Supporting Sleep and Bedtime Routines

Understanding why switching off can be difficult and building a bedtime that supports regulation, connection and rest rather than another nightly battle.

Sleep difficulties can affect children with ADHD for many reasons. Some find it hard to disengage from an interesting activity, notice tiredness, slow a busy stream of thoughts or tolerate the sudden reduction in stimulation at bedtime. Others may be affected by anxiety, sensory discomfort, inconsistent sleep timing, medication effects, physical health problems or another sleep difficulty. Poor sleep can then make attention, emotional regulation and executive functioning harder the following day.

A bedtime routine cannot solve every sleep problem, but it can reduce the amount of planning and negotiation required at the end of the day. The aim is not to force sleep. It is to create predictable conditions that help the child's brain and body move gradually towards rest.

Look at where bedtime is getting stuck

What you may see	What may be happening	What may help
Cannot stop a preferred activity	Switching attention and ending something rewarding may be harder than understanding that bedtime is coming.	Use a meaningful warning, a visible finishing point and a predictable next step.
Suddenly remembers everything at bedtime	A quieter environment may make worries, ideas and forgotten tasks more noticeable.	Keep a bedside 'tomorrow list' so thoughts can be recorded without needing to solve them immediately.
Keeps leaving the bedroom	The child may be seeking connection, movement, reassurance, sensory input or another unmet need.	Look for the pattern rather than treating every return as deliberate defiance.
Says they are not tired	Internal body cues may be difficult to notice, or the child's sleep timing may not match the expected bedtime.	Focus on wind-down and consistent rhythms rather than arguing about whether they feel sleepy.
Bedtime becomes emotionally explosive	Tiredness, transitions, separation, accumulated stress or sensory discomfort may have reduced capacity.	Use fewer words, keep the routine familiar and discuss problems earlier in the day.

Start the transition before 'bedtime'

If the first sign of bedtime is an abrupt instruction to stop, the child has to switch activity, regulate disappointment and begin a multi-step routine at once. A wind-down period can make that transition less sudden. This might mean reducing stimulating demands, finishing screens or games at an agreed point, lowering the pace of the household and moving through the same few steps in a familiar order.

Make the sequence carry some of the remembering

A short visual or written routine can reduce repeated prompting: wash, teeth, pyjamas, toilet, book or calming activity, lights down. Keep only the steps that matter. If the routine is too long, it can become another task the child avoids.

Creating a bedtime that fits the child

Sleep support is individual. One child settles with quiet reading; another needs movement before they can slow down. One needs a dim, uncluttered room; another feels safer with a small light. The useful question is not what a perfect bedtime should look like, but what consistently helps this child move towards rest.

Connection	A predictable few minutes of calm connection can reduce repeated bids for attention after lights out. Keep it simple and sustainable.
Sensory comfort	Check temperature, bedding, clothing, noise, light and physical comfort. Small sensory irritations can become much harder to ignore at night.
Thoughts and worries	Use a notebook, worry list or brief check-in earlier in the evening. Bedtime does not need to become the family's main problem-solving meeting.
Movement and slowing down	Some children benefit from appropriate movement before the final wind-down. Experiment with what settles rather than assuming stillness always comes first.

Screens: look at the whole pattern

Screens can be stimulating and can also make stopping difficult, particularly when the child is deeply engaged. Families may find it useful to set a predictable stopping point before the final bedtime steps and avoid negotiating it from scratch each night. However, sleep difficulties should not automatically be blamed on screens alone. Look at timing, anxiety, physical comfort, medication, daytime activity and the child's broader sleep pattern.

When the child says their brain will not switch off

Avoid responding only with 'just relax'. Try externalising what the brain is holding. Write down tomorrow's tasks, worries or ideas. Use a familiar audio story, quiet reading, breathing or another calming activity if the child finds it helpful. Some children settle better when they know they do not have to make themselves sleep - they only need to rest in the bedtime environment.

Night waking and early waking

If waking is frequent, notice timing and patterns. Is the child frightened, uncomfortable, hungry, too hot, affected by noise or unable to return to sleep without a particular condition? Keep night responses calm and predictable where possible. Persistent or significant waking deserves discussion with an appropriate health professional rather than simply adding more behavioural consequences.

Medication and sleep

If sleep changed after starting or changing ADHD medication, or if you have questions about medication timing or side effects, discuss this with the child's prescribing clinician. Do not change prescribed medication solely on the basis of a general sleep resource. Sleep problems can also have causes unrelated to ADHD, so ongoing difficulties need individual assessment.

Protecting the parent's capacity

Long bedtimes and repeated night waking affect adults too. When possible, simplify the routine, share responsibilities between safe caregivers and avoid adding optional tasks to the most depleted part of the day. A sustainable routine is more valuable than an elaborate one that nobody can maintain.

Build Your Child's Bedtime Plan

Use this to notice patterns for a week or two. Change one or two things at a time so you can see what genuinely helps.

Our usual wind-down start time	_____
What is hardest to stop or transition away from?	_____
Our short bedtime sequence	_____
What helps my child feel connected and safe?	_____
Possible sensory barriers	_____
What helps busy thoughts leave their head?	_____
What usually makes bedtime harder?	_____
What helps after a night waking?	_____
How much sleep difficulty affects the next day	_____
What pattern do we want to discuss with a professional?	_____

When to seek more support

Speak with the child's GP or relevant clinician if sleep difficulties are persistent, severe, worsening or substantially affecting daytime functioning or family life. Seek assessment if you are concerned about breathing during sleep, significant snoring, unusual movements, severe anxiety, pain, medication effects or another physical or mental health issue. Sleep needs and recommended approaches vary with age and individual circumstances.

A message for parents

Bedtime can become the moment when everyone has the least capacity left. If it is difficult, that does not mean you need a stricter or more complicated routine. Often the most useful changes are smaller: an earlier transition cue, fewer steps, less talking, a predictable connection point, a sensory adjustment or somewhere for the child's thoughts to go. The aim is not a perfect bedtime. It is a calmer route towards rest.

Further reading and guidance

Useful starting points include NHS information about sleep and ADHD, NICE guideline NG87 and ADHD Foundation resources for parents and carers. Persistent sleep difficulties should be discussed with an appropriate health professional, particularly where medication or another sleep disorder may be involved. This resource is educational and does not replace individual medical, psychological, educational or safeguarding advice.

Space to Breathe Therapy
ADHD Parent Support Series - Part 15