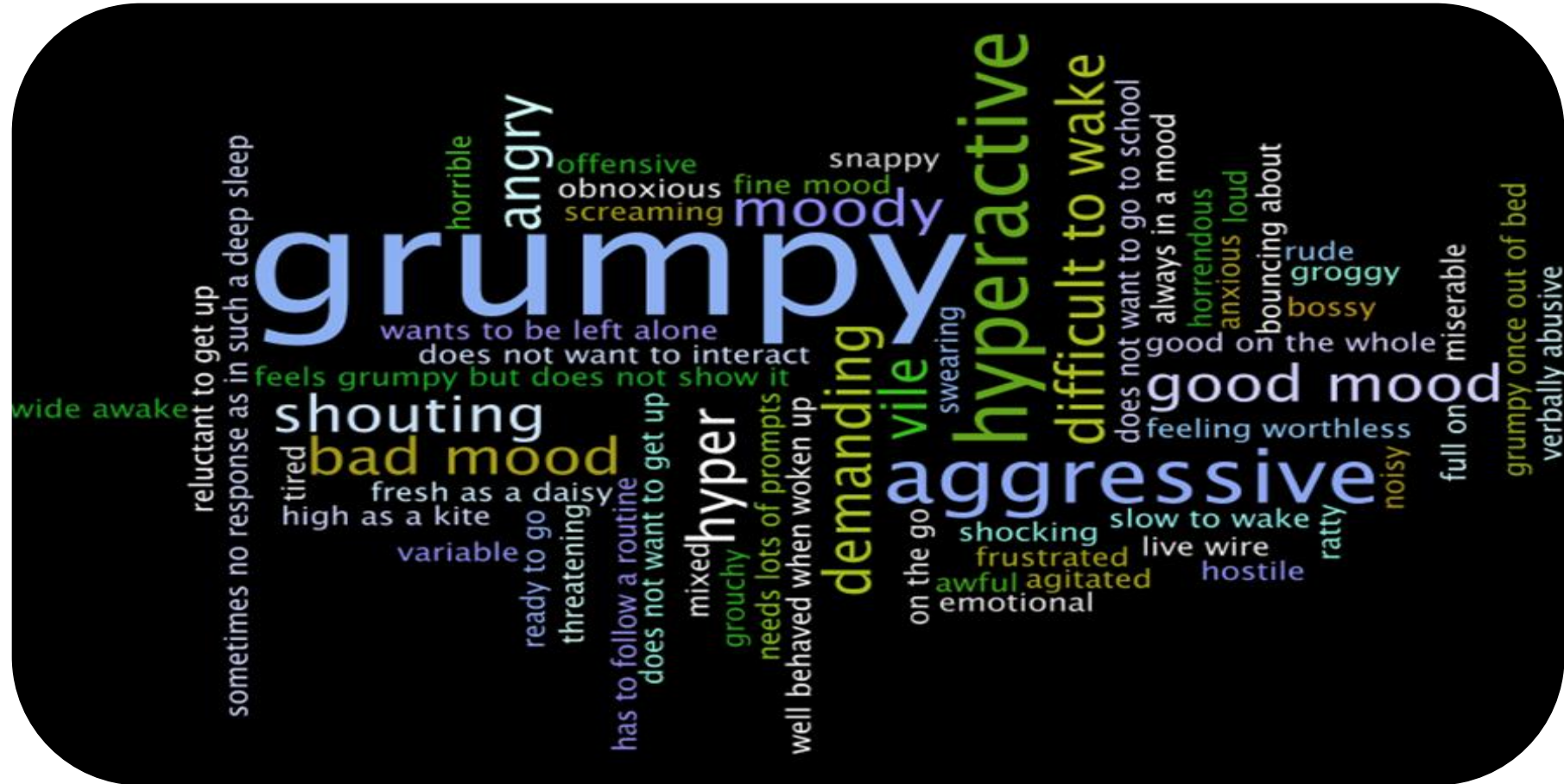


Children gained on average an extra

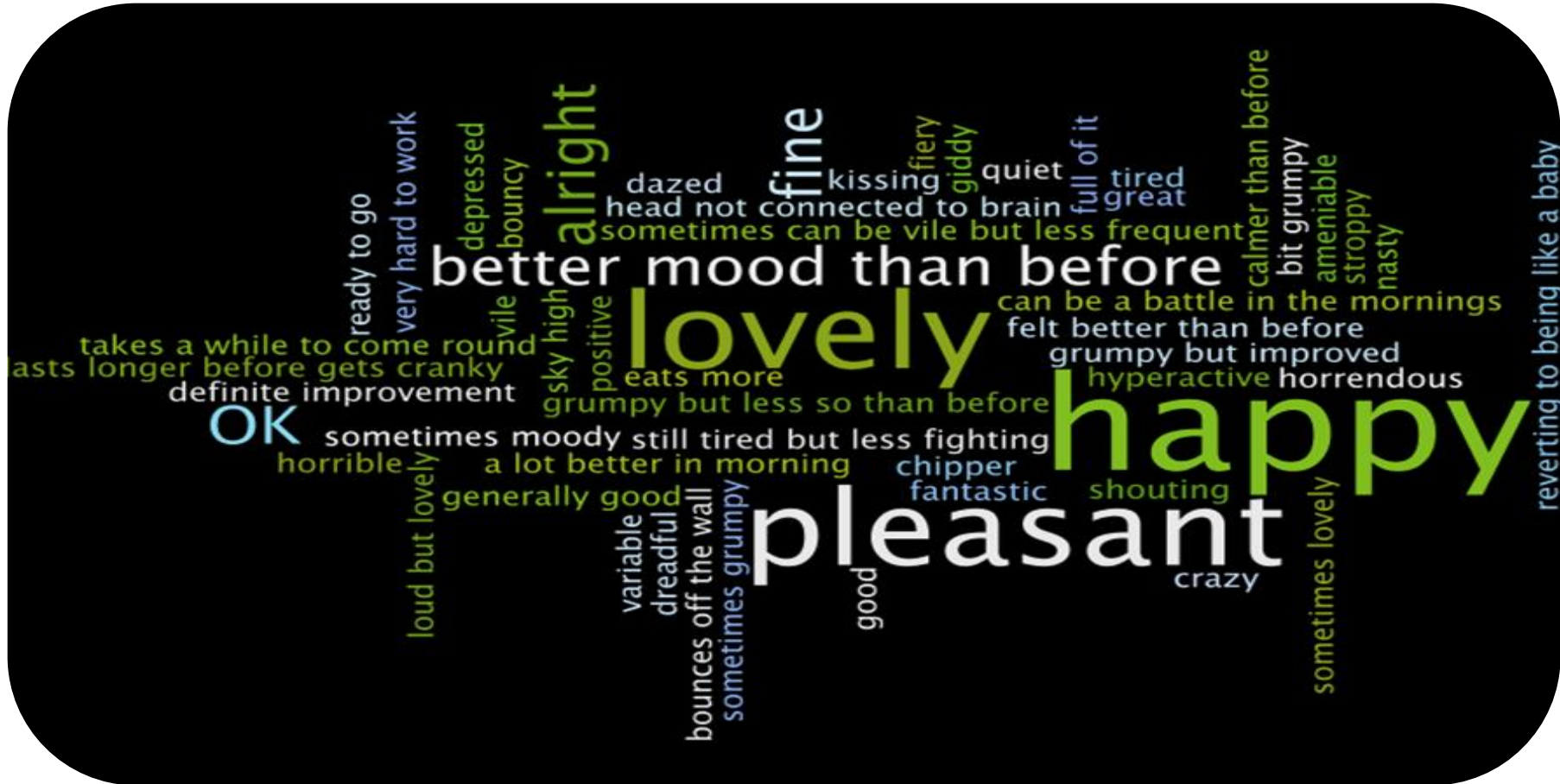
2.4 hours

sleep a night = nearly 2 nights extra sleep a week!

PRIOR TO INTERVENTION



POST INTERVENTION



300%

increase in hospital attendances for children with sleep disorders in the last 10 years

£1,000

is the average cost of a sleep study carried out in tertiary care

£40,000

being spent on melatonin prescribing in children in primary care in Sheffield per month

Total average cost of the behavioural sleep intervention per family

= **£300 - £400**

The case study is based on multiple families experiences

- Danny is a 13 year old boy
- He lives with his adopted parents
- He has been with the family for 8 years
- Always been a bad sleeper
- He cannot switch off at bedtime, he describes his mind is racing
- He will go on his electronic devices and eventually fall asleep between 01:00 and 02:00
- He hates getting up for school in the mornings

- Danny's parents both work in busy jobs
- No set routine
- They are unsure exactly what time Danny falls asleep as they are already in bed by the time he falls asleep
- Waking Danny up for school is such a huge battle
- The parents are just get into work on time
- They have regular feedback from school about the lack of concentration in class & disruptive behaviour
- The couple's relationship is under pressure

Danny's Goal

- To be able to switch off at bedtime

Parent's Goal

- To fall asleep quicker

TIME	ACTIVITIES
21:30	<ul style="list-style-type: none">• Technology is turned off• Main lights dimmed, curtains closed• Danny is encouraged to choose from activities on offer:<ul style="list-style-type: none">- Adult Colouring in / drawing- Board Games- Lego- Jigsaw puzzles• A drink of milk/water is given with supper from sleepy foods list
22:00	<ul style="list-style-type: none">• Danny has a bath, or asked to put on nightwear if bath is too much• Danny is not to return to living room at this point• Danny goes to the toilet and brushes teeth following the bath
22:15	<ul style="list-style-type: none">• Danny goes to the bedroom• Reading Harry Potter for 15 mins only• Give Danny a kiss and say "It is night time now, love you, go to sleep"
22:30	<ul style="list-style-type: none">• Danny left to go to sleep

Additional Strategies to accompany sleep plan:

- Removal of technology from bedroom
- Family centred time
- Getting up the same time (including weekends and school holidays)
- Worry time away from bedtime

The Importance of Support From Sleep Practitioners:

- Parental / carer confidence
- Listening and empathy
- Helping families through blips (illnesses, holidays, contact with birth parents, events at school)
- Regular assessment of GOALS so can see improvements (baby steps)

It has been life changing

Loved the personalised approach

It was hard work, but worth it!

Improved confidence at setting rules and boundaries

First people to see the child and not the adoption

Could have done with this earlier in the adoption pathway

Knew sleep things already, but the phone support nudged you to keep going

No more battles at bedtime

Less staff needed overnight in residential home and more time for paperwork!

My teacher said I have reached GCSE level for the first time!

QUESTIONS?

janine.reynolds@sch.nhs.uk

ruth.kingshott@sch.nhs.uk