

CAREGIVING FOR **SPECIAL NEEDS** CHILDREN (CCSN)

STARTS TONIGHT BY 7 PM





WELCOME — LET'S START WITH THE CHILD

Good evening, everyone. Imagine walking into a room to care for a child you have never met. What would you want to know first?

Perhaps you would ask what the child likes, how they communicate, what makes them comfortable, and whether there is anything you need to do to keep them safe. Those are excellent starting questions. They help us see a person, not just a list of tasks.

During this class, we will talk about the ordinary moments that make up a child's day: getting dressed, playing, eating, asking for help, moving between activities, and coping when something becomes difficult.

Our goal is to become more observant and responsive caregivers. We will learn how to support a child without taking over everything they can do, and how to work with parents and professionals when extra guidance is needed.

By Classes end, you should be able to create a simple support plan for a child. This is a caregiving class; it does not train anyone to diagnose a condition or provide therapy.



WHAT DO WE MEAN BY “SPECIAL NEEDS”?

When people say a child has “special needs,” they usually mean the child needs some additional support to participate in everyday activities. But that phrase covers many different experiences.

One child may need pictures to understand what will happen next. Another may need help moving around a classroom. Another may find certain sounds painful or overwhelming. A child might need support with learning, communication, personal care, or a health condition.

You may hear the term **developmental delay**. That means a child is gaining certain skills more slowly than expected. You may also hear **disability**, which can describe a lasting difference in functioning or participation. These terms may help a family access support, but they do not tell you everything about the child.

Here is the question I want us to keep asking throughout tonight’s class: **“What does this particular child need to take part safely and meaningfully?”**

If we can answer that, we can offer better care even before we know every technical term.



GET TO KNOW THE CHILD, NOT JUST THE DIAGNOSIS

Let's say you are told, "This child has autism," or "This child has a developmental delay." What do you know about the child's favourite game, how they ask for water, or what they can do independently?

Probably very little. A diagnosis may be useful information, but it cannot replace getting to know the child.

Begin with strengths and interests. Does the child love music, sorting objects, drawing, stories, or outdoor play? Then notice preferences and support needs. Does the child respond better to pictures than long spoken instructions? Do they need extra time to answer? Is there a routine that helps them feel prepared?

Try describing what you observe. "She pointed to the picture of the ball" is useful. "She never listens" may hide what actually happened.

We sometimes call this a **child-centred approach**: support is planned around the child's abilities, wishes, and daily life.

As we go through the class, picture a child you know. What is one strength that adults might overlook?



Let me introduce Tobi. When adults ask him questions, he often does not answer aloud. One caregiver says, “Tobi does not understand anything.”

But another caregiver spends time watching him. Tobi brings his favourite animal book to an adult. He points to a lion, smiles when the adult names it, and turns the page. When the room becomes noisy, he walks towards a quieter corner.

Does that sound like a child who has nothing to communicate? Of course not. He may be saying, “Read with me,” “I like this animal,” or “This room is too noisy.”

The second caregiver could sit with Tobi, use the book to connect with him, pause after naming an animal, and ask his family how he usually communicates at home. The caregiver might also note that noise appears to bother him.

Reflect: What is one of Tobi’s strengths? What might he need support with? What would you ask his parent or regular caregiver?

Notice that we are gathering information to help Tobi. We are not diagnosing him.



PARENTS AND CARE PLANS ARE PART OF THE TEAM

Suppose a parent tells you, “If my daughter is becoming overwhelmed, she usually goes quiet before she starts crying.” That small detail could help you notice a problem early.

Parents and regular caregivers often know which routines work, how a child expresses discomfort, what they enjoy, and what has been difficult in the past. Ask them practical questions. For example: “How does she ask for a break?” “What helps at mealtimes?” “What should I do if she becomes distressed?”

Some children have a written **care plan**. It may include communication methods, allergies, health needs, mobility support, supervision arrangements, or emergency steps. Read the parts that apply to your role and ask for clarification if an instruction is unclear.

If you notice a new concern, share what you actually observed. You might say, “He refused lunch twice this week and held his stomach,” rather than guessing at a diagnosis.

A caregiver should not independently change medication, therapy activities, diet restrictions, or agreed safety arrangements. Good care means following the plan and helping the team keep it up to date.



HOW DO WE COMMUNICATE WHEN WORDS ARE NOT ENOUGH?

Think about a time you tried to explain something and the other person kept talking before you could answer. Frustrating, isn't it? A child may feel the same way when adults speak quickly, ask several questions at once, or expect an immediate reply.

Start simply. Get the child's attention respectfully. Say one thing clearly, then pause. Give them **processing time**—time to understand and respond.

If words are difficult, use a gesture, an object, a picture, or a demonstration. Some children use **augmentative and alternative communication**, often shortened to **AAC**. AAC might be a picture board, signs, or a communication device. Its purpose is to help the child express themselves.

Compare these instructions:

"Get ready quickly, put everything away, find your shoes, and come outside."

"Put the blocks in the box." **Pause.** "Now get your shoes."

The second version may be easier to follow. We can also show the child the box and the shoes.

Most of all, speak to the child. If you need information from their parent, include the child in the conversation as much as possible.



PLAY IS MORE THAN “JUST PLAY”

Have you noticed how much you can learn about a child by playing with them? You may discover what they enjoy, how they make choices, how they solve problems, and when they need a break.

You do not have to arrive with a complicated activity. If the child is rolling a toy car, sit nearby and roll another one. If they are looking at pictures, name something they point to. Pause and see whether they invite you to continue.

We call this **following the child’s lead**. It means joining the child’s interest before trying to direct the activity. You can then add a small opportunity for communication or turn-taking: “My turn... your turn.”

Notice effort without constant pressure. “You stacked three blocks” tells the child you saw what they did. “You showed me the red one” recognises their choice.

Some children enjoy energetic games; others prefer quiet play or more space. Respect those preferences. Do not force hugs, eye contact, or participation. A child learns to trust you when you respond consistently and respect their signals.



WHEN A CHILD SEEMS “DIFFICULT,” CHECK THEIR NEEDS

A child who was happily playing may suddenly withdraw, cry, push something away, or refuse to continue. Before deciding that the child is misbehaving, pause and ask what may have changed.

Could they be hungry, tired, thirsty, unwell, in pain, or in need of the toilet? Is the room noisy? Is a task too difficult? Has the routine changed without warning? The child may not have the words to explain.

Daily care gives us many chances to notice these signals. During meals, pay attention to comfort and the child’s existing feeding instructions. During dressing, explain what is happening and give them a chance to try. During hygiene, protect privacy and check whether something is uncomfortable.

Predictable routines can help. A **visual schedule** might show pictures for “wash hands → eat → play.” A caregiver can point to the pictures as each activity approaches.

If you notice a sudden, persistent, or concerning change, tell the parent or responsible professional. Your observation is valuable even when you do not know the cause.

AMARA DOES NOT WANT TO STOP PLAYING



Amara has been working hard on a block tower. An adult suddenly says, “Playtime is over. Wash your hands now.” Amara cries and pushes the blocks away.

Let’s pause. If you had spent ten minutes building something and someone ended the activity without warning, you might also be upset. Amara may need help moving from one activity to the next. We call this a **transition**.

What could the caregiver do differently? They might say, “Two more blocks, then we wash hands.” They could show a picture of the next activity or say, “First wash hands, then snack.” If time allows, Amara could choose which block to put away first.

If she is already distressed, the priority is calm and safety. Use a gentle voice and fewer words. Give her a moment before trying to explain.

Discussion: What would you do **before** play ends? What would you do if Amara is already crying? What would you note afterwards to help next time?

The aim is to make the routine understandable, not to win an argument with a child.



WHAT MIGHT BEHAVIOUR BE TELLING US?

Welcome back. Let's begin the second half with a familiar phrase: "The child is just being difficult." Have you heard that before?

Sometimes the behaviour really is difficult for everyone involved. But the phrase does not help us understand what happened. A more useful question is: **"What was happening around the child, and what might the child need?"**

One observation tool is **ABC**:

- **A — Antecedent:** What happened just before?
- **B — Behaviour:** What did the child actually do?
- **C — Consequence:** What happened immediately afterwards?

For example, a bell rings (**A**). A child covers their ears and runs to the door (**B**). An adult follows them into the corridor (**C**).

This observation raises useful questions about the sound and the child's safety. It does not prove why the child ran. We may need to observe again and speak with the family.

Write what you see rather than a label. “Covered ears and ran towards the door” helps the team plan support. “Was naughty” does not.



WHAT TO DO WHEN A CHILD IS DISTRESSED

Imagine a child is crying, shouting, or trying to leave an activity. That is not the best moment for a long lecture. First, make sure the child and others are safe.

Use a calm voice. Reduce the number of words you say. Give appropriate space, and reduce a possible trigger if you can do so safely. A quieter area or a break may help, depending on the child and their care plan.

Avoid shouting, threats, humiliation, or physical punishment. These responses can increase fear and make it harder for the child to communicate. Also, do not assume a hug will help. Some children want closeness; others do not want to be touched when upset.

When the child has settled, you can reconnect and help them return to an activity. Afterwards, record what happened before the distress, how the child responded, and what seemed to help.

If there is an injury, immediate danger, or a sudden serious change in the child's condition, follow your setting's emergency procedure promptly. Repeated distress should be discussed with the family and relevant professionals.



LOOK AROUND THE ROOM: WHAT COULD CAUSE HARM?

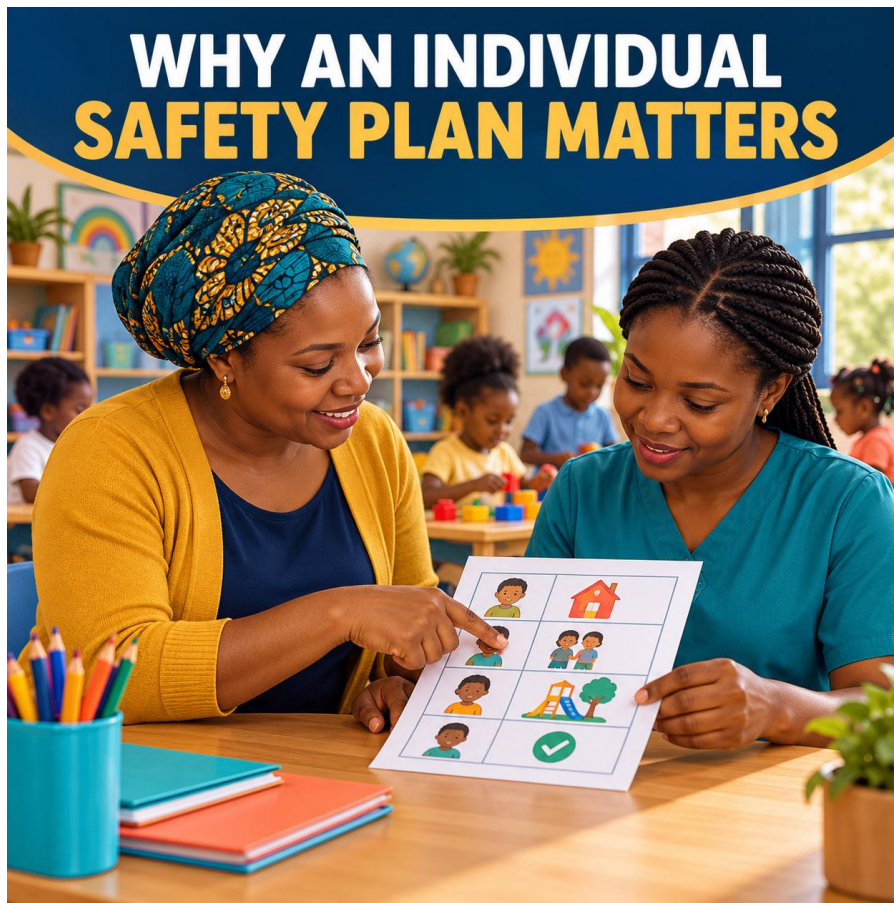
Let's do a quick mental exercise. Picture a classroom, living room, or childcare space you know. Are medicines or cleaning products accessible? Is there an open gate? Could a child trip over something? Is there a noisy area they cannot easily leave?

A **hazard** is something that could cause harm. A **risk assessment** asks who might be harmed, how it could happen, and what we can do to reduce the chance or seriousness of harm.

Some risks affect all children. Others depend on the individual child. A child using a mobility aid may need a clear path between activities. A child who puts small objects in their mouth may need particular attention to what is within reach. A child overwhelmed by noise may benefit from access to a quieter space.

A safety measure should still allow the child to participate. We want a setting where the child can explore and learn with suitable support.

Your turn: Identify one hazard in a care setting and one realistic action that could reduce the risk.



WHY AN INDIVIDUAL SAFETY PLAN MATTERS

“Keep an eye on the child” sounds sensible, but what does it mean during a busy school arrival, an outdoor activity, or a change of staff? If a child has a known risk, adults need a more specific plan.

An **individual safety plan** should explain the risk, when it is more likely to arise, what prevention steps are in place, who is responsible, and what to do if something goes wrong.

For example, if a child may leave a safe area unexpectedly, the plan could cover supervision during arrivals, departures, outdoor play, and trips. It should also make handovers clear. At any moment, the adults should know who is responsible for that child.

Other plans may address allergies, water safety, transport, mobility, or health emergencies. Follow the established plan and make sure you know where to find emergency information.

Review plans when the child grows, routines change, or an incident or near miss reveals a gap. The aim is to support the child’s participation while managing a real risk.

Question for reflection: Could a new caregiver understand your setting’s supervision arrangements without having to guess?



RESPECT IS SHOWN IN SMALL MOMENTS

Respect sounds like a big principle, but children experience it in very ordinary moments. Do adults explain what they are doing before helping with dressing? Do they offer a choice when a choice is possible? Do they speak to the child, or only talk about them to other adults?

Give **age-appropriate choices**. You might ask, “Blue cup or green cup?” or “Would you like the story now or after your snack?” A child can have a say even when they need substantial help with other tasks.

During personal care, explain what will happen, protect the child’s privacy, and pay attention to signs of discomfort. Follow the child’s care plan and safeguarding procedures for essential assistance.

Do not discuss a child’s diagnosis, family situation, or personal care in casual conversation. Keep records and photographs within approved arrangements.

A child’s ability to communicate may be different from yours, but their dignity is the same. Our tone, patience, and handling of private information all show whether we truly respect them.



IF YOU ARE WORRIED A CHILD IS BEING HARMED

This part of our work is serious. **Safeguarding** means acting to protect a child from abuse, neglect, exploitation, and discrimination.

A concern may begin with something a child tells you, something you witness, or a pattern you notice. You do not have to be certain that abuse occurred before you report a concern.

If a child tells you something troubling, stay calm and listen. Do not blame them, pressure them with repeated questions, or promise to keep it secret. You can say, “Thank you for telling me. I need to share this with someone who can help keep you safe.”

Write down what was said or observed as accurately as you can, then follow your setting’s safeguarding reporting procedure promptly. If the child is in immediate danger, seek urgent help through the appropriate emergency service or authority.

Your job is to pass on the concern, not to investigate it yourself. That distinction protects the child and allows the appropriate professionals to respond.

Make sure you know **before an incident happens** who receives safeguarding reports in your setting.



WHEN ADULTS SEE DIFFERENT SIDES OF THE SAME CHILD

A parent says, “My son is usually calm at lunch.” A teacher says, “He becomes distressed after lunch almost every day.” Who is correct?

Possibly both. The child may be experiencing two very different environments. At home, lunch may be quiet and unhurried. At school, chairs may scrape across the floor, children may talk loudly, and the next activity may begin suddenly.

This is why teamwork matters. A caregiver can share clear observations: “On three days, he covered his ears when chairs were moved.” The parent can explain what lunchtime is like at home. The teacher can describe what happens in class. Relevant professionals can advise within their area of expertise.

The team can then agree on a small change to try and a time to review it. Perhaps the child can leave the table before the chairs move, or the transition after lunch can be made clearer.

Discussion: What would you ask the parent? What would you ask the teacher? What observation would be useful to record?

Keep these conversations within the child’s care team, not a public group.



CAREGIVERS NEED SUPPORT TOO

Let's be honest: caring for children well takes energy. Some days you may feel patient and confident. Other days you may be tired, worried, or unsure what to do next.

Recognising that you need help is responsible, especially when safety is involved. Speak to a supervisor or the appropriate family member if you cannot manage a task safely, if a care instruction is unclear, or if repeated difficult situations are affecting your ability to respond calmly.

Ask for a proper handover, a break, additional training, or a review of the care plan where needed. Do not attempt a task you have not been trained to do simply because you feel pressured to manage everything alone.

Caregiver wellbeing also includes noticing progress. A child may choose between two activities today, tolerate a transition more comfortably, or complete one extra step when dressing. Small changes can be meaningful.

Good caregiving is a team effort. Supporting the caregiver helps the child receive more consistent care.

LET'S MAKE A SIMPLE DAILY SUPPORT PLAN



LET'S MAKE A SIMPLE DAILY SUPPORT PLAN

We have talked about many ideas tonight. Now let's turn them into something a caregiver could actually use.

Choose an imaginary child, or think of a real child **without sharing their name or private details in this group**. Write brief answers under these headings:

Strengths and interests: What does the child enjoy, and what can they do well?

Communication: How do they express a choice, ask for help, or show discomfort? Do pictures, gestures, or AAC help?

Daily routines: Which parts of the day are easy? Which need support?

Helpful strategies: What preparation, instructions, choices, play activities, or breaks help?

Safety: Is there a specific risk? Who supervises, and what is the agreed response?

Independence goal: What is one small step the child can practise without being rushed?

Team and review: Who should receive updates, and when should the plan be reviewed?

Make your answers specific. "Needs support with dressing" is a start. "Can put on a shirt after an adult shows the first step" gives the next caregiver much more to work with.



RECAP — WHAT WILL YOU TAKE INTO PRACTICE?

We have covered a lot in two hours, so let's bring it back to the child.

Before you act, **observe**. Before you assume, **ask**. When you offer help, leave room for the child to participate. When something changes or worries you, share a clear observation with the appropriate person.