Written by the Inclusive Developmental and Therapy Center therapy team · **medically reviewed by Dr Muhammad Suffyan**, MB BS (**GMC 8023727**) · Last reviewed July 2026

Can I help my child at home?

Yes, you really can. Help your child settle at bedtime, fall asleep more easily and stay asleep for longer — and give the whole family calmer nights. This free program breaks it down into simple weekly steps, built from proven therapy techniques — things any parent can do at home, in everyday moments, at no cost. It doesn't replace a professional assessment where one is needed, but for a lot of children it makes a real difference, and it never does any harm.

- Go at your own pace — a new, gentle focus each week.
- Download the whole program as a printable PDF to keep.
- Includes the signs that mean it's worth getting a bit of extra help.

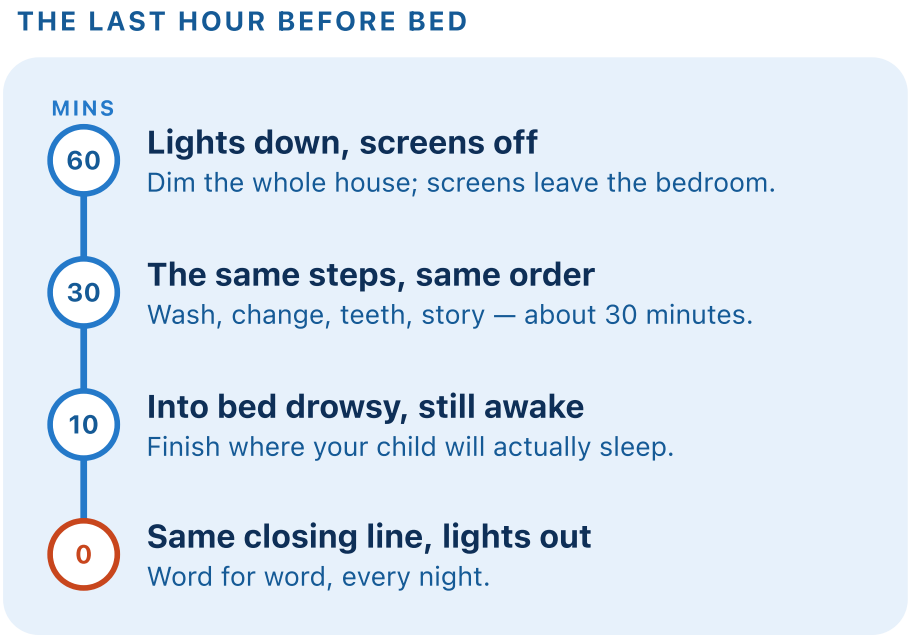
Most children who fight bedtime are not being difficult on purpose. They simply have not learned yet how to fall asleep on their own. Sleep is a habit, and habits can be taught gently. This free home program gives you a calm bedtime routine and six weeks of small, steady steps you can start tonight — one of our **free step-by-step home programs for parents**, yours to work through at your own pace.

Broken nights are one of the most common worries parents bring to us in Multan — usually described in three words: mera bacha raat ko nahi sota. In many homes here children share a room or a bed, the evening meal is late, and guests arrive after dark. None of that has to change for your child to sleep better. What matters far more is that the last hour before bed looks the same every single night.

Expect the first improvement to be in how quickly your child settles, not in how long they sleep. Bedtime usually gets shorter and calmer before night waking improves. Give a new routine ten to fourteen consistent nights before you judge it,

and expect the first two or three nights to be harder rather than easier — that is your child checking whether the new rule really holds.

Almost all of the work happens in the last hour of the day, and that hour should look the same every night:



This guide supports good sleep habits but does not replace medical advice. If your child's sleep problems are severe, sudden, or come with any worrying signs, please speak to your doctor — some sleep difficulties need a proper check.

Who this program is for

- Parents of children who fight bedtime, or who take an hour or more to settle
- Families dealing with frequent night waking, or a child who ends up in your bed every night
- Children who are frightened of the dark or of being left alone at bedtime
- Autistic children, and children who struggle with attention — sleep is very often harder for them, and our connection and communication program for autistic children sits well alongside this one
- Children who have slipped into unhelpful habits, such as needing to be rocked, fed or driven to sleep
- Families sharing one room, where a separate bedroom simply is not possible

- ✓ Parents wanting a calm, consistent bedtime routine they can actually keep
- ✓ Anyone who is worn out and wants a clear, gentle plan

Important — when to get professional help

This is a supportive home program — it isn't a diagnosis, and it doesn't replace a proper assessment. Please speak to a professional soon if:

- Loud snoring or pauses in breathing during sleep — this can be a sign of sleep apnoea, so please see a doctor
- Any breathing, choking or gasping episodes during sleep
- Extreme, worsening or unusual distress at bedtime or during the night
- A sudden change in sleep alongside other worrying signs, such as weight loss, pain or low mood
- Daytime sleepiness that is severe, or that is affecting how your child functions at school or at home
- Morning headaches, or a heavy grogginess that does not lift even after a long night in bed
- Bedtime fear or worry that is intense, happens most nights and is spilling into the daytime — this may need support for anxiety, not just a change of routine
- Sleepwalking or night-time episodes where your child is hard to rouse and could come to harm

Getting help where you live

Everything here is free to use **anywhere in the world**. If you'd like a professional to take a closer look, the best next step is someone local to you:

- **Work with us online, from anywhere.** We offer **online sessions and parent coaching** worldwide — book an online consultation and we'll guide you and your child directly.
- Talk to your child's **doctor, paediatrician, GP or health visitor** — share what you noticed.

Ask about **free early-childhood or early-intervention services** in your area — many countries offer them for young children (e.g. Early Intervention in the US, NHS referrals in the UK).

Search **“child speech & language therapist near me”**, or ask your doctor for a referral.

Near Multan, Pakistan? You’re also warmly welcome in person at our centre — **contact us here**.

☆ Your step-by-step roadmap

Move at your child’s pace, not the calendar’s — the “weeks” are just a gentle order, not a race. Feel free to repeat any stage for as long as it’s helping.

Week 1 — Set the scene for sleep

Get the room, the light and the daytime working for you.

Make the sleeping space as cool, dark and quiet as you can manage — a fan, a heavier curtain or a folded sheet over a bright window all count. If light, noise or the feel of the bedding bothers your child far more than it bothers other children, our calm body sensory home program is worth reading first.

Fix the wake-up time first, not the bedtime. A similar waking hour every morning, weekends included, is what steadies the body clock.

Get daylight and active play into the day, especially in the morning, and keep rough-and-tumble for earlier in the evening.

If your child still naps, try to finish the nap by mid-afternoon. A late nap is one of the most common reasons a young child cannot settle at night.

Try this: Dim the lights around the whole house an hour before bed. Children read light as a signal long before they can read a clock.

Week 2 — Build a calm bedtime routine

Create the same soothing steps, in the same order, every night.

Choose three or four calm steps and always do them in the same order — for example wash, change, teeth, story.

Start at the same time each night and keep the whole routine to about 30 minutes. Longer routines tend to drift and then unravel.

Finish in the place where your child will actually sleep, with something quiet: a short story, a soft song, or a few slow breaths together.

Say the same closing line every night, word for word. Predictable words settle a child as much as predictable steps do.

Try this: A simple picture chart of the bedtime steps helps young children know what comes next — our printable visual daily routine chart can be used for the bedtime steps too. A chart like this often helps autistic children a great deal, because they can see the plan instead of having to remember it.

Week 3 — Screens off and winding down

Remove the things that keep a small brain switched on.

Switch screens off at least an hour before bed, and keep phones and tablets out of the sleeping space overnight — if the evening screen battle is the hardest part, start with our guide to healthy screen time habits for children.

Swap cola, fizzy drinks and evening tea for water or warm milk — caffeine stays in a small body for hours.

Bring the evening meal earlier where you can. A very late, heavy dinner makes settling noticeably harder.

Fill the wind-down hour with quiet things: books, drawing, a warm bath, or tidying the toys away together.

Try this: Keep a comforting bedtime object nearby. A favourite teddy, a small pillow or a familiar blanket helps your child feel safe in the moment you leave the room.

Week 4 — Settling without you

Help your child learn to fall asleep on their own.

Put your child into bed drowsy but still awake, so the last thing they remember is their own bed rather than your arms.

If your child needs you close, sit beside the bed quietly instead of lying down with them — then move your chair a little further away every few nights, until you are near the door.

Keep talking to a minimum. A short phrase and a hand on the back does far more than a conversation.

Expect it to get slightly worse before it gets better. Children test a new rule hardest in the first three nights, then most settle.

Try this: Offer one bedtime pass — one extra drink, hug or trip to the toilet, agreed before lights out. Once it is used, bedtime is closed. Many children stop using it within a week or two.

Week 5 — Calm, boring nights

Make the middle of the night short, dull and predictable.

Keep night waking boring: low light, few words, no snacks, no screens, no long cuddles.

Walk your child back to their own bed as many times as it takes, using the same short phrase every time.

Whoever answers at night should answer the same way. Two different responses teach a child to hold out for the softer parent.

Only bring a child into your bed if you have decided in advance that this is what you want — and then do it every night, not some nights.

Try this: Agree the plan with everyone in the house before you start, grandparents included. A night-time routine only holds if the whole household holds it.

Week 6 — Keep it steady, and handle the fears

Protect the habit you have built, and meet bedtime fear kindly.

Keep the routine even when life gets busy, adjusting only slightly, and expect the odd off night with illness, travel or a big change.

Praise in the morning as well as at night, and name exactly what your child did well — "you stayed in your own bed, that was hard".

If your child is frightened, take the fear seriously rather than arguing about whether monsters are real. Shorten the distance between you instead: a dim light, a chair by the bed, a check-back in five minutes. Our advice on helping an anxious child gives you more to try if the worry runs deeper than bedtime.

Move worry conversations to the early evening. The doorway at lights-out is the worst possible time to discuss what is bothering your child.

Try this: When you travel, take the same story book and the same comfort object. The routine travels far better than the bedroom does.

Little tricks that make it work

- Consistency matters more than perfection — the same steps on most nights is what counts.
- Avoid big meals, sugar and rough-and-tumble play in the hour before bed.
- Sharing a room is not the problem. A quiet, predictable last hour matters far more than a separate bedroom.
- Tell visiting family what time bedtime is, so guests do not accidentally undo it.
- A steady wake-up time is a stronger sleep helper than a steady bedtime. Fix the morning and the night usually follows.
- Heat keeps children awake. In summer, a fan, lighter bedding and a cooler bath before bed help more than an earlier bedtime does.
- Never use the bed or the bedroom for time-out or telling off — you want that space to feel safe.
- Look after your own rest too. Tired parents find calm routines much harder to hold.

- ✓ Give a new routine ten to fourteen nights before you decide whether it is working. If nothing at all has shifted by then, that is worth a proper look rather than more effort — you can book an appointment with our team in Multan.

How you'll know it's working

- → Your child falls asleep more quickly — this is usually the very first thing to change
- → Bedtime feels calmer, with less pleading, crying or bargaining
- → Fewer or shorter wakings during the night
- → Your child settles back to sleep with less help from you
- → Your child wakes more refreshed, and mornings stop being a battle
- → Daytime mood, attention and behaviour begin to steady as sleep improves
- → You get a predictable evening back — which matters more than parents are usually allowed to say

Is this based on real methods? This program uses well-established behavioural sleep principles rather than anything experimental: a consistent positive bedtime routine, good sleep hygiene, a settled sleep environment, and gradual, gentle approaches to settling and night waking — the same habits described in NHS and paediatric sleep guidance. The sleep-length ranges given in the questions below are the widely used recommendations published by the American Academy of Pediatrics. This is education and support for parents; it is not a diagnosis, and it does not treat a medical sleep disorder.

Educational information, not a diagnosis. Our guidance follows standard, research-based practice (CDC, NHS, ASHA and WHO), is written by our therapy team and **medically reviewed by a GMC-registered doctor**. Every child is different, so we can't promise specific results — always use your own judgement and speak to a qualified professional about your child. **Read our full disclaimer**.

FAQ

Better Sleep: questions parents ask