CHILDREN'S HEALTH & WELLBEING FACTSHEET

Children's Sleep, Night Terrors and Sleepwalking

Understanding common sleep difficulties, improving safety and knowing when to seek assessment

The short version

Children often take time to settle, wake at night or experience nightmares. Night terrors and sleepwalking are different: the child is partly aroused from deep sleep, may look awake but is not fully conscious, and usually remembers little or nothing. Most episodes are harmless and improve with age, but safety matters. Regular routines, enough sleep, a calm response and a two-week sleep diary can help. Loud habitual snoring, gasping, pauses in breathing, injury, marked daytime sleepiness or unusual movements require clinical assessment.

Sleep changes as children grow

Babies	Sleep is spread across day and night. Safer-sleep guidance takes priority: place babies on their back in a clear, flat, separate sleep space and follow current NHS and Lullaby Trust advice.
Toddlers and pre-school children	Naps reduce gradually. Separation worries, fears, illness and rapid development can affect settling and waking.
School-age children	School demands, activities, anxiety, screens and inconsistent routines may reduce sleep. Parasomnias are common in childhood.
What matters most	Look at the child’s daytime functioning, regularity, comfort and breathing—not only a target number of hours. Needs vary.

This is not about blame

A child who cannot sleep is not simply being difficult, and an exhausted parent has not failed. Sleep is shaped by biology, health, development, environment, stress and family circumstances.

Healthy sleep foundations

Small, consistent changes are usually more useful than trying to redesign the whole evening at once.

Anchor the morning	Use a reasonably consistent wake time and morning daylight. This helps the body clock, including after a difficult night.
Daytime movement	Offer age-appropriate activity and outdoor time. Avoid highly stimulating exercise immediately before bed if it makes settling harder.
Naps	Protect naps that are developmentally needed, but review very late or long naps if bedtime is drifting. Do not remove naps abruptly from an overtired child.
Food and drinks	Keep meals predictable. Avoid caffeine and energy drinks. Address hunger with an appropriate snack and brush teeth afterwards.
Screens	Create a screen-free wind-down, commonly 30 to 60 minutes before bed. Consider both light and emotionally stimulating content.
Bedroom	Aim for dark, quiet, comfortable and safe. Consider noise, temperature, bedding, smells, light and whether room sharing affects sleep.

A simple wind-down

- same short sequence each evening
- wash, toilet and teeth
- brief story or quiet music
- dim lights and reduce noise
- one calm shared activity
- clear, reassuring goodnight

For babies

Generic child sleep strategies must never override infant safer-sleep advice. Avoid pillows, duvets, nests, positioners and products claiming to prevent SIDS. Use a firm, flat, waterproof mattress and keep the cot clear.

Settling, bedtime resistance and night waking

Start where sleep happens	If bedtime is much earlier than the child’s natural sleep time, begin close to when they usually fall asleep, then move it earlier gradually.
Make the ending predictable	Set a clear limit—such as one story—then use the same brief goodnight. Children who need more reassurance may benefit from gradual withdrawal rather than abrupt separation.
Return calmly	If a child gets up, guide them back with minimal light, conversation and excitement. Consistency may take several nights.
Night waking	Pause briefly if appropriate, then check safety, pain, temperature, toileting and comfort. Keep responses calm and similar each time.
Early waking	Review bedtime, naps, morning light, noise and whether the child is genuinely rested. A later bedtime is not always the answer.
Physical causes	Eczema, reflux, constipation, pain, breathing problems, restless legs, seizures and medicines can disturb sleep and need appropriate assessment.

Track before guessing

For two weeks, record bedtime, estimated sleep onset, waking, naps, unusual events, snoring, medicines, illness and daytime effects. A pattern is more useful than a perfect diary.

Nightmares and night terrors

They can look frightening, but they arise from different parts of sleep and need different responses.

Feature	Nightmare	Night terror
Timing	Usually later in the night during dream sleep.	Usually in the first part of the night during deep sleep.
What you see	Child wakes frightened and seeks comfort.	May scream, thrash, sit up or have open eyes but is not fully awake.
Memory	Often remembers some of the dream.	Usually little or no memory next morning.
Response	Comfort, reassure and help the child feel safe.	Stay calm, protect from injury and do not try to wake or restrain unless safety requires it.

Reducing triggers

- avoid overtiredness
- address illness, pain or stress
- check for sleep apnoea symptoms
- keep sleep times regular
- review frightening media
- review medicines with a prescriber

Scheduled waking

If night terrors happen at a very predictable time, NHS advice describes waking the child about 15 minutes beforehand each night for two weeks. Discuss this with an appropriate professional if episodes are frequent, uncertain or complex.

Sleepwalking and other unusual sleep behaviours

Sleepwalking is a partial awakening from deep sleep. A child may sit up, walk, dress, speak or perform familiar actions with a blank expression and limited response. Episodes usually occur in the first part of the night and are not remembered.

Make the environment safer

- lock external doors and secure windows
- clear floors and stairs
- consider a door alarm if wandering is possible
- keep car keys inaccessible
- use stair gates where appropriate
- lock away sharp tools and medicines
- do not use a top bunk
- tell overnight carers what to do

During an episode

- Stay calm and gently guide the child back to bed.
- Avoid shouting, shaking or sudden waking; confusion and distress may increase.
- Do not restrain unless needed to prevent immediate harm.
- Record the time, duration, behaviour, illness, stress and sleep loss.

Other parasomnias

Sleep talking	Common and usually harmless. It may accompany other partial arousals.
Confusional arousals	The child appears awake but is confused, slow or upset and then returns to sleep.
Rhythmic movement	Body rocking or head rolling may occur around sleep, especially in younger children. Seek advice if injury, loud nightly disruption or developmental concern is present.
Possible seizure	Repeated stereotyped movements, stiffening, colour change, loss of bladder control, injury or unusual recovery require clinical review; capture a safe video if advised and possible.

Snoring, breathing and medical sleep problems

Habitual loud snoring	Snoring most nights, especially with pauses, gasping, choking or restless sleep, can indicate obstructive sleep apnoea and should not be dismissed as normal.
Daytime clues	Children may show tiredness, morning headaches, irritability, hyperactivity, poor concentration, learning difficulty or growth concerns rather than simply falling asleep.
Restless legs	An uncomfortable urge to move the legs at rest can delay sleep. Iron deficiency and other causes may need assessment; do not give iron without suitable advice.
Pain and discomfort	Eczema, reflux, asthma, nasal blockage, ear or dental pain and constipation can repeatedly disrupt sleep.
Medicines	Stimulants, steroids, some antidepressants and other medicines may affect sleep. Never stop prescribed treatment suddenly; ask the prescriber to review timing and effects.

Urgent help

Call 999 for severe breathing difficulty, blue or grey colour, a prolonged seizure, serious injury, or a child who is unresponsive or not recovering normally. Seek prompt clinical advice for repeated breathing pauses, gasping, new unusual movements or marked deterioration.

Autism, ADHD, disability and sensory needs

Sleep support should be adapted to the child rather than withheld while a diagnostic assessment is pending.

Map the whole picture	Consider sleep pattern, routine, environment, activity, pain, reflux, constipation, eczema, breathing, anxiety, school stress and medication. NICE also asks professionals to consider the effect on carers and family.
Make time visible	Use a short visual sequence, countdown, timer, now-and-next board or the child’s communication system. Keep wording consistent.
Sensory adjustments	Explore light, noise, temperature, fabric, pressure, smells and toothbrushing. Introduce changes individually so the helpful element is clear.
Regulation before sleep	Build in calming movement, quiet connection or a familiar activity suited to the child. Avoid assuming one sensory tool helps everyone.
Safety of products	Weighted items, enclosed beds and sleep devices require individual risk assessment and age-appropriate professional advice; they are not universal sleep treatments.
A written sleep plan	NICE recommends a plan developed with parents or carers, supported by a two-week sleep record and regular review.

Protect the parent too

Long-term sleep loss affects physical health, mood, work, relationships and safe caregiving. Ask family, school and services for practical support before exhaustion reaches crisis point.

Medicines, supplements and “natural” remedies

Behavioural plan first	For many sleep difficulties, routine, environment, reassurance and treatment of underlying problems are the starting point.
Melatonin	For autistic children, NICE advises considering melatonin only when sleep problems persist despite a sleep plan, significantly affect the child or family, and after consultation with a specialist paediatrician or psychiatrist. It should accompany non-drug support and be reviewed.
Sedating antihistamines	Do not use routinely to make a child sleep. They can cause side effects, paradoxical excitement and tolerance, and may mask the actual cause.
Herbal products	“Natural” does not mean safe for children. Strength and purity vary and products may interact with medicines. Seek advice from an appropriately qualified clinician or pharmacist.
Essential oils	They can irritate skin and airways or be toxic if swallowed. Keep them locked away and do not use them as a substitute for assessment.
Online products	Be cautious of imported sleep gummies, unregulated melatonin, detoxes, magnetic devices and guaranteed cures.

Never share sleep medicine

Use only the child’s prescribed or professionally recommended product, dose and formulation. Store medicines securely and seek urgent advice after accidental ingestion.

Getting help: NHS, private and combined routes

NHS support	A health visitor, school nurse, pharmacist or GP can review routine, physical symptoms and medicines and refer to paediatrics, ENT, respiratory, neurology, psychology or a sleep service where indicated.
Private support	Families may consult a private paediatrician, paediatric sleep physician, ENT surgeon, clinical psychologist, dietitian or occupational therapist. Choose expertise that matches the concern rather than a generic sleep coach for medical symptoms.
Behavioural sleep practitioners	Ask about qualifications, paediatric experience, safeguarding, neurodiversity, evidence base and referral thresholds. They should recognise breathing, seizure, pain and mental-health red flags.
Using both systems	Share the sleep diary, videos, letters, medication list and recommendations. Clarify who will investigate, prescribe, monitor and follow up.
Complementary support	Relaxation, massage or parent wellbeing support may be helpful alongside appropriate care when safe and acceptable to the child. They must not replace assessment of breathing pauses, seizures, pain or serious distress.

Choosing a provider

- Check GMC, HCPC or other appropriate professional registration and paediatric experience.
- Check CQC registration where the clinic or service is required to be regulated.
- Ask for written goals, fees, review points, safeguarding arrangements and communication with existing clinicians.
- Avoid anyone promising a guaranteed cure, blaming parents or selling multiple supplements before proper assessment.

How Health Matters UK can support your family

Health Matters UK offers personalised health education and practical wellbeing support for children and their parents. We can help families understand patterns, build a manageable routine, prepare for NHS or private appointments and coordinate trusted information. We do not diagnose sleep disorders, interpret sleep studies, prescribe or change medicines, or replace paediatric, respiratory, ENT, neurological or mental-health care.

Listen and map	Bring together sleep timing, night events, breathing, health, sensory needs, school pressures and the impact on the whole family.
Build a diary	Create a practical two-week record that is detailed enough to help without becoming an exhausting task.
Plan routines	Develop realistic morning, daytime and bedtime steps suited to the child's age, communication and household.
Prepare appointments	Organise observations, videos, questions, medication lists and the outcomes the family needs from an NHS or private consultation.
Support parents	Acknowledge exhaustion, reduce guilt, identify practical help and protect parental wellbeing while clinical concerns are pursued.

Two-week starting plan

- choose a consistent wake-time range
- use one short wind-down sequence
- record snoring and unusual events
- change one factor at a time
- add morning daylight
- remove caffeine and late energy drinks
- make wandering risks safer
- review daytime functioning

When to seek assessment

Breathing	Loud habitual snoring, pauses, gasping, choking, mouth breathing, unusual sleeping positions, morning headaches or severe daytime effects.
Events	Injury, leaving the house, frequent episodes, events beginning unusually late, repeated stereotyped movements, colour change, loss of awareness or prolonged confusion.
Health	Persistent pain, reflux, eczema, restless legs, marked thirst or urination, weight or growth concern, or sleep change after starting a medicine.
Wellbeing	Sleep problems seriously affecting learning, behaviour, mood, family safety or a parent's ability to cope.
Nightmares	Frequent or persistent nightmares, a recurring traumatic theme, major anxiety or avoidance of sleep.

Bring useful evidence

A two-week diary and, where safe and respectful, a short video or audio recording of snoring or unusual events can help a clinician. Do not delay urgent help to make a recording.

Questions to ask

- Could pain or breathing be disturbing sleep?
- Are medicines contributing?
- What can we do while waiting?
- Does this look like a parasomnia or seizure?
- Is a sleep study or specialist referral needed?
- When should we seek urgent help?

Children's health matters to us

Sleep affects learning, mood, physical health and family life. Children and parents deserve to be listened to, taken seriously and offered support that fits their circumstances. Health Matters UK can help families make sense of the pattern, use reliable information and navigate both NHS and appropriate private care without losing sight of the child behind the symptoms.

Important

This factsheet is for general education and does not provide a diagnosis or individual medical advice. Seek advice from an appropriately qualified professional for persistent or concerning symptoms. Call 999 in a life-threatening emergency.

Key sources

- NHS: Sleep and young children; Night terrors and nightmares; Sleepwalking; Sleep apnoea (accessed 16 November 2026).
- NICE CG170: Autism spectrum disorder in under 19s—support and management, recommendations on sleep problems (accessed 16 November 2026).
- The Lullaby Trust: safer sleep information and keeping a clear cot (accessed 16 November 2026).
- Health Matters UK Evidence and Editorial Standards page for our approach to evidence, review and scope.

Prepared by Health Matters UK • Review date: November 2027

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