✦ Neurodivergent Minds

Why Won't My Child Sleep?

The Neurodivergent-Aware Sleep Guide for Parents

Gentle, practical ways to make bedtime and nights easier, without sleep-training rules that weren't written for your child.

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How to Use This Guide

Sleep is one of the most exhausting parts of parenting a neurodivergent child, and one of the most common. If you're reading this tired, you're in very good company.

This guide won't promise a perfect night. Some of what works is slow, and some children's sleep stays difficult for a long time no matter what you do. What it can do is help you find the pieces that are most likely to be getting in the way, try small changes one at a time, and look after yourself while you do.

A note on what this guide isn't: it isn't medical advice, and we can't advise on medication, supplements or sleep disorders. If sleep is severely affecting your child or your family, please speak to your GP or health visitor. There's a section near the end on when to do that.

Why Sleep Can Be Harder

Every child is different, but many neurodivergent children find sleep harder for reasons that are practical, not behavioural:

- Sensory differences. Light, sound, temperature, the feel of pyjamas or bedding and the smell of a room can matter far more than they would to another child.
- A busy mind. Thoughts, worries, interests and replaying the day can keep going when the body is ready to stop.
- Difficulty winding down. A day full of effort and masking can leave a child wired, not sleepy.
- Transitions. Stopping an enjoyable activity and moving to bed is a big transition, and transitions are often hard.
- A body clock that runs differently. Many families notice their child naturally falls asleep later, or wakes very early.
- Anxiety. Fear of the dark, of being alone, of what might happen at night or of tomorrow.
- Demand sensitivity. For some children, being told “it's bedtime” triggers resistance, however tired they are.

None of this is naughtiness. It's usually a child whose body or mind isn't getting the cues it needs to settle.

Start with the Room

A sensory check of the bedroom is often the quickest win, and costs very little.

- **Light.**
  Is the room dark enough, or too dark? Streetlight through curtains, a landing light, standby lights and bright clocks can all be an issue. Some children need blackout curtains; others need a gentle night light. Both are fine.
- **Sound.**
  Is the room quiet enough, or too quiet? Noise from the street, other rooms, pipes or a ticking clock can be hard to ignore. Some children sleep better with white noise, a fan or soft music. Others need silence.
- **Temperature.**
  Too warm is a very common cause of disturbed sleep. Many children sleep better in a cool room with layers they can add or remove.
- **Bedding and pyjamas.**
  Seams, labels, tight cuffs, stiff sheets, heavy or light duvets, itchy materials. Try the softest, most familiar options. Some children prefer a weighted blanket or tight sheets. Others find these unbearable. Let your child tell you if they can.
- **Smell.**
  Washing powder, air fresheners, and cooking smells can be surprisingly strong.
- **The bed itself.**
  Is it comfortable? Is it the right size? Is it in a spot your child feels safe?

A small way to use this: ask your child, in whatever way works, what they notice most in their room at night. You may be surprised.

A Wind-Down That Actually Winds Down

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A good routine is mostly about predictability. Knowing what comes next lowers the load on a child who finds change difficult.

- Keep it the same, in the same order, most nights. A routine that changes constantly isn't a routine.
- Make it visual. A picture or written chart (bath, pyjamas, teeth, story, lights off) lets your child see what's coming without having to be told.
- Start earlier than you think. Many children need a long, slow runway. Thirty to sixty minutes of quiet, low-demand time is often more useful than a rushed twenty.
- Make it calm, not busy. Dimmer lights, lower voices and fewer choices. Save big conversations and conflict for the daytime.
- Include something they enjoy. A particular book, a special song, a cuddle, a back rub. Bedtime should feel like something to look forward to, not just something to survive.
- Give warnings. “Five more minutes, then we start bedtime.” A visual timer can help.
- Offer limited choices. Which pyjamas, which story, which cuddly toy. Choices give control without opening the whole bedtime up for negotiation.

Screens, Food and the Day Itself

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What happens in the day affects the night.

- **Daylight and movement.**
  Time outdoors in the morning and during the day, and plenty of physical activity, tends to help sleep. Even a short walk counts.
- **Screens.**
  For many children, screens make winding down harder, partly because of the stimulation and partly because stopping is a difficult transition. A gentle plan, such as screens off 30 to 60 minutes before bed and a calm activity after, usually works better than an abrupt switch-off. Some children find the transition easier if you give a clear warning and swap to something equally appealing.
- **Food and drink.**
  A snack that's filling but not sugary, before bed, can help children who wake hungry. Drinks with caffeine (cola, energy drinks, some teas, chocolate) can affect sleep, sometimes for many hours.
- **Big days.**
  Parties, holidays and school events can disrupt sleep for days afterwards. Build in recovery time where you can.

When the Mind Won't Stop

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If worries or busy thoughts are keeping your child awake:

- **A worry time earlier in the day.**
  A short, calm slot, not at bedtime, to talk or write about worries. This can help them feel “dealt with” before bed.
- **A worry book or box.**
  Writing or drawing a worry and putting it away “until tomorrow” can help some children let go.
- **A calm thing to focus on.**
  A quiet audiobook or story, a podcast for sleep, a repetitive thought game (such as naming animals alphabetically), a body scan or slow breathing.
- **A reassurance routine that doesn't escalate.**
  A short check-in, a fixed phrase (“I love you, I'll see you in the morning”), and a clear end.

Falling Asleep, Staying Asleep, Waking Early

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Different problems need different thinking.

- **Taking a long time to fall asleep.**
  Check the wind-down and the room first. Some children are simply not tired at the time we expect them to be. Moving bedtime later, then gradually earlier, can work better than lying in bed awake and frustrated. Lying in bed awake in the dark isn't harmful, but it can become stressful, so a calm quiet activity in bed (books, audio) is often better than forcing sleep.
- **Waking in the night.**
  Keep it boring: low light, few words, little interaction and return to bed without a big event. If your child comes to find you, take them back calmly and consistently. If you co-sleep or stay with them, that's a valid choice if it works for your family. Make the decision you can sustain.
- **Waking very early.**
  Blackout curtains, a clock that shows when it's “morning time” (some families use a clock that changes colour), and quiet things to do in their room until the agreed time can help.
- **Nightmares and fears.**
  Reassure, validate, and stay calm. Avoid asking too many questions at night. In the daytime, you can talk about it if they want to.

Bedtime Refusal and Demand Sensitivity

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If bedtime itself is the flashpoint:

- Think about what exactly feels like the demand: the instruction, the time, the transition, the separation.
- Use invitation and curiosity: “I wonder what we could do tonight to make bedtime easier?”
- Give some control over the process: they choose the order of steps, or the routine is a visual one they follow, not one you impose.
- Avoid power struggles. They rarely help and often make everyone more awake.
- Keep the wind-down as low pressure as you can.

Worth knowing: if this sounds like your child, you may also find the Meltdowns and Shutdowns Quick Reference useful, particularly the sections on build-up and recovery.

Looking After Yourself

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Poor sleep is hard on parents. It affects patience, mood, health and everything else.

- Share nights if there are two of you, and protect a block of uninterrupted sleep for each of you where possible.
- Lower your expectations for the days after bad nights. Easier meals, fewer demands, more rest.
- Ask for help: grandparents, friends, a partner. Even an occasional night off helps.
- Tell someone how you're doing: a GP, health visitor or a support group.
- Remember it changes. Sleep patterns shift over time, often more than parents expect.

Sheet 1: Sleep Diary

Keep this for one to two weeks to spot patterns before changing anything

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- **Date:**

- **What time did the wind-down start, and what did we do:**

- **What time did they go to bed, and fall asleep (roughly):**

- **Any waking in the night, and what happened:**

- **What time they woke, and how they seemed:**

- **Anything notable about the day (activity, food, screens, worries, illness, changes):**

Sheet 2: Our Bedtime Routine

Fill this in together with your child, if you can, then turn it into a visual chart

- **Time we start winding down:**
- **Steps, in order (for example bath, pyjamas, teeth, story, lights off):**
- **Something they love in the routine:**
- **What they can choose:**
- **What we do if they can't sleep:**
- **What we do if they wake in the night:**

Sheet 3: For School and Other Carers

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Share when sleep has been poor, or with anyone who looks after your child overnight

- **How my child sleeps, generally:**

- **What helps them settle:**

- **Anything to flag after a bad night (extra tiredness, lower tolerance, needing a quiet break):**

- **How best to contact me:**

What's Ordinary, and When to Ask for More Help

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- **Usually ordinary:**
  difficulty falling asleep, waking in the night, early waking, disrupted sleep after changes, illness or holidays, and a strong need for a particular routine or comfort object. Many neurodivergent children have sleep patterns that look different from their peers for years.
- **Worth mentioning to your GP or health visitor:**
  sleep that's persistently very difficult and affecting your child's daytime wellbeing, learning or mood; loud snoring, pauses in breathing or gasping at night; frequent night terrors or sleepwalking; strong signs of discomfort in the legs at night; or a child who seems exhausted in the day despite plenty of time in bed. These may have practical causes that a professional can look into.
- **Worth raising urgently:**
  if your child is leaving the house at night, putting themselves at risk, or if you are exhausted to the point of not coping. Please speak to your GP or health visitor.

A note on medication: we can't advise on medication or supplements, including melatonin. If you wonder whether they might help, that's a conversation to have with your GP or paediatrician, who can look at your child's whole picture.

A Closing Note

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If your child's sleep is hard, it isn't because you haven't tried hard enough or got the routine wrong. Many children simply need more time, more support and different cues.

Try one small change at a time, give each a fair chance, and keep the ones that help. Hold on to the fact that it changes, and that you're doing a hard thing well.

Where to Get Help, and a Few Safety Notes

This guide is general information, a set of practical ideas and different ways of looking at things. It is not medical, mental health, legal or safeguarding advice, and it cannot replace a professional who knows your child. Every child is different, and what helps one child can be unsuitable for another. If something here does not feel right for your child, trust your own judgement and ask a professional.

If you are worried about your child

- Talk to your GP, or your child's school SENCO or pastoral team. Say what you are seeing and how long it has been going on.
- Waiting lists for children's mental health services (CAMHS) are long in many areas. That is not your fault. Ask what support is available in the meantime, in school and locally.
- If things get worse while you wait, say so again. You have not used up your chance.

If a child says they want to hurt themselves

- Stay calm, listen and take it seriously. Do not promise to keep it secret and do not leave them alone if you think they may act on it. Get help the same day through your GP or NHS 111, or call 999 if they are in immediate danger.

A safety note on sleep

- Weighted blankets are not suitable for every child, especially younger children or those with breathing, health or mobility difficulties. Please speak to your GP, paediatrician or an occupational therapist before using one, and follow the maker's guidance. Anything near a sleeping child, including bedding, comfort items and bed arrangements, needs to be safe for their age. If in doubt, ask your health visitor.

Helplines

In an emergency or if someone is in danger	**999**
NHS 111, for urgent advice	**111**
Childline, for children and young people (free, any time)	**0800 1111**
YoungMinds Parents Helpline (weekdays)	**0808 802 5544**
Samaritans, for anyone (free, any time)	**116 123**
Contact, for families with disabled children (weekdays)	**0808 808 3555**

More helplines and support organisations are at neurodivergentminds.com/help.html. Phone numbers and services change, so please check each organisation's own website for current details.