

RESOURCE BOOKLETS for Kinship Carers

The importance of quality sleep

carer • KAFÉ





GPV/KCV acknowledges the peoples of the Kulin nation as the traditional owners of our great land and offers respect to Elders, past and present.

GPV/KCV acknowledges that the Aboriginal culture existed in Australia before European settlement and consisted of many community groups. Further, we acknowledge the Indigenous peoples of this land as the oldest continuing cultures in human history.

GPV/KCV acknowledges that laws and policies of the past have inflicted grief and suffering on our fellow Australians and regrets the removal of Aboriginal and Torres Strait Islander children from their families.

GPV/KCV believes that a society that is inclusive of all is crucial to individual and community wellbeing and will behave with respect towards all irrespective of their race, religion, sexuality, gender or socio-economic background.

GPV/KCV acknowledges 13th of February as National Apology Day, the anniversary of then Prime Minister, Kevin Rudd, delivering the National Apology to Australia's Indigenous Peoples in 2008. GPV/KCV will take steps that promote a happier and healthier future for Indigenous Australians, particularly the children and young people.

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Key words which influence GPV/KCV approaches are: Truthfulness, Confidentiality, Inclusiveness, Integrity, Constancy, Gratitude, Commitment, Compassion

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ADAPTATION of a PODCAST TRANSCRIPT

The importance of quality sleep – from a podcast addressed to kinship carers

This podcast was recorded and produced on Djara Country, the land of the Dja Dja Wurrung people, and we extend our ongoing respect to all Kulin Nation peoples, the traditional custodians of these lands and pay respect to the elders both past and present and to the deep knowledge of the land that is embedded within the indigenous communities.

Along with eating well and exercising, sleep is one of the most important factors influencing our health, and it can both affect and reflect our state of wellbeing. A person with good sleep patterns is more likely to experience better psychological and emotional health and, in turn, can improve their sleep. A person who sleeps poorly is at increased risk of reduced wellbeing, which can lead to a lowered ability to cope with anxiety and stress, and impact the quality of their sleep.

This document is focused on how carers can achieve better quality sleep while juggling the needs of the children in their care.

We spoke with two Victorian carers – their names are not published for privacy reasons – who shared details of their personal carer circumstances and spoke to us about the amount of sleep they were getting, their sleep patterns and whether they thought this was adequate.

Our first carer has been looking after his two granddaughters for several years following unfortunate family circumstances which saw the children being removed from their mother's care. He and his wife were due to retire but are now actively involved in school committees and enjoy regular camping trips with their grandchildren, now aged nine and 12.

CARER 1 – As the years go by, I seem to need less sleep rather than more. However, my wife feels the opposite. We both get enough sleep: on average I would get about five to six hours of sleep a night.

Often I will wake up after a few hours of sleep but usually will be able to get back to sleep quickly. If I only manage to get two or three hours of sleep I find that I get a sleep debt and need to sleep longer on following nights to catch up. I think our bodies tend to manage themselves reasonably well and tell us when we need more sleep.

Our second carer has had two grandsons in her care from the time they were very young, just as she was starting a new career in professional writing. The boys are now four and eight years old, and although they need extra trauma support, she is now able to engage in research and other creative work.

CARER 2 – I probably average about four hours of sleep per night, but it's not good quality sleep and I always feel tired. When the older boy came along, his sleep was very broken and he would only sleep for two hours at a time, waking every few hours to go to the toilet or to get a drink, and he would need comforting to get back to sleep. That went on for several years.



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When his younger brother came along, he would only sleep for 20 minutes at a time and it would take up to an hour to get him settled again. At that stage I was juggling one child that woke up every two hours and one that was waking every 20 minutes. I was so sleep deprived, I don't know how I was functioning. This cycle lasted years.

It was a challenge to get any kind of support such as going to a sleep clinic, and trying to access funding for that from the department is a process fraught with problems. I had to manage on my own by establishing very strict sleep routines, but it was years before the youngest would sleep through the night.

The first time he slept through, I kept getting up; I was terrified, thinking that he must have died because he was not making any noise, or getting out of bed. I kept getting up to go in and watch him to see if he was breathing. It's funny in hindsight, but it was terrifying.

It took a long time to allow myself to sleep deeply. I still don't because I'm always on alert. This isn't conducive to me getting quality sleep.

Doctor Damon Ashworth¹ is a registered clinical psychologist with the Melbourne Centre for Clinical Psychology. His focus is on helping clients gain a greater understanding of their sleep difficulties and teaching them strategies to improve their sleep.

We spoke with him about major areas influencing sleep and the sorts of questions he asks his patients, including whether their sleep pressure (or the body's need for sleep in response to time spent being awake) is adequate.

DA – *There are three main questions that I ask people.*

1 'Is their sleep pressure² high enough when they go to bed?' For it to be high, it means being out of bed for a long enough period of time – 15 to 16 hours can generally be adequate.

It's also good to do some form of exercise during the day to increase that pressure, to not have too much caffeine and to not nap for too long.

2 The next question looks at a person's body clock: 'Are people going to bed at the right time for them?' For some people, they are 'morning people' and might sleep best between say 9pm and 5am. And for others who are 'night owls' they might sleep best between 1am and 9am.

It helps to find out what that ideal time is for you and to attempt to go to bed at those times consistently.

3 The last question is: 'On a scale from zero to ten, how stressed do I feel?' If someone's stress level is a seven or an eight, it is going to be hard for them to switch off and get to sleep.

That is then followed by: 'What can I do to lower that so that I'm giving myself that best chance of being able to switch off once I'm in bed?'

If someone's arousal levels are low, their sleep pressure is high, and it's the right time for their body clock, they are giving themselves the best chance at getting to sleep.

¹ Dr Ashworth has just published a book on this topic called *Deliberately Better Sleep*.

² The drive in our bodies that makes us tired, sleepy and want to fall to sleep.



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Implementing a routine is a good way to signal to our brain and our body that it is time for sleep. If we're really busy working right up until bedtime, it's going to be a lot harder to fall to sleep quickly.

Allocating the last hour before bed as a time to switch off from the day and to wind down helps to encourage sleepiness, hopefully making it easier to fall asleep and get quality sleep. Interestingly, some longitudinal studies find that people who spend too much time in bed each night can also have a negative effect. They have found that someone who sleeps under five hours on average, and someone who sleeps over nine or 10 hours per average, have a fairly similar risk of harm to health.

The aim is to find that sweet spot – a middle ground that feels good for your health and helps you reach optimal functioning during the day.

Poor sleep can produce constant yawning, feelings of fatigue, irritability, and an inability to concentrate. There is a great deal of research and evidence on how sleep deprivation can be detrimental to our overall physical health, including our brain health, our body's immune system, and even our eating habits.

DA – If people aren't sleeping as much or as well as they'd like to, they tend to get sick more often and tend to eat more unhealthy food. Our brains tend to focus more on short-term mode rather than long-term: your brain's not thinking about what's going to be best for me over the next few weeks, it's thinking 'I don't feel great right now. What's going to help me feel better now?' If someone is sleeping only three hours a night, negative impacts will be evident on their health.

Comparatively, if someone is sleeping between five and eight hours per night, there isn't too much of a difference. The impact of one or two nights of three or four hours' sleep is not harmful long term, but consistent sleep deprivation should be addressed. I would recommend trying to go to your doctor, getting a referral to a sleep physician, seeing someone who can do CBTI, or cognitive behavioural therapy for insomnia, and attempt to address the issue.

If getting enough sleep at night time is challenging for people, having a power nap during the day can be a really good idea. A 15 to 20-minute nap can help someone get through the rest of the day without impacting their sleep too much at night, and I think can be more helpful than harmful.

However, regularly taking long naps during the day is not encouraged as it may lead to feeling sluggish afterwards, may make it harder to fall asleep at night.

If someone is having a hard time falling asleep, I look at the amount of time someone is spending in their bed and issues that may arise when they are falling asleep. The bed should be used predominantly only for sleep, so it is important that time spent in bed equates to time spent asleep.

Activities before bed can be adapted to encourage sleep, for example, if someone is waking often during the night for the bathroom, I would look at how much water someone is consuming before bed.

Chronic stress can also have a big impact on someone's ability to fall asleep; a racing mind can sometimes be eased by writing down thoughts in a diary before bed. There are many small changes and techniques that can be introduced into someone's sleep routine that can benefit their ability to get adequate and healthy sleep.



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The kinship carers' role can necessitate being on call constantly to respond to the needs of the young people in their care – hardly a foundation for getting good regular amounts of unbroken sleep. Our carers share their experiences.

CARER 2 – Part of the caring role includes a full-time job of paperwork that nobody seems to talk about. Once the children are in bed is the time I have to do this extra work, causing me to get to bed quite late. Sometimes I try to do some activities to wind down before I go to bed, but caring for a child who would wake up every two hours and had to be settled meant that my sleep was always broken.

CARER 1 – The children sleep fairly well but it hasn't always been the case. The girls do sleep well when sharing a bedroom but they get distressed if they're not together. However, recently the younger girl, who is nine, has had trouble getting to sleep and is restless before bed. My wife discussed this with the doctor and she has been prescribed a low dose of melatonin tablets. So far it is helping and she is settling better and getting to sleep quicker.

CARER 2 – We have really strict routines and strict bedtimes, the older boy gets very distressed if I deviate from his regular schedule.

CARER 1 – Sometimes if there's something particular on my mind that I'm worrying about, I can have trouble going to sleep because my brain is overactive. I have developed a technique to switch that off. Some people count sheep; I like to count backwards from 100 because it requires more concentration than counting forwards. I rarely get past or below about 80, I'm surprised how much this works for me.

KCV acknowledges that getting regular quality sleep is not always easy and sometimes near impossible for some carers. Yet understanding the importance of sleep and learning more about how to wind down and prepare for good rest is valuable for everyone who needs to look after their own wellbeing in order to keep looking after and growing the children in their care.

Look out for more wellbeing podcasts produced by KCV made possible by generous support from the Department of Families, Fairness and Housing, and Carer KaFE.

To listen to or download any of KCV's podcast series, click here:

<http://kinshipcarersvictoria.org/listen-download-podcasts/>





KCV's community resources for kinship carers booklets

1. Planning for more effective access visits
2. How to run a successful support group and be an effective carer advocate/representative
3. The Orange Door services
4. Support for informal kinship carers
5. Grief and loss
6. How to make a complaint – and get heard
7. Court orders – the role of Child Protection and the courts
8. Education
9. Financial support for kinship carers
10. Rights
11. For children & young people with an emotional or physical disability
12. Assistance for those coping with suicide
13. LGBTQIA+ families & communities
14. Mental health and family relationships
15. Camps & respite
16. Carers' wellbeing
17. Legal community
18. Local governments
19. Support for grandparents and non-parents caring for children





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