



STARTER KIT 05

Bedtime Wind-Down

睡前缓冲

For the child who is exhausted and absolutely will not sleep.

SET-UP

30 minutes, once

YOU'LL NEED

Routine chart, a dim lamp, a notebook for worries

BEST FOR

Ages 4 to 12

What's really going on

Bedtime asks a busy brain to switch off on command. Sleep difficulties are common in children with ADHD and autism. Sensory discomfort, worries that surface in the quiet, bright screens and an inconsistent schedule can all push sleep later. A predictable wind-down tells the body what is coming, and gives worries somewhere to go before the lights go out.

Your five-step plan

1 Work backwards from wake-up

Choose a realistic wake-up time, then count back. Primary-school children generally need about 9 to 12 hours. Keep wake-up time within an hour, even on weekends.

2 Screens off 30 to 60 minutes earlier

Switch off and leave devices outside the bedroom. Replace them with something quiet that your child likes.

3 Run the same routine in the same order

Four or five steps, every night: bath, pyjamas, teeth, toilet, a book, lights out (see the chart on the next page).

4 Make the room sleep-friendly

Cool, dark and quiet. Consider a fan or aircon at a comfortable setting, blackout curtains, white noise and soft pyjamas. Check with an occupational therapist before using a weighted blanket.

5 Give worries somewhere to go

Hold a short "worry time" earlier in the evening, or keep a worry notebook by the bed. Keep goodnights short and boring, and walk them back to bed calmly if they get up.

Start here this week

Pick one thing: lights out at the same time for seven nights. Do not add anything else until that feels normal.



Our Wind-Down Routine

Same steps, same order, every night, including weekends. Write the times together, then post it near the bedroom.

1. Screens off 30 to 60 minutes before lights out Time: _____	▶	2. Bath, pyjamas Warm shower can help the body settle Time: _____	▶	3. Teeth, toilet Last drink of water Time: _____	▶	4. Quiet time Book, colouring, soft music Time: _____	▶	5. Lights out Short goodnight, same words Time: _____
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Work backwards from the wake-up time

WAKE-UP TIME _____	-	SLEEP NEEDED (ABOUT 9 TO 12 HRS, AGES 6 TO 12) _____	=	LIGHTS OUT BY _____	-	ROUTINE TAKES (30 TO 45 MIN) _____	=	ROUTINE STARTS AT _____
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One-week sleep log

Date	Lights out	Asleep by (guess)	Woke in the night?	Up at	Mood next day
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5

Worry parking

Worries I'm putting down tonight: _____

Tomorrow, we will: _____



Adapt it for your child

Every child is different. Read the cards that sound like yours, pick one or two ideas to try, and leave the rest.

How your child is wired

ADHD

Their body clock may run later, and stimulants can delay sleep. Keep lights low after dinner, do active play earlier, and skip bubble tea and iced tea in the afternoon, as they carry caffeine. Ask the prescriber whether dose timing could change.

Autism

Use a photo routine and keep the order identical. Check the room for sensory triggers: seams, sheets, the aircon hum, lift noise. Ask your doctor before giving any sleep supplement such as melatonin.

Sensory-sensitive

Avoiders need dark, quiet and breathable cotton. Seekers may settle after earlier heavy work such as carrying, pushing or a firm hug. A fan or white noise can mask a hum or the neighbours. Check with an OT before using a weighted blanket.

Anxious

Hold a ten-minute worry time earlier in the evening and keep a notebook by the bed. Tell them tomorrow's plan so there are no surprises. Keep stories gentle, and use a dim night-light if it helps.

Dyslexia or other learning differences

They are often tired from a big day's effort. Keep homework out of the last hour, and use read-aloud stories or audiobooks as the quiet activity, so bedtime is a pleasure and not another reading task.

Strong-willed

Give choices inside the routine: which book, which pyjamas, who sets the timer. Let natural consequences work calmly: a late start means a shorter story. Avoid arguments at the doorway.

Your family's situation

Younger children (4 to 6)

Keep it short, with a comfort object. If they need you there to fall asleep, fade out slowly over several weeks: sit by the bed, then by the door, then in the corridor.

Pre-teens and teens

Their body clock naturally runs later. Phones leave the room at lights out. Negotiate the bedtime with them, keep weekends within an hour or two of weekdays, and make sure homework is not running into the night.

Sharing a room, HDB flat life

Run the youngest child's routine for everyone. An older sibling can read quietly with a clip-on light. Use white noise to cover lift and neighbour sounds, and give each child a separate place to wind down.

Late tuition nights, parents home late

On tuition nights, protect the last thirty minutes: shower, no screens, a book. Accept a slightly later lights-out but keep the wake-up time. If you get home late, a short goodnight ritual still counts.



Words that help

Try saying	Rather than
It's time for the first step on our chart.	Go to bed now!
Your brain isn't sleepy yet. Your body can still rest.	Stop being silly and close your eyes.
Worry time was earlier. Write it down. I'll read it tomorrow.	There's nothing to be scared of.
It's sleep time. I love you. Back to bed.	(A long negotiation at 10.30 pm.)

If it's still not working

Bedtime takes two hours. Shorten the routine, fix the start time, and do not keep adding steps.

Cannot fall asleep for 30 minutes or more. The bedtime may be too early. Try a slightly later lights-out for a week, then move it earlier by 15 minutes at a time.

Wakes in the night and comes to your bed. Decide your family's rule in advance, then walk them back calmly and the same way every time.

Medication, snoring or restless sleep. If your child takes ADHD medication, tell the prescriber about sleep trouble: timing can sometimes be adjusted. Do not change it yourself. Loud snoring, breathing pauses or very restless legs need a medical check.

When to get extra support

See your child's doctor if sleep trouble goes on for more than a few weeks and affects daytime mood or learning, or if there is loud snoring, breathing pauses, frequent night terrors or a strong fear of bedtime.

In Singapore, a good first step is your child's paediatrician or polyclinic doctor, who can refer you on to a Child Development Clinic, a Child Guidance Clinic or a psychologist. The form teacher, school counsellor and SEN officer (SENO) can share what they are seeing at school.

These kits offer general parenting and developmental guidance for educational purposes. They are not a diagnosis or a substitute for advice from your child's doctor, therapist, psychologist or teacher. Every child is different.