NURTURE AND CARE SOLUTIONS

FREE FAMILY BOOKLET · 2026 EDITION

Helping Your Child Thrive at Home

Routines, sensory strategies, communication and big feelings. A practical guide for parents and carers of children with autism, developmental delay and disability, with an NDIS and Thriving Kids checklist.



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WELCOME

How to use this booklet

Most of the progress children make does not happen in a therapy room. It happens in kitchens, bathrooms, cars and backyards, repeated hundreds of times with the people who love them. This booklet collects the strategies our support workers and the families we work with use most.

TWO IDEAS UNDERNEATH EVERYTHING

1. Your child is not giving you a hard time. They are having a hard time. Behaviour is communication, and our job is to work out what it is telling us.

2. Small, consistent changes beat big plans. Pick one chapter. Try one idea for two weeks. Then add another.

Contents

1. Start with strengths: a one-page profile ›

2. Routines that stick ›

3. Communication that lowers the temperature ›

4. Sensory strategies for the hard moments ›

5. Big feelings and meltdowns ›

6. Everyday skills, one step at a time ›

7. School, siblings and community ›

8. Your NDIS and Thriving Kids checklist ›

Templates: visual schedule, goal planner, two-week tracker ›

Who to call ›

A NOTE ON EVIDENCE

The strategies here reflect Australia's National Guideline for supporting autistic children (Autism CRC), Raising Children Network resources and current NDIS information as at October 2026. They are general information, not therapy or medical advice. Please work with your child's own therapists and doctors, and call 000 if anyone is in danger.

CHAPTER 1

Start with strengths

01

Before changing anything, write down what you already know. A one-page profile helps grandparents, teachers and support workers do what works, and stop doing what does not.

What I love

What I am good at

What helps me feel calm

What overwhelms me

How I communicate (words, pictures, device, signs, body)

Early signs I am getting stressed

Food, sleep and health notes

Please always / please never

TRY THIS FOR TWO WEEKS

Fill in the profile with your child where possible. Give copies to two people who support them. Ask each person for one thing they noticed that you could add.

CHAPTER 2

Routines that stick

02

Many children experience the world as unpredictable and overwhelming. A routine is not about rigidity. It reduces the number of surprises so your child has energy left for learning and connection.

Anchor the day, not the clock

Instead of scheduling every minute, anchor the day around four or five fixed points: wake up, breakfast, leaving the house, dinner, bed. Keep the **order** the same even when the **times** move. "After dinner we have a bath" is easier to cope with than "bath at 6:30".

Warn before transitions

Transitions are where most meltdowns happen. Use the same countdown every time: "Five more minutes, then shoes." A visual timer (a sand timer, or a timer app that shows a shrinking colour) works better than words alone because it shows time passing.

First, then

"First teeth, then iPad." Short, concrete, and it tells your child both what is expected and what is coming next. For younger or non-speaking children, pair it with two pictures on a card. Keep the "then" something your child genuinely wants.

MAKE IT VISUAL

- **Visual schedule:** real photos of your child doing each step of the morning, on a strip of Velcro. They move each picture to a "done" pocket. Real photos beat clip art.
- **Choice board:** two or three pictures of acceptable options for snacks, clothes or activities. Choice gives control and control lowers anxiety.
- **Social story:** a short first-person story with pictures explaining what will happen at a new event, who will be there and what your child can do if it gets too much. Read it several times in the days before.
- **Now and next board:** just two pictures, for days when the full schedule is too much.

When the routine breaks

Routines will break: a sick day, a public holiday, a cancelled therapist. Prepare for it rather than hoping it will not happen.

- Add a **"surprise" or "change" card** to your visual schedule and practise using it on easy days, so it is familiar before you need it.
- Keep the **anchors** even when the middle of the day changes.
- Name the change plainly: "Today is different. Swimming is cancelled. First lunch, then park."
- Expect a harder evening and lower demands accordingly.

Sleep: the routine that holds the others up

Sleep difficulties are common in autistic children and children with developmental delay, and they make every other strategy harder. The basics matter more than any single trick:

- The same wake time every day, including weekends.
- An hour of low-stimulation time before bed in the same order: bath, pyjamas, two books, lights off.
- A dark, cool room. Blackout curtains and a white-noise machine help many children.
- Screens off for the last hour, or at minimum out of the bedroom.
- If sleep remains a serious problem, ask your GP or paediatrician. There are effective treatments, and you should not have to manage years of broken nights alone.

Putting it together

Here is one family's morning, built from the ideas in this chapter. Yours will look different; the point is the structure: anchors, pictures, warnings and a bit of heavy work before the hard part.

A SAMPLE MORNING ROUTINE

Step	Picture on schedule	Support
Wake up, lights on slowly	Photo of bed	Same song each morning
Toilet	Photo of toilet	Visual timer, 3 minutes
Get dressed (clothes laid out last night)	Photo of clothes	"First shirt, then pants" cards
Breakfast (same two choices)	Photos of the two options	Choice board
Heavy work: carry washing basket to the line	Photo of basket	Deep pressure before leaving
Bag, shoes, car	Photos	Five-minute warning, countdown

TRY THIS FOR TWO WEEKS

Make a visual schedule for one part of the day only, using photos of your own child. Use the same five-minute transition warning words every day. Note which transitions still cause trouble.

CHAPTER 3

Communication that lowers the temperature

03

How we talk to a stressed child changes how the next ten minutes go. These habits take practice for adults, and they work.

Say less

In a moment of stress, long explanations add to the overload. Use short phrases: "Shoes on." "Car now." Save the reasons for calm times.

Wait longer

Count to ten in your head after asking something. Many children need extra processing time, and repeating the question restarts the clock.

Say what to do, not what to stop

"Feet on the floor" is easier to act on than "Stop climbing." The brain hears the action word.

Name the feeling

"You are frustrated because the tower fell." You are not approving the behaviour. You are giving them language for next time.

Offer two choices

"Blue cup or green cup?" Both are acceptable to you, and your child gets control over something.

Honour all communication

Pointing, pulling you by the hand, a device, pictures, signs. Respond to them as you would to speech. Research is clear that alternative communication supports speech; it does not replace it.

Children who use few or no words

- Ask a speech pathologist about **augmentative and alternative communication (AAC)**: picture exchange, a core word board, or a speech-generating app. AAC can be funded under Improved Daily Living and assistive technology in an NDIS plan.
- Model it yourself. Point to the pictures as you speak, all day, without expecting your child to use them yet. Children learn language by seeing it used.
- Presume competence. Talk to your child about what is happening, even if you are unsure how much they understand.

SCRIPTS FOR COMMON MOMENTS

- Leaving the park: "Two more goes on the slide, then car. One. Two. Car now." (Hold up fingers.)
- Refusing a task: "I can see this is hard. First one sock, then I help."
- Shouting: Lower your own voice and body. "I am here. I will wait."
- Hitting a sibling: "Hands down. Sister is sad. Let's find your squeeze ball." Deal with repair later, when calm.

TRY THIS FOR TWO WEEKS

Pick one habit (we suggest "wait longer"). Ask another adult in the house to gently remind you when you forget. Notice whether your child's responses change.

CHAPTER 4

Sensory strategies for the hard moments

04

Sensory differences are part of autism, not a side issue. Some children are over-responsive (sounds, textures and lights feel painful). Others are under-responsive and seek intense input (jumping, crashing, spinning). Many are both, depending on the sense and the day.

Build a sensory picture

For one week, jot down what was happening right before the hardest moments: noise, light, clothing, hunger, crowds, a change. Patterns appear quickly. An occupational therapist can turn this into a formal sensory profile and a plan.

Sense	Signs of over-responsiveness	Signs of seeking	What often helps
Sound	Covers ears, distressed by hand dryers, vacuums, crowds	Makes loud noises, turns volume up	Noise-cancelling headphones, warning before loud events, quiet zones
Touch	Hates tags, seams, haircuts, teeth brushing, messy play	Touches everything, crashes, squeezes	Tagless clothes, firm not light touch, deep pressure, fidgets
Movement	Fearful on swings, stairs, car sick	Spins, jumps, climbs, never still	Scheduled movement breaks, trampoline, swing, heavy work
Sight	Squints under fluoro lights, distressed by busy rooms	Stares at lights, fans, spinning objects	Dimmer lighting, reduced clutter, sunglasses, visual timers
Taste and smell	Very limited diet, gags at smells	Mouths objects, seeks strong flavours	Safe foods always available, no-pressure exposure, chewy tools
Body awareness	Clumsy, leans on things, tires quickly	Pushes, bumps, holds pencil too hard	Heavy work (carrying, pushing, pulling), wobble cushion, foot rest

HEAVY WORK: THE STRATEGY THAT HELPS ALMOST EVERYONE

Pushing, pulling, carrying and climbing give deep pressure to muscles and joints, which is calming and organising for most children. Build it into the day: carrying the shopping, pushing the pram, animal walks down the hall, wheelbarrow walks, climbing at the park before a sit-down task.

The three hardest moments

Mornings

- Clothes out the night before, tags cut off. If one fabric works, buy five of the same.
- Dim lights, no radio, for the first 20 minutes.
- Heavy work before breakfast.
- Same two breakfast choices on a choice board.

Mealtimes

- New foods on a separate plate next to safe foods, no pressure to eat. Exposure without expectation is the evidence-based approach.
- A wobble cushion or foot rest for children who cannot sit still.
- Television off, dishwasher later.
- Keep meals short. Twenty minutes is enough.

Bedtime

- The same low-stimulation hour every night.
- Weighted blankets can help some children; follow your OT's advice on weight (usually no more than 10 per cent of body weight) and never for a child who cannot remove it alone.
- Blackout curtains, white noise, consistent wake time.

Create a calm corner

Every home benefits from one small space your child can retreat to without it being a punishment. It does not need to be big.

- [ ] A pop-up tent, beanbag, or cushions in a corner or under the stairs
- [ ] Noise-cancelling headphones or ear defenders
- [ ] A weighted lap pad or heavy cushion
- [ ] Two or three favourite fidgets, kept only here
- [ ] Soft light (a lamp, not the ceiling light)
- [ ] A picture of the calm corner on the visual schedule so your child can ask for it

Teach its use when your child is calm. Model going there yourself: "I am feeling frazzled. I am going to the calm corner for two minutes." Never send your child there as a consequence, or it stops working.

Out and about

- Pack a small sensory kit: headphones, sunglasses, a chewy, a fidget, a snack, a change of clothes.
- Shop at quiet times. Many Sydney supermarkets and shopping centres run "quiet hours" with dimmed lights and no music.
- Use a social story for new places, and plan the exit before you go in.
- Apply for a NSW Companion Card if your child needs a support person at venues.

TRY THIS FOR TWO WEEKS

Set up a calm corner and add 10 minutes of heavy work before the hardest part of your day. Keep the sensory diary for a week and bring it to your next OT or paediatrician appointment.

CHAPTER 5

Big feelings and meltdowns

05

A meltdown is a neurological response to overload, not a tantrum designed to get something. Punishment does not work and often makes the next one more likely. What works is prevention, safety and repair.

Before

Learn your child's early warning signs: covering ears, scripting, pacing, a particular sound, going quiet. Intervene there. Remove demands, reduce input, offer the calm corner or a snack. This is where most of your power is.

During

Keep everyone safe. Say very little. Lower your voice and your body. Move others away rather than moving your child if you can. Wait. This is not a teaching moment and your child cannot hear reasoning right now.

After

Reconnect first: a hug if wanted, a drink, quiet. Review later, when everyone is calm, including you. Ask what helped and what did not. Write it down. Patterns emerge over weeks, not days.

Shutdowns

Not every overload looks loud. Some children go silent, hide, stop responding or fall asleep. Treat a shutdown the same way: reduce input, stay nearby, do not demand answers, and give time.

Reducing the number of meltdowns

- **Lower the overall load.** A child who is already at 7 out of 10 from school will tip over at small things. Build in decompression time after school before any demands: snack, trampoline, screen, quiet.
- **Watch the basics.** Hunger, thirst, tiredness, constipation and pain are behind more meltdowns than any strategy can fix.
- **Reduce demands on hard days.** It is not giving in. It is reading the room.
- **Use the feelings thermometer** on the next page every day when calm, so your child learns to point to where they are before words are possible.

The feelings thermometer

Fill this in with your child when calm. Use their words and their pictures. Stick it on the fridge and in the calm corner. Practise pointing to it at 1 and 2 so it is familiar at 4 and 5.

5	**Exploding.** I cannot think. My body is doing things.	**Adults:** Keep me safe. Say nothing. Wait.
4	**Very upset.** I might shout, run or hit.	**What helps:**
3	**Getting wobbly.** I feel hot, loud, fast.	**What helps:**
2	**A bit bothered.** Something is annoying me.	**What helps:**
1	**Calm and OK.** I can listen and play.	**Things I like doing here:**

WHEN TO GET EXTRA HELP

If meltdowns involve self-injury, harm to others, property damage, or happen most days, ask for a referral to a **behaviour support practitioner**. In an NDIS plan this is funded under Improved Relationships and may involve a positive behaviour support plan. You do not have to manage this alone, and asking early is a sign of good parenting, not failure.

Our family's plan

Write this together when everyone is calm, and keep a copy where every adult who cares for your child can see it.

Early warning signs we see	
What we do at 2 and 3	
What we do at 4 and 5 (safety)	
How we reconnect afterwards	
Who we call if we need help	

TRY THIS FOR TWO WEEKS

Add 20 minutes of decompression time after school with no demands. Each evening, mark where the day peaked on the thermometer and what was happening just before.

CHAPTER 6

Everyday skills, one step at a time

06

Dressing, toileting, eating and chores are not one skill each. They are chains of small steps. Children learn fastest when we teach one link at a time and let them succeed.

Break it down, then back it up

Write every step of the task. Teach the **last** step first so your child finishes the job and feels success (this is called backward chaining). Pulling the sock up over the heel comes before learning to put the sock on the toes.

Task	Steps	Prompt to try first
Putting on a T-shirt	Find the tag, head through, one arm, other arm, pull down	Lay it flat with the tag showing; hand-over-hand only for the hardest step
Washing hands	Tap on, wet, soap, rub (sing a song), rinse, tap off, dry	Picture strip above the sink; a timer song for rubbing
Setting the table	Count people, plates, cups, forks	Placemats with outlines of each item
Packing the school bag	Lunchbox, drink bottle, hat, folder, zip	Photo checklist taped inside the bag lid

Prompting, lightest first

1. **Wait.** Give time to start on their own.
2. **Visual.** Point to the picture or the object.
3. **Verbal.** One or two words: "Shirt."
4. **Model.** Show the step on yourself.
5. **Physical.** Guide hand-over-hand, then fade to a touch at the elbow, then nothing.

Always praise the specific step: "You pulled your sock up!" rather than "Good boy." Then fade your prompts over days so your child does not learn to wait for them.

Toileting and eating: two notes

- **Toileting** readiness varies widely in children with developmental differences. Constipation is a very common hidden barrier; ask your GP. A continence nurse or OT can help with a plan, and the NDIS can fund continence assessment and products.
- **Eating:** a very limited diet is common and usually sensory, not defiance. Keep safe foods available at every meal, offer new foods without pressure, and involve a dietitian or feeding therapist if growth or nutrition are a concern.

> **TRY THIS FOR TWO WEEKS**
>
> Choose one task. Write the steps. Teach the last step first with the lightest prompt that works. Tick off each day your child does that step independently.

CHAPTER 7

School, siblings and community

07

What works at home should travel with your child. Share it, prepare for transitions, and remember that the whole family needs looking after.

Working with school and early learning

- Give the teacher your **one-page profile** from Chapter 1 and the **feelings thermometer** from Chapter 5.
- Ask for a short, regular communication channel: a notebook or a weekly email, not just incident reports.
- Ask about a **personalised learning and support plan** and reasonable adjustments. In NSW public schools, the learning and support team is the starting point.
- Prepare for the big transitions (starting school, changing class, moving to high school) with visits, photos of the new room and teacher, and a social story over the holidays.

Brothers and sisters

- Siblings notice when attention is uneven. Protect ten minutes of one-to-one time with each child, most days, doing what they choose.
- Explain the disability in age-appropriate words, and update the explanation as they grow.
- Siblings Australia and local sibling groups offer peer support for children and teens.
- Let siblings have their own space and belongings that are off limits, and their own calm corner if they want one.

Getting out and about in Sydney

- Many councils publish inclusive events calendars, and libraries run sensory story time and Lego clubs.
- parkrun (free, Saturday mornings) welcomes walkers, wheelchairs and volunteers.
- Inclusive sport: Special Olympics, inclusive swimming and gymnastics clubs.
- Supported playgroups for children aged 0 to 5 are opening across NSW under Thriving Kids from late 2026.
- Our Rouse Hill respite and day programs give children and teens a place to build friendships and skills, and give parents a break.

LOOK AFTER THE ADULTS

Parent burnout is real and it affects children. Accept respite when it is offered and ask for it in your NDIS plan if it is not there. Join a parent group. Call Carer Gateway on 1800 422 737 for counselling and emergency respite. You cannot pour from an empty cup, and your child needs you for the long haul.

TRY THIS FOR TWO WEEKS

Hand the profile and thermometer to your child's teacher and ask for one piece of feedback. Book one thing that is just for you.

CHAPTER 8

Your NDIS and Thriving Kids checklist

08

Australia now has two front doors for young children with developmental delay or autism. Here is how they fit together as at October 2026, and how to turn the strategies in this booklet into funded supports.

What changed in 2026

Date	Change	What it means for you
1 Oct 2026	**Thriving Kids** launched for children 8 and under with developmental delay or autism and low to moderate needs. No diagnosis needed.	Free helplines, parenting programs and playgroups now. NSW allied health "targeted supports" from January 2027.
1 Oct 2026	NDIS Social and Community Participation budgets reduced about 50% and Improved Daily Living about 10% in new and reassessed plans.	Applies at your next plan renewal (renewals from 1 Feb 2027). The NDIA writes 60 days before.
1 Feb 2027	Unspent funds no longer roll over at renewal.	Use your plan as intended; underspend is lost.
1 Apr 2027	New planning framework with support needs assessments begins (participants 16 and over first).	Children's approach still being designed.
1 Jan 2028	NDIS access changes for new applicants aged 8 and under with low to moderate needs; they go to Thriving Kids instead.	Children already on the NDIS keep their plans and are reassessed under pre-2028 rules.

Which door, and what to do now

If your child is NOT on the NDIS

- [ ] Call the Medicare Thriving Kids Line 1800 882 436
- [ ] Ask about playgroups and parent programs near you
- [ ] Keep a developmental diary and all reports
- [ ] You can still apply to the NDIS under current rules until 31 Dec 2027 if needs are significant
- [ ] Ask your GP about the Medicare Healthy Kids Check for 3-year-olds (from 1 Nov 2026)

If your child IS on the NDIS

- [ ] Keep using your plan as normal
- [ ] Diarise your plan end date; watch for the 60-day letter
- [ ] Ask therapists for functional reports before renewal
- [ ] Write a carer statement describing a typical week
- [ ] Use Thriving Kids helplines and playgroups too; they are for everyone

What good evidence looks like

- [ ] Describes what your child can and cannot do in everyday tasks, not just test scores
- [ ] States the level of support needed (prompting, supervision, hands-on) and how often
- [ ] Explains what happens without the support (safety, regression, family strain)
- [ ] Links each support to a goal with a timeframe
- [ ] Includes a carer statement with the hours family members provide

Turning home strategies into funded supports

Everything in this booklet can become part of your child's plan if it is framed correctly. The NDIA funds supports that are linked to a goal, are evidence-based and are not something another system (school, Medicare) should provide.

Home strategy	Where it sits in a plan	Who helps
Visual schedules, routines, first-then	Capacity Building: Improved Daily Living	Occupational therapist, speech pathologist
Sensory profile, calm corner equipment	Improved Daily Living assessment; low-cost assistive technology	Occupational therapist
Communication system (AAC, device)	Improved Daily Living; assistive technology	Speech pathologist
Meltdown plan, behaviour support	Improved Relationships	Behaviour support practitioner
Everyday skills practice at home and in the community	Core: Daily Activities; Social and Community Participation	Support worker, with therapist guidance
Parent rest and sibling time	Core: Short Term Accommodation; centre-based respite; day programs	Respite provider

Writing a goal that gets funded

Pattern: "I want to [outcome] so that [why it matters]. To do this I need [support, how often, for how long]."

Example: "I want Ari to follow a morning routine with a visual schedule so that mornings are calmer and he gets to school on time. To do this we need an OT to set up and review the schedule fortnightly for three months, then monthly, and a support worker two mornings a week to practise the routine with him for six months."

NEED A HAND?

Nurture and Care Solutions helps families prepare for planning meetings, writes provider reports and can attend meetings with you. We also run respite and day programs in Rouse Hill. Call +61 434 302 750 or visit nurturecare.com.au/contact-us.

TEMPLATE

Visual schedule

Print, cut out, and stick a photo in each box. Laminate and add Velcro so pictures can move to a "done" pocket. Use real photos of your own child doing each step.

Morning

1	2	3	4
5	6	7	Done

Now and next

First	Then

Choice board

Choice 1	Choice 2	Choice 3	Change / Surprise

TEMPLATE

NDIS goal planner

Use one page per goal. Take it to your planning meeting and give a copy to each therapist.

Goal (I want to ... so that ...)	
What my child can do now	
What support is needed, how often, for how long	
What happens without this support	
Who provides it (therapist, support worker, program)	
Budget category	
Evidence I will bring (reports, diary, carer statement)	
How we will know it is working	

Before the planning meeting

- [ ] Plan end date noted; 60-day letter received
- [ ] Therapy reports requested (allow 4 to 6 weeks)
- [ ] Carer statement written: a typical week and a hard week
- [ ] Medical letters for any changes
- [ ] Quotes for equipment over $1,500
- [ ] Support person booked to attend with me
- [ ] Questions written down (budget changes, funding periods, variations for safety-critical supports)

TEMPLATE

Two-week "try this" tracker

Write the one strategy you are trying. Each day, tick if you used it and mark the day's peak on the thermometer (1 to 5). Patterns matter more than any single day.

Strategy we are trying: _____			
Day	**Used it? (tick)**	**Peak (1 to 5)**	**What was happening just before the hardest moment**
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			
Day 6			
Day 7			
Day 8			
Day 9			
Day 10			
Day 11			
Day 12			
Day 13			
Day 14			

What got easier

What we will try next

HELP AND INFORMATION

Who to call

Numbers current at October 2026. Save them in your phone today.

Service	Number	When
Emergency	000	Any immediate danger
Medicare Thriving Kids Line (child health nurses)	1800 882 436	7am to midnight, 7 days
Thriving Kids Autism Helpline	1300 654 789	Weekdays 8am to 7pm
NDIS	1800 800 110	Access, plans, reviews
NDIS Fraud Reporting and Scams Helpline	1800 650 717	Concerns about misuse of funds
Carer Gateway	1800 422 737	Carer counselling, emergency respite
Parent Line NSW	1300 1300 52	Parenting support, 9am to 9pm
healthdirect	1800 022 222	24-hour health advice
Lifeline	13 11 14	24-hour crisis support
Kids Helpline (for siblings and teens)	1800 55 1800	24 hours
Nurture and Care Solutions	+61 434 302 750	Weekdays 8am to 6pm, Saturday 9am to 3pm

Trusted websites

- **raisingchildren.net.au**: the Australian parenting website, including the Thriving Kids information hub
- **autismcrc.com.au**: national guidelines for supporting autistic children
- **aspect.org.au** and **amaze.org.au**: autism organisations with parent programs
- **ndis.gov.au** and **health.gov.au/thrivingkids**: official information on the NDIS and Thriving Kids
- **dcj.nsw.gov.au**: Thriving Kids in NSW
- **carergateway.gov.au** and **carersnsw.org.au**: support for carers
- **siblingsaustralia.org.au**: support for brothers and sisters
- **nurturecare.com.au/news**: our plain-English updates on NDIS changes

This booklet is general information based on public sources as at 3 October 2026 and the experience of our team. It is not medical, legal or financial advice and does not replace advice from your child's own professionals. Nurture and Care Solutions Pty Ltd, ABN 84 668 163 559. You are welcome to copy and share this booklet for non-commercial purposes with this notice intact.

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We are here for your family

Nurture and Care Solutions is a registered NDIS provider supporting children and adults across Sydney and New South Wales: daily living support, community participation, respite and day programs in Rouse Hill, supported independent living, capacity building, transport and plan management.

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