The Parent's Guide

SLEEP

When your child cannot sleep

A warm, plain guide for the parent of a child who cannot fall asleep or stay asleep, and the calm, steady changes that turn bedtime from a nightly fight into an easier night for both of you.

Who this is for: parents of a child who cannot fall asleep or stay asleep, whether a doctor has looked into it or not.

Cited: peer-reviewed sleep research and Indian data.

Languages: English, Hindi, Marathi, and Kannada.

Read it free at weave.clinic/family

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IS THIS MY CHILD?

The long nights, and making sense of them

IN SHORT

If bedtime has become a nightly battle, if you hear the calls across the house and find a small body in your doorway at 2 am, night after night, you are not failing and your child is not being difficult on purpose. Something real is going on, and it usually gets better.

You have done the bath, the story, the last glass of water. You have said goodnight three times. And still the calls come, or the crying, or the small footsteps back to your room in the dark. By the time the house is finally quiet, you are too tired to sleep yourself, and tomorrow you carry the exhaustion into everything. If this is your night, most nights, you already know how heavy it gets.

Trouble falling asleep and staying asleep is one of the most common worries parents bring to a clinic. Among Indian primary school children studied in Dehradun, more than one waking each night was reported in about 1 in 8 children, and daytime sleepiness in around a quarter. You are not alone, and you are not doing this wrong.

1 in 8

wake more than once a night

In a study of Indian primary school children, night wakings were common, and daytime sleepiness turned up in about a quarter of them. This is a frequent, ordinary worry.

This booklet will not put any label on your child. Sleep trouble can have many causes, and only a doctor who examines your child can say what is going on and whether anything more is needed. What this booklet can do is help you understand the nights and lower the heat at home, so bedtime slowly stops being a fight for both of you.

Carry one quiet reassurance through everything that follows. For most children, sleep gets better with steady, gentle changes. And the calmer you can be, the faster it usually turns around. That is not a trick or a promise of a perfect night. It is what the years of research keep finding.

WHAT THIS BOOKLET IS

A plain, warm guide to understanding the nights and lowering the heat at home. It names no label on your child, replaces no doctor, and asks nothing of you tonight except to keep reading.

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WHAT IT IS, AND WHAT IT IS NOT

You did not cause this

IN SHORT

A child who cannot sleep is not being naughty, manipulative or spoiled, and it is not a verdict on your parenting. Sleep is a skill that is still developing, and some children take longer to build it.

Here is the message to hold on to before anything else. The crying at bedtime, the stalling, the endless reasons to get up again, the night visits, these are the sleep difficulty showing itself. They are not defiance aimed at you. Your child is not giving you a hard time. Your child is having a hard time.

Sleep is a developing skill, shaped by a still-maturing body clock, by the bedtime routine, and by the room around your child, far more than by any choice to misbehave. There are ordinary reasons a child cannot settle: an unsettled body clock, a room or routine that keeps the brain switched on, worry or big feelings at night, or simply not yet having learned to drift back to sleep alone. Bright screens and late light are a common, and very fixable, part of the picture.

The night I stopped hearing it as "he will not sleep" and started hearing it as "he cannot yet", I got gentler, and so did the nights.

a parent, remembering

So let go of the guilt trap. You did not cause this, and you cannot force sleep to happen. Sleep is not something you can win by trying harder or being stricter. But you can build the conditions that let sleep come. That shift, from fixing to setting the stage, is the heart of everything in this guide.

There is one honest caution, and it stays calm. Loud snoring, long pauses in breathing during sleep, or heavy daytime sleepiness are worth mentioning to a doctor. Those point to something a checkup should look at, not something to solve at home alone. Naming them is not alarm, it is just good sense.

Not naughtiness.

The stalling and the night visits are the difficulty showing itself, not a plan to wear you down.

Not your fault.

You did not cause it, and no parent can force a body to sleep by will.

A developing skill.

Some children simply take longer to learn to settle and to drift back to sleep alone.

Worth a checkup, sometimes.

Loud snoring, breathing pauses or heavy daytime sleepiness are for a doctor to see.

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WHAT YOUR CHILD FEELS UNDERNEATH

The fear behind the fight

IN SHORT

Bedtime can feel like being asked to switch off in the dark, alone, while the mind is still busy. For a young child, being apart from you at night can feel genuinely frightening, not dramatic.

Step inside the small body for a moment. Bedtime asks a child to let go of the day, to lie still in the dark, alone, at the exact moment the mind is still whirring. For a young child, separation from you at night is not an act. It can feel real and scary. And for a child who worries, the quiet of night is when the fears get loud: the dark, a monster, a bad dream from before, being away from you, or tomorrow at school.

The body then does what a worried body does. It stays alert, muscles ready, heart a little fast. And an alert body cannot fall asleep, no matter how tired it is. This is not stubbornness. It is a nervous system that has not yet been told it is safe.

For older children and teenagers, something else is at work. The body clock naturally drifts later as they grow, so an early bedtime can feel like being told to lie awake on purpose. This is real biology, not laziness, and late screens push the clock later still. What looks like defiance is often a child whose body simply is not sleepy yet.

There is a frustrating loop worth naming out loud. The harder everyone tries to force sleep, the more pressure builds in the room, and pressure is the enemy of sleep. A child who is afraid of not sleeping sleeps worse, and then fears it more. Trying harder, on both sides, quietly makes it worse.

Behind almost every bedtime struggle is a child who wants to feel safe enough to let go. That is the tender truth under all the noise. Your calm presence, more than any clever trick, is what tells the body it is safe to sleep. When you are steady, the room is steadier, and a steadier room is one a child can finally rest in.

THE QUIET TAKEAWAY

You are not trying to win bedtime. You are trying to help a small, tired, slightly frightened body believe it is safe enough to stop keeping watch. Your calm does more of that work than anything you say.

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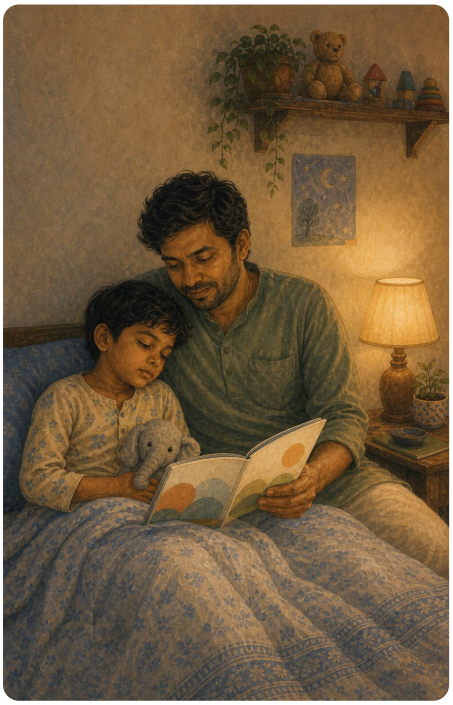
WHAT ACTUALLY HELPS AT HOME

Lower the heat, and keep it steady

IN SHORT

Steady beats strict. A calm, predictable wind-down at the same time each night teaches the body that sleep is coming. This gentle approach reliably helps most young children, and the gains hold for months.

The strongest help is not a stricter rule or a firmer voice. It is a calm, predictable wind-down at the same time each night: dim lights, a warm bath, a story, a cuddle. Done the same way each evening, it teaches the body that sleep is coming. Reviewed across dozens of studies, this kind of gentle behavioural approach reliably helps most young children, with gains that hold for months.

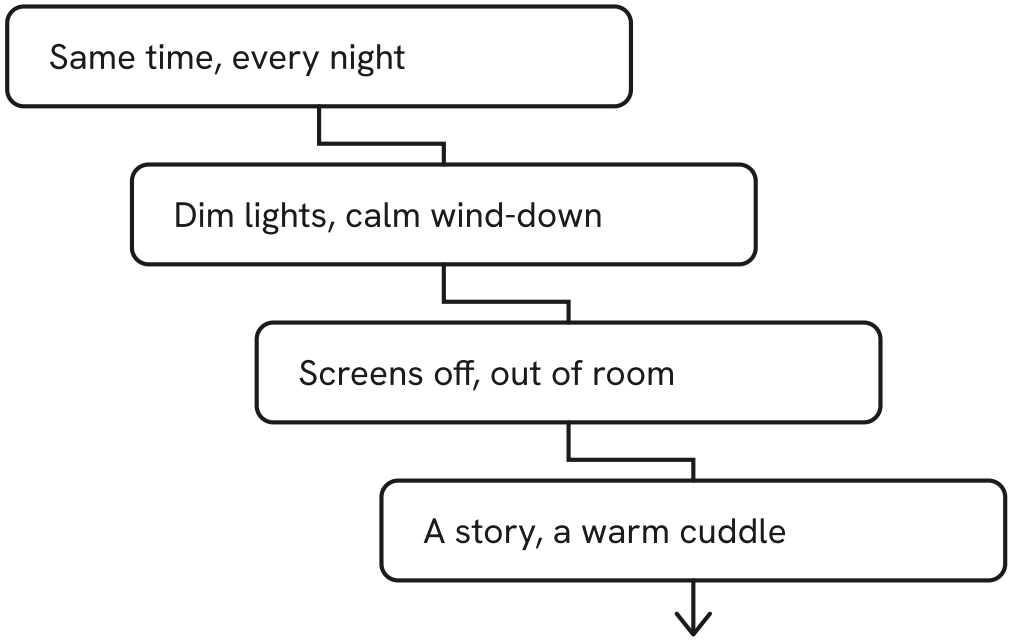


The same calm steps, the same order, every night. The routine does the settling, not your willpower.

A wind-down works because it is boring and predictable, in the best way. Same time, dim lights, screens already off, a bath, the same story, the same goodnight. Your child's body learns the sequence, and each step becomes a small signal that sleep is next. You are not performing calm, you are building a runway. After a week or two, the routine starts doing the settling that used to fall entirely on you.

A few moves carry most of the weight. Turn screens off well before bed, and keep them out of the bedroom. Bright screens and stimulating content near bedtime delay sleep and shorten it, so an earlier, screen-free hour is one of the highest-return changes you can make. Then meet the fear instead of arguing with it: connection before correction. A brief, warm check ("I am here, you are safe, I will look in on you"), a night light, or a comfort object calms a body faster than reasoning or scolding at midnight ever will.

Go in small steps, not overnight leaps. If your child needs you present to fall asleep, ease your presence back a little at a time rather than all at once. Gentle, graduated methods that keep a child feeling secure are effective, and studies that followed children for years found no lasting harm to the child, their mood, or their bond with you. For older children and teenagers, the same care becomes a plan you agree together, in daylight, not at 11 pm.



The wind-down, step by step. Same order, same time, every night, until the routine does the settling for you.

Same time, every night, so the body learns when sleep is coming.

Dim the lights and slow everything down together.

Screens off well before bed, and out of the bedroom.

A story and a warm goodnight, then quiet, calm, and rest.

Here are a few plain scripts for the hard moments, the ones you can keep in your pocket.

- At the door: "It is sleep time now. I love you. See you in the morning."
- For the repeated visits: walk your child back calmly and quietly, every single time, with a little less talk each round. Boring and predictable is exactly what works.
- For older children: agree the plan together in daylight, so it is a shared decision and not a midnight argument.

REMEMBER

Pressure is the enemy of sleep, so lower the heat and keep it steady. You are not forcing sleep, you are setting the stage and letting the calm, repeated routine do the rest. Small steps, held gently, beat big changes every time.

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LOOKING AFTER YOURSELF AND THE FAMILY

You cannot pour from an empty cup

IN SHORT

Broken nights wear parents down, and tired parents feel more irritable, low and stretched thin. Your exhaustion is real and it matters. It is not a side note to your child's sleep. It is part of the plan.

Let us name the cost honestly. Broken nights wear you down, and a tired parent feels more irritable, more low, more stretched thin than they would ever choose to be. That exhaustion is real, and it is not a small thing to push past. So where you can, trade nights with a partner or a family member, protect even a little of your own sleep, and let the house standards drop for a while. Rest is not a luxury here. It is part of how sleep improves for your child too.

Guard the couple and the other children while you are at it. Sleep battles can quietly spill into tension between parents, and leave brothers and sisters feeling sidelined. Naming that out loud, and sharing the load, keeps the whole family steadier. Consistency is a team sport: children settle faster when the adults respond the same calm way, so agree the approach together, so one parent is not the enforcer and the other the soft landing.

This is a marathon, not a sprint, and it helps to expect that from the start. Progress is rarely a straight line. A bad night after a run of good ones is not failure, and it is not proof that nothing is working. It is just how sleep goes while it is settling. Go gently on yourself, plan for the wobbles, and keep coming back to the steady routine.

A rested, calmer you is not a reward for fixing the nights. It is one of the things that helps the nights get fixed.

TRY THIS

This week, pick one small way to protect your own rest, one traded night, one earlier bedtime for you, one dropped chore, and take it without guilt. Notice whether a little more patience comes back with the rest. That patience is not a bonus. It is part of the treatment.

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WHEN TO GET HELP, AND WHAT TO DO IN A CRISIS

Reaching out early is a strength

IN SHORT

See a doctor when sleep trouble is severe, lasts for weeks despite steady changes, or clearly drags down your child's mood, learning or daytime life. A checkup can rule out a physical cause and guide the next steps.

Most of the time, steady, gentle changes are enough. But see a doctor when sleep trouble is severe, when it lasts for weeks despite the changes in this booklet, or when it clearly drags down your child's mood, learning or daytime life. A checkup can rule out a physical cause and guide what comes next, and no home guide replaces that.

Some things are worth flagging to a doctor without delay:

- Loud snoring or gasping, and long pauses in breathing during sleep.
- Extreme daytime sleepiness that does not lift.
- Sleep problems alongside marked sadness, fearfulness, or withdrawal in your child.

IF YOU ARE WORRIED ABOUT SAFETY

For a child or teenager who talks about not wanting to be alive, seems hopeless, or worries you about their safety, take it seriously and seek help the same day. Asking directly and kindly does not plant the idea. It opens a door.

You do not have to hold any of this alone, and help is closer than it feels at 3 am. India has a free, confidential mental health helpline you can call any time, day or night: **Tele-MANAS 14416**. It is there for you, the worried parent, just as much as for your child.

Close on the thing the evidence keeps showing. Sleep almost always improves with patience and steady, gentle support. Reaching out for help early is a strength, not a failure. And you are already doing the caring, hard part, which is learning how to help. That counts for more than any single hard night.

TRY THIS

Write down two things and keep them on your phone. First, one change from this booklet you will start tonight, just one. Second, the number 14416, so it is there if you ever need to talk to someone. Two small steps, one toward an easier night and one toward help, are how the long road starts.

WHERE THIS COMES FROM

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FURTHER READING

- Tele-MANAS: National Tele Mental Health Programme (Government of India)

This guide helps you recognise and understand. It is not a diagnosis. For that, see a professional.

Feeling like it is all too much? **Read the crisis card.** Help is one page away.