

Sleepy time

Early years practitioners have a vital role to play in developing healthy sleeping habits for the babies and young children in their care. *Jackie Hardie* explains her nursery's approach

The majority of early years practitioners will be very much aware of the importance of sleep. Not only does it affect a child's mood, but it is also critical to their development. So I find it staggering that early years qualification courses rarely touch on this important subject. Young practitioners are then often left to their own devices to work out strategies to lull multiple babies and children to sleep at the same time. For them, it can feel like spinning plates.

Sleep, or lack of it, seems to be on the mind of almost every new parent I speak to, and because of this, coupled with first-hand experience of many sleepless nights as a mother, I decided to research sleep and babies. The more I researched, the more convinced I became that practitioners should be playing a major role in the sleeping habits of the children in their care.

COMPLEXITIES OF SLEEP

There are two aspects of sleep that we need to consider: sleep cycles and stages of sleep.

Sleep cycles

Adults and children move from periods of light sleep into deep sleep, referred to as cycles. Children follow sleep cycles of 30-50 minutes (it is longer in adults).

All carers should be aware of these patterns and, in particular, the fact that babies, when tiny, often struggle to link these cycles. So, quite often a child who stirs after 40 minutes is not ready to wake up fully, but may just be between cycles.

Stages of sleep

There are five stages of sleep:

1. A light sleep that we can easily be woken from. If woken during this stage, getting back to sleep is easy for adults but difficult for babies.
2. Also a light sleep, but during this period our breathing and heart rate



are regular and our body temperature drops.

3 & 4. The stages when the deepest sleep occurs. Children can be hard to wake during this period, when blood pressure drops and muscles relax. It is during this time that night terrors, sleep-walking and bed-wetting can occur.

5. REM sleep. Often referred to as dream sleep, this occurs around 90 minutes after falling asleep and reoccurs throughout the night (each 90 minutes or so).

SLEEP AND HOLISTIC DEVELOPMENT

Sleep – particularly REM sleep – plays an essential role in a child's brain function and cognitive development. While asleep, we organise the information of the day, enabling better memory retrieval later. So sleep actively moderates learning and development and is essential for transferring information into the long-term memory.

Sleep is vital to everyone's health,

Sleep not only affects mood but has a profound effect on brain development

but particularly children's. Sleep studies show that a child who is sleep-deprived may not develop and learn to their full potential and that their physical health can also be compromised.

The Millennium Cohort Study, which followed 11,000 children, found that children with irregular bedtimes up to the age of three were the most negatively affected when it came to reading, mathematical skills and spatial awareness. The authors concluded that the first three years of life seem to be a particularly sensitive time for sleep and its relationship to brain development.

With 80 per cent of the growth hormone somatotropin released during sleep, a lack of sleep can also have an impact on children's physical development.

At the Adler Centre for Research in Child Development, Tel Aviv University, a study of 96 healthy six-month-old children concluded that sleep is related significantly to physical growth.

IN PRACTICE

At The Nursery, we aim to:

- inform parents about the importance of sleep
- establish the same sleep routines for a child in the nursery as at home – provided these meet the needs of the child. At times, parents ask us to limit a child's sleep, particularly in the afternoon, so we always work closely with parents to ensure any routine is in the best interest of the child.

We achieve these aims through staff training and our sleep policy (see case study).

We developed the policy after studying the sleep habits of children in our care and recognising their different sleep patterns and the often subtle differences in their routines – for example, some children will have a comforter, a bottle before bed or a hand placed on their back.

By working with parents and taking on board these variations, we can ensure a child follows the same routine in nursery as at home, and with positive results.

Sleep behaviour is like any other behaviour and as such needs to be guided by familiarity, routine and cues, which formed the basis of our sleep policy. Before introducing this policy, we worked with other sleep professionals in order to gather more information.

Staff training

It is important to expose practitioners to reading material that parents use as guidance – good or bad. All staff at The Nursery are encouraged to read *The Baby Whisperer* by Tracy Hogg and *The Contented Baby* by Gina Ford.

These approaches are similar and while we disagree with their strict recommendations, we agree with the need for routine and follow their core principles, such as encouraging a child to self-soothe. We work closely with parents to ensure home routines are built into the child's routine at nursery.



A sleep policy is important

CASE STUDY

An anxious mother was returning to work full-time and required childcare for her five-month-old daughter. She had been following the Gina Ford routine for meal and sleep times, and told us that her baby needed to sleep for 2.5 hours between 11.30am and 2pm each day. She also explained that her daughter would nap only in her pram.

After consulting the mum, we completed an Individual Sleep Plan, identifying sleep cues, such as being fed a bottle of milk in a comfortable chair, a cuddle for reassurance before being placed in a cot, and being told when it was 'sleepy time'.

When the mum was still anxious about her daughter becoming distressed, we discussed a technique we call 'shhhhh pat'. Here, the carer gently pats the child and utters a long 'shhhhh', so diverting the child from their own cry and tuning them into the soothing sound.

We train staff on the brain development of under-tuos to help them understand the role of physical activity and sleep. As part of our research, we invited experienced night nannies to work with our staff over a six-week period to further develop their understanding of good sleep habits.

Sleep policy

Our sleep policy includes step-by-step guidance for staff and parents to ensure everyone understands the complexities of sleep. Sleep time is not about simply placing a child in a cot or bed, it is about recognising, and making, subtle adjustments that can make a huge improvement to a child's sleep pattern.

The most important element in our policy is recognising that every baby and child is unique. Therefore, we:

- adjust our approach to suit each baby or child
- ensure that all children are aware it is sleep time by using phrases such as 'It's sleepy time' alongside the Makaton sign for sleep
- ensure that before sleep, children have time to relax through music and stories
- place sleeping bags and comforters on each child's mattress or cot to ensure the child recognises it is sleep time
- don't rock children to sleep, but rather offer adult reassurance, if needed, by sitting next to the child
- encourage children to self-soothe. Staff do not make eye contact, talk or sing to the child during

We explained that staff would tune into the child's cries and reassured the mum that if her daughter hadn't stopped crying within 10 minutes, we would pick her up and repeat the process of soothing her.

On the child's first day we did have to pick her up and repeat the process, but she settled down to sleep within 20 minutes. We recorded how long it took each day and by the end of the first week the child settled in less than 10 minutes with no tears.

At the end of the child's first week, we explained to the mum the subtle associations that we used and which she could implement at home, such as using the 'shhhhh pat' technique, placing a familiar muslin cloth on the child's mattress and using familiar words such as 'it's sleepy time'. These minor changes had a positive impact and the child settled in her cot at home over the weekend for the first time.

sleep time

- ensure staff are aware of sleep cycles and know babies may stir 30-50 minutes between cycles.

Messages for parents

The following messages are also shared with parents and followed by staff:

- Even the youngest babies become aware of their sleep cues. For example, putting a child in a sleep suit or providing a comforter that is given only at sleep time can all be part of a familiar sleep routine that aids good sleep.
- Ultimately, your goal is for baby or child to self-soothe.
- If your child wakes, don't rush in too quickly. Children cry out many times in sleep and do not always need a carer to step in.
- Tune into the cries of your child. We refer to cries as crying up or crying down. As a child is falling to sleep, their cry will usually be high-pitched and then soften, referred to as crying down, as they go off to sleep.
- Avoid rocking your baby to sleep. You do not want your child to always expect to be held to go to sleep. This will be challenging for staff and parents as the child gets older.
- Darken the room. Children very quickly make associations with light and dark. ■

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Jackie Hardie is owner of The Nursery in Portishead, Somerset