



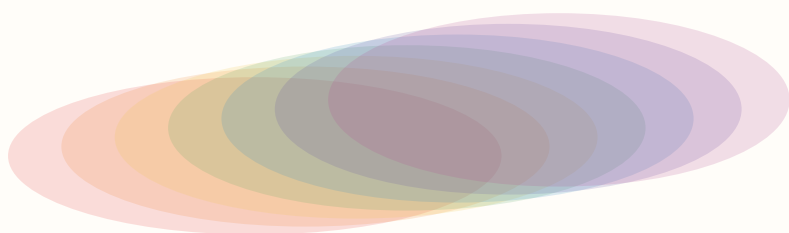
A NEURODIVERSITY-AFFIRMING WORKBOOK

Supporting a Neurodivergent Child Without Changing Who They Are



Understanding needs - building safety - protecting identity
and celebrating strengths

Connection and understanding come first



SPACE TO BREATHE THERAPY

The child is not the problem to solve. Connection and understanding come first.

Start with an affirming lens

Support should increase safety, access, autonomy and belonging - not disguise difference.

The child does not need to become less neurodivergent

Neurodivergence describes natural differences in how a person senses, communicates, learns, focuses, moves and relates. Helpful support asks what the child is experiencing and what the environment needs to change. It does not demand eye contact, stillness, speech, compliance or appearing typical.

Look for what is underneath

A behaviour may be communication, a response to overload, a way to meet a need or a sign that something is inaccessible. Begin with curiosity, not blame.

Notice what helps

Look for interests, strengths, safe people, preferred ways to communicate and conditions where the child feels most like themselves.

Replace judgement with curiosity

They are being difficult.

What is difficult for them?

They will not do it.

What makes this inaccessible right now?

They are not listening.

Is the message clear, safe and possible to process?

What helps this child feel most themselves?

The messages I want this child to receive

- | | |
|---|---|
| ☐ You belong here. | ☐ Your way of communicating matters. |
| ☐ Your needs are real. | ☐ You do not have to earn care. |

One assumption I want to replace with curiosity:

One small change I can make so this child feels more included:

Communication is more than speech

Behaviour, movement, silence, play, gesture and technology can all communicate.

Presume competence and make room for processing

Use clear language, allow extra time and avoid repeating the question rapidly. A child may understand much more than they can express in that moment. Regulation and access to communication can change from day to day.

How this child says yes or shows interest

Notice their words, gestures, movement, expression, attention, play, objects they bring, or choices they move toward.

How this child says no or shows distress

A child may turn away, go quiet, move away, freeze, push something aside or use a signal. These messages deserve attention.

Communication supports to explore

- | | |
|--|--|
| ☐ Visual choices or objects | ☐ Writing, typing or drawing |
| ☐ AAC or communication device | ☐ One instruction at a time |
| ☐ Previewing changes | ☐ Extra processing time |
| ☐ Low-demand language | ☐ A trusted communication partner |

A phrase I can use when words are difficult

"You do not have to answer straight away. I am here. You can show me another way."

What does this child communicate with?

How will I make time and space for their response?

One communication adjustment I can try this week:

Understand the sensory world

Sensory needs are body needs. Accommodation is support, not a reward.

Look beneath the response

Noise, light, touch, smell, taste, temperature, movement, pain and internal body signals may feel unusually intense, faint or unpredictable. A child may seek sensation, avoid it or need different input at different times.

SOUND

What helps?

What overwhelms?

LIGHT & VISUALS

What helps?

What overwhelms?

TOUCH

What helps?

What overwhelms?

MOVEMENT & BODY

What helps?

What overwhelms?

FOOD & SMELL

What helps?

What overwhelms?

SPACE & PEOPLE

What helps?

What overwhelms?

My "before it becomes too much" plan

Early signs I can notice

What I can reduce or change

What I can offer or ask

One sensory adjustment I want other adults to understand:

Co-regulation before correction

A distressed child needs safety, reduced demand and a steady adult - not a lesson.

Meltdowns and shutdowns are not deliberate misbehaviour

A meltdown is an involuntary response to overwhelm. A shutdown may look quiet, frozen, sleepy, withdrawn or unable to respond. During either, reduce language and demands. Focus on immediate safety, dignity and recovery. Discuss learning later, if useful.

BEFORE

- ☐ Notice early signs
- ☐ Offer breaks early
- ☐ Make changes visible
- ☐ Reduce uncertainty
- ☐ Keep the plan flexible

DURING

- ☐ Use fewer words
- ☐ Lower demands
- ☐ Reduce the audience
- ☐ Allow safe movement
- ☐ Stay calm and nearby

AFTER

- ☐ Offer rest and basics
- ☐ Reconnect gently
- ☐ Avoid shame
- ☐ Repair if needed
- ☐ Protect recovery time

What helps this child recover?

Words that communicate safety

"You are not in trouble. Your body has had too much. We can wait together. We can make things quieter and safer."

A child who is overwhelmed is not choosing to be difficult. Connection, safety and recovery come before correction.

When everyone is calm, one thing I can learn for next time:

The child-centred support plan

Build this with the child wherever possible and revisit it as needs change.

What matters to this child?

What helps them feel safe and connected?

Communication and choice

Sensory access and regulation

Adults will change or provide...

Environment, expectations, pace, communication, transitions and recovery time. Choose specific changes that adults can put in place and review together.

How we will protect identity and autonomy

- | | |
|---|--|
| ☐ We will seek consent and respect "no". | ☐ We will not require masking to access care. |
| ☐ We will value all safe communication. | ☐ We will not use interests as leverage. |

The aim is not to make the child easier for the world. It is to make the world safer and more accessible for the child.

One change I will put in place:

We will review this plan on:
