

FREE STARTER KIT · PARTS 1 & 2



The Home Support Guide

Practical, evidence-informed support for feeding, communication, movement, sensory days, sleep and routines — for families raising a child with autism, ADHD, speech delay or sensory differences.

Gentle Progress Family

Small steps. Gentler days. Meaningful progress.

14 numbered references

2020–2025 peer-reviewed & institutional sources

You don't have to fix everything tonight

Start with one calmer, more supported day at home — not a total overhaul.

You don't need a supplement, a special diet, or a diagnosis in hand to start making today a little easier. This guide gathers what mainstream pediatric and developmental guidance actually recommends for the day-to-day parts of raising a child with autism, ADHD, speech delay, or sensory differences, and turns it into things you can try this week.

Every claim in these pages is followed by a small numbered marker like this ^[1]. Those numbers point to the full reference list at the end of the guide, so you can see exactly where an idea comes from. Nothing here is invented, and nothing here replaces your child's own care team.



WHAT THIS GUIDE IS

Practical, evidence-informed home strategies drawn from CDC, NICE, NIH/NCCIH and peer-reviewed research from 2020–2025.



WHAT THIS GUIDE ISN'T

Medical advice, a diagnosis, or a claim to treat, cure, or reverse autism, ADHD, or any related condition. Your child's pediatrician, speech-language pathologist, occupational therapist and developmental team stay part of the picture throughout.

Two parts, used two different ways

If you remember nothing else, remember this page.



YOUR SIMPLE PATH THROUGH THIS GUIDE

1. **Read Part 1 once**, at your own pace — over one sitting or five. It's the "why" behind everything: food, communication, movement, sensory regulation, sleep and routines.
2. **When you're ready to act, flip to Part 2** (the 7-Day Home Reset). It's the "what to do today" — one clear focus a day, for a week.
3. **Jot what you notice right on each day's page**. You don't need to remember everything — the page will remember for you.

That's genuinely the whole system. Part 1 builds understanding; Part 2 turns it into action, one day at a time, so you're never trying to change six things at once.

● CONTENTS

What's inside

Part 1 — The Home Support Guide

01	Food & nutrition, without the fight	5
02	Everyday communication	7
03	Movement & focus	9
04	Sensory regulation & transitions	10
05	Sleep	11
06	Routines & visual schedules	12
07	Be careful out there: what to avoid	13
08	Your pediatrician conversation checklist	14

Part 2 — The 7-Day Home Reset

09	How the 7 days work	16
10	Day-by-day plan — one full page per day, trackers built right in	17
11	Your one-page fridge plan	24

Reference

12	Full reference list (14 sources, 2020-2025)	25
-----------	---	----

A note on evidence: where research is still developing or mixed, this guide says so directly rather than overstating certainty. Where an approach is marketed online but not supported by evidence — or carries documented safety risks — it is named specifically in Section 7.

Food & nutrition, without the fight

Forget "the autism diet." Aim for a balanced plate, introduced gently.

There is no single elimination diet proven to treat the core features of autism, and current UK national guidance specifically recommends against using exclusion diets such as gluten- or casein-free eating to manage autism^[4]. Removing multiple food groups can also worsen nutrition in children who are already selective eaters, so the starting goal is simpler: a mostly whole-food diet, built from whatever your household already eats.



THE ONE FORMULA TO REMEMBER

Protein + vegetable or fruit + healthy carbohydrate + healthy fat

Examples that fit this formula from anywhere in the world: eggs + avocado + oatmeal + berries.
Beans + garri + spinach + red palm or olive oil. Chicken + sweet potato + broccoli.
Beans + plantain + avocado.

Introducing new foods without a fight

SAFE FOOD + LEARNING FOOD, IN PRACTICE

Serve one small, low-pressure new food next to two foods your child already eats without a fight. The win isn't "they ate it" — it's tolerate on the plate, then touch, then smell, then a tiny taste, over many attempts.

Research on early food acceptance suggests meaningful gains after roughly 8–15 exposures to the same food, with younger children often needing fewer tries than older ones^[13]. That is not failure — it's the normal timeline. *(The full 5-step food-chaining ladder and a printable tracking chart are part of the \$7 30-Day System, if you want to go further.)*



CONSTIPATION, COMMON AND TREATABLE

GI symptoms including constipation are reported in roughly a third to half of autistic children in pooled research^[9]. Pears, prunes, kiwi, berries, oats, beans and water are first-line home tools; escalate to your pediatrician if it becomes chronic or painful.



A FAMILY ISSUE, NOT JUST A CHILD'S

Recent research on family feeding behaviors highlights that mealtime stress affects the whole household^[14] — lowering pressure at the table benefits everyone at it.

Talk to a pediatrician before removing gluten or dairy unless there's a diagnosed allergy, intolerance, or celiac disease^[4] — removing them without cause risks losing major sources of calcium, vitamin D and protein.

Sources for this section: [4] NICE CG170 · [9] GI symptom prevalence meta-analysis (2022) · [13] Optimising Repeated Exposure (2021) · [14] Feeding Behaviours in Families Systematic Review (2025). Full list in the References section.

Everyday communication

You have more chances to build language than you think.

Speech-language therapy remains one of the core recommended developmental interventions, and early intervention services can begin as soon as a delay is identified – well before a formal autism diagnosis is finalized^[2]. Alongside formal therapy, a child with delayed speech benefits enormously from hundreds of small, low-pressure communication opportunities built into an ordinary day.



PICTURES, SIGNS AND AAC ARE NOT A LAST RESORT

Current evidence does not support the common fear that using pictures, signs, or an AAC device will delay or replace spoken language^[7]. Introducing a communication support now typically gives a child a way to be understood today, while spoken language continues to build alongside it.

If speech is delayed, ask for a hearing evaluation if one hasn't already been done – developmental surveillance at every well-child visit is exactly the mechanism meant to catch this early^[2], and a child can't reliably learn language they aren't hearing clearly.

Seek prompt medical evaluation rather than home strategies if your child loses previously acquired speech or skills, or shows a sudden major change in behavior.

5 daily moments, wherever you live

The moment matters more than the menu — here's the same idea, three ways.

BREAKFAST — LAGOS, NIGERIA

"Akara or pap?" — hold up both, or point to each pot, and wait a full five seconds before helping.

BREAKFAST — NAIROBI, KENYA

"Uji or mandazi?" — same five seconds of real waiting, same two visible options.

BREAKFAST — HOUSTON, USA

"Cereal or eggs?" — hold up the box and the pan. The food changes. The moment doesn't.

That's the whole idea behind all five daily moments: the specific food, toy, or activity should be whatever's actually in your home. What matters is the *structure* — two real options, held up together, followed by a real pause.

- **Dressing:** "Red shirt or blue shirt?" with both visible.
- **Play:** if they say "car," respond "big car" — one step above where they are.
- **Bubbles or tickles:** pause mid-activity, wait for any response before continuing.
- **Bath time:** narrate actions ("pouring," "splashing") instead of quizzing.

Movement & focus

Fighting for stillness first often backfires — try movement first instead.

Regular physical activity is one of the more consistently supported lifestyle measures for attention and hyperactivity. A 2022 meta-analysis of exercise interventions found meaningful improvements in attention and other core symptoms in children with ADHD^[10], and behavioral parent-training approaches — not medication — are the recommended first-line treatment for children under six^[1].



THE 10-20-5 RHYTHM

10 minutes of real movement (running, dancing, trampoline) → 20 minutes of a focused task → a 5-minute movement break. Repeat as the day needs it. This mirrors how attention tends to actually work, rather than fighting it.

- Put movement on a visible schedule or timer rather than relying on remembering it mid-afternoon.
- Break any focused task into chunks shorter than your child's current attention span.
- Praise specific effort right when it happens: "You put both shoes away — nice work," not a vague "good job" later^[1].

Sensory regulation & transitions

Some "acting out" is a child trying to manage input they can't yet regulate alone.

Occupational therapy using a sensory-integration approach is recognized as an evidence-based practice for helping autistic children respond to sensory input and function more comfortably day to day, with a 2025 randomized controlled trial finding improved occupational performance following a structured program^[8].



BUILD A CALM CORNER (10 MINUTES)

1. A soft cushion or blanket.
2. Dim lighting, or simply a corner away from bright light.
3. 1-2 favorite calming objects — not ten, which can overwhelm.
4. Noise-reducing headphones, if tolerated.

For transitions, use First-Then language: "First shoes, then playground." Concrete beats vague every time. During a meltdown itself: reduce noise and light, reduce talking, give space, and revisit the moment once everyone is regulated.

Every child's sensory profile is a little different — the \$7 30-Day System includes a full guide to figuring out whether your child leans sensory-seeking, avoiding, or a mix of both, plus 40 activities sorted accordingly.

Sleep

One of the most underrated levers you have.

Poor sleep can noticeably worsen next-day hyperactivity, irritability, attention and meltdowns. A consistent, repeated wind-down routine is a genuinely evidence-supported place to start:



THE WIND-DOWN SEQUENCE

Dinner → active play → bath → pajamas → dim lights → story or song → bed, at roughly the same time every night – including weekends.

Among complementary approaches marketed for autism, melatonin has comparatively strong evidence specifically for sleep-onset difficulty ^{[5][6]}. It is not an autism treatment, and pediatric dosing should be discussed with your child's clinician rather than guessed. Evening screen use is linked to later bedtimes and shorter sleep ^[12] – turning off screens 45–60 minutes before the routine starts is a well-targeted first change.

If you notice loud snoring, gasping, long pauses in breathing, very restless sleep, or ongoing daytime sleepiness, mention it to your pediatrician – these can point to treatable issues like sleep apnea or low iron, not something a routine alone will fix.

Routines & visual schedules

Structure carries the mental load so your child doesn't have to.

Visual supports — schedules, First-Then boards, picture sequences — are formally identified as an evidence-based practice for autistic children across a wide range of skills and settings^[11]. They work by making "what happens next" concrete rather than something to guess at.

- Take 4–6 simple photos or icons of daily activities (breakfast, dressing, school, play, bed).
- Arrange them in the actual order your day happens.
- Place the strip at your child's eye level, and let them move or flip a card as each activity finishes.
- Update it weekly — a stale schedule stops working quietly, without anyone noticing right away.

Ready-to-print morning, after-school and bedtime cards (plus a blank template) are included in the \$7 30-Day System.

Be careful out there: what to avoid

This niche attracts a lot of well-marketed advice that isn't backed by evidence — and some of it is dangerous.



NOT RECOMMENDED BY MAJOR GUIDANCE

Current national clinical guidance explicitly recommends **against** using exclusion diets, omega-3 supplements for sleep, secretin, chelation, or hyperbaric oxygen therapy to manage autism^[4]. The National Center for Complementary and Integrative Health similarly finds no credible evidence supporting these approaches for autism's core features^[3].

Chelation and heavy-metal "detox" in particular deserve a direct warning. There is no evidence linking heavy metals to autism, and no evidence that chelation treats it — but there is documented harm: serious adverse events including low calcium, kidney injury, and reported deaths have followed chelation use^[3].

Other approaches to be cautious of: MMS/chlorine dioxide, unregulated "brain supplement" blends, megadose vitamin regimens, and any product whose marketing promises to reverse or cure autism^{[3][4]}.

Your pediatrician conversation checklist

Bring this to your next visit — it saves you from trying to remember everything in a 12-minute appointment.

- ☐ Growth, nutrition, and whether a limited diet needs a deficiency check (iron, vitamin D, B12, calcium, zinc).
- ☐ A hearing evaluation, if speech is delayed.
- ☐ Sleep quality — snoring, restlessness, night waking.
- ☐ Constipation, reflux, or other GI symptoms that could be affecting behavior.
- ☐ Whether melatonin is appropriate for persistent sleep-onset trouble, and at what dose.
- ☐ A referral to speech-language therapy and/or occupational therapy, if you haven't already started.

Gentle Progress Family provides educational, nutrition, routine and caregiving resources. We are not a medical provider and don't diagnose, treat, or claim to cure autism, ADHD, or related conditions. Please involve your child's pediatrician or care team in any health decision.

● PART 2

The 7-Day Home Reset

One clear focus a day. No more guessing what to try tomorrow.
Read one page each morning — it takes 10-15 minutes.

How the 7 days work



YOUR SIMPLE PATH THROUGH THIS WEEK

1. **Each morning, open to that day's page.** Nothing else, just today's.
2. **Read the day's one focus.** That's the only thing being asked of you today.
3. **Try it once, today, in one moment.** You don't need to run it all day.
4. **On Day 7,** everything gets pulled onto one page for the fridge.

Try the day's focus area for that day only — don't attempt all six areas from Part 1 at once, which is how good intentions quietly die by Tuesday.

See where you actually stand

Notice what's really happening — before you try to change any of it.

Before a young child ties their own shoe, a good guide does one thing first: watches, without helping, to see what the child can already do alone. That's this page. Not a test to pass or fail — a clear, honest look at one ordinary day, so the rest of this week has a real target instead of a guess.



WHAT TO ACTUALLY DO TODAY

1. **Pick today** — not your hardest day this month, not your easiest. An ordinary one.
2. **Tonight, once the day is done**, rate each area below honestly, 1 (rough) to 5 (going fine). No half-credit, and no extra credit either.
3. **Circle your two lowest scores**. Those are where the rest of this week's energy goes — not all six areas at once, which is how good intentions quietly die by Wednesday.

AREA	RATING (1-5)	ONE-LINE NOTE
Meals / feeding		
Communication		
Movement / focus		
Sensory / transitions		
Sleep		
Behavior / routines		



IF TODAY FEELS LIKE A LOW SCORE EVERYWHERE

That's still useful information, not a verdict on you or your parenting. Circle the two that feel heaviest to carry right now — that's your honest starting point, and it's exactly where this week begins.

Food, one plate at a time

Add one new food today. Don't take any away.

A Montessori teacher doesn't hand a three-year-old a whole place setting on day one — they set out one glass, and let the child pour it themselves, over and over, until pouring is just something they can do. Today works the same way with food: one small, low-pressure addition, next to what already works.



WHAT TO ACTUALLY DO TODAY

1. **Pick one meal today** — whichever one is calmest in your house, not the hardest one.
2. **Put two foods your child already eats without a fight on the plate**, plus one small new food off to the side, not mixed in.
3. **Say almost nothing about the new food.** Name it once if asked, then let your own meal be the main event.
4. **Let it sit there, even untouched.** On the plate, in view, no pressure to eat it — that's the whole ask for today.

WHAT IT CAN SOUND LIKE

"This is lunch — beans and rice, and over here, a few orange slices." Then you eat. That's it. No follow-up, no "just try one bite."



IF IT DOESN'T GO PERFECTLY

Touching it, smelling it, or simply tolerating it beside the plate all count as real progress — research on food acceptance finds meaningful gains after roughly 8-15 exposures to the same food, not one^[13]. Nothing failed today. You planted exposure number one.

Notice & jot: What food did you add today, and what did your child do with it — touched, smelled, tasted, or ignored? _____

Communication, in the moments you're already in

Find three ordinary moments today. Turn each into a tiny choice.

You don't need a special session or a quiet room set up just for this — the moments are already inside your ordinary day. Today is about noticing three of them and slowing down inside each one, on purpose, just once.



WHAT TO ACTUALLY DO TODAY

1. **Choose 3 moments** from this list: breakfast ("banana or berries?"), dressing ("red shirt or blue shirt?"), play (they say "car," you say "big car"), bath time (narrate, don't quiz), or bubbles/tickles (pause mid-activity and wait).
2. **Hold up two real, visible options** — not a vague "what do you want?"
3. **Wait a full five seconds** before helping. Count it slowly, in your head, one full "one-Mississippi" at a time.
4. **Treat any response as the answer** — a point, a sound, a reach toward one option all count, not just a spoken word.

THE SAME MOMENT, THREE HOMES

"Akara or pap?" in Lagos. "Uji or mandazi?" in Nairobi. "Cereal or eggs?" in Houston. The food changes. The two-options-and-a-real-pause structure doesn't.

MOMENT TRIED	WHAT HAPPENED	TRY AGAIN TOMORROW?
		Y / N
		Y / N
		Y / N

Movement before stillness

Move first. Ask for focus second — not the other way around.

Asking a wiggly body to sit still before it's had a chance to move is a bit like asking a kettle to stop whistling by turning up the heat. Today, movement goes first, on purpose, and focus is invited to follow it — not demanded ahead of it.



THE 10-20-5 RHYTHM — TRY IT ONCE TODAY

1. **10 minutes of real movement** — running, dancing, jumping, whatever space and energy allow today.
2. **20 minutes of one focused task**, broken into smaller chunks than you think your child needs.
3. **A 5-minute movement break**, then repeat the cycle if the day calls for it.
4. **Praise the specific effort, right when it happens**: "You put both shoes away — nice work," not a vague "good job" an hour later^[1].



IF IT DOESN'T GO PERFECTLY

If the 20 minutes falls apart at minute eight, that's not a failed attempt — insert another short movement break and keep going. A 2022 meta-analysis found meaningful attention gains from regular movement like this^[10]; the rhythm is meant to bend around your child's day, not the other way around.

Notice & jot: What time of day did movement happen, and how did the focused task go right after it?

Build a calm corner

Build one small space today, in about ten minutes — before it's needed, not during a meltdown.

A prepared space does quiet work that words can't — it tells an overwhelmed body, without a single instruction, that somewhere safe and simple already exists. Today's job is just to build that space. Using it can come later.



WHAT TO ACTUALLY DO TODAY

1. **A soft cushion or blanket**, somewhere your child already spends time.
2. **Dim lighting**, or simply a corner turned away from bright light.
3. **1-2 favorite calming objects** — not ten, which can overwhelm rather than soothe.
4. **Noise-reducing headphones**, if your child tolerates them.
5. **Show your child the space once, calmly**, today — not as a consequence, just as a place that exists. "First calm corner, then playground" is the kind of First-Then language to use when you eventually invite them into it.



IF IT DOESN'T GO PERFECTLY

Your child doesn't have to use the space today, or even seem interested in it. Some children need to see a space exist for several days before they trust it enough to step inside — that's still a fully completed Day 5. A 2025 randomized trial found real gains in daily functioning from structured sensory-integration support^[8]; a corner like this is the home-sized version of that same idea.

Notice & jot: Where did you build the space, and did your child go near it today?

Sleep, the same way three nights running

Pick a wind-down sequence tonight — then repeat it exactly, three nights in a row.

A child's body doesn't learn to expect sleep from one good night; it learns from the same small sequence of events happening in the same order, again and again, until the pattern itself becomes the cue. Tonight starts that pattern.



THE WIND-DOWN SEQUENCE — RUN IT TONIGHT

1. **Screens off 45–60 minutes before you start** — evening screen use is linked to later bedtimes and shorter sleep^[12].
2. **Dinner → active play → bath → pajamas → dim lights → story or song → bed.** Same order, every night.
3. **Start at roughly the same time** you'd like bedtime to eventually settle at — including this coming weekend, if you can manage it.
4. **Repeat it exactly the same way for three nights running**, even if tonight isn't perfect.



IF IT DOESN'T GO PERFECTLY

One hard night doesn't break the pattern. It's the repetition across three nights — not a single flawless one — that research on sleep routines links to real improvement^{[5][6]}.

BEDTIME	TIME ASLEEP (APPROX.)	NIGHT WAKINGS	MORNING MOOD

Loud snoring, gasping, long pauses in breathing, or ongoing daytime sleepiness are worth mentioning to your pediatrician — these can point to treatable issues a routine alone won't fix.

Your family's one-page plan

Pull the whole week onto one page for the fridge — nothing new to try today.

Today asks nothing new of you. It simply gathers the six days behind it into one page everyone in the house can glance at — the kind of shared, visible reference that carries the load so no single person has to hold it all in memory.



WHAT TO ACTUALLY DO TODAY

1. **Open back to Day 1** and find your two circled priority areas.
2. **Turn to the next page** — the actual one-pager — and for each of the five areas, write down *one* small next step for the coming week. One step, not five.
3. **Write down who helps** with each step — a partner, a grandparent, a teacher, or just future-you tomorrow morning.
4. **Pick a day to check back in** — a real date, not "sometime."
5. **Put the page somewhere you'll actually see it** — the fridge, a cupboard door, the inside of a school bag.



WHAT'S NEXT

If this week gave you a taste of what a real system feels like, the **30-Day Whole-Child Home Support System** (\$7 — yes, really) builds a full month around all six areas, day by day, with 8 fully designed documents instead of one.

Our Gentle Progress Plan

Everything from the week, on one sheet for the fridge.

AREA	THIS WEEK'S ONE SMALL STEP	WHO HELPS	CHECK BACK IN
Food			
Communication			
Movement			
Sensory			
Sleep			



REMEMBER

You circled two priority areas back on Day 1. Those are where you keep your energy next — not all six at once. Small steps, tracked honestly, are how real change happens in a real household.

● SOURCES

References

Fourteen sources, spanning 2020–2025, from peer-reviewed journals and major public-health institutions (CDC, NICE, NIH/NCCIH). In-text numbers throughout this guide correspond to the list below.

- [1] Centers for Disease Control and Prevention. *Behavior Therapy First for Young Children with ADHD*. cdc.gov/adhd/treatment/behavior-therapy-first-young-children.html
- [2] Centers for Disease Control and Prevention. *Developmental Monitoring and Screening*. Learn the Signs. Act Early. cdc.gov/act-early/about/developmental-monitoring-and-screening.html
- [3] National Center for Complementary and Integrative Health, National Institutes of Health. *Autism Spectrum Disorder and Complementary Health Approaches* (2022); *Autism* health topic page. nccih.nih.gov/health/autism
- [4] National Institute for Health and Care Excellence. *Autism spectrum disorder in under 19s: support and management*. Clinical guideline CG170, updated 2021. nice.org.uk/guidance/cg170
- [5] Systematic review and meta-analysis. *Melatonin for sleep disorders in people with autism*. *Sleep Medicine Reviews* (2022).
- [6] *Efficacy of Melatonin for Insomnia in Children with Autism Spectrum Disorder: A Meta-analysis*. (2023). PMC10166641.
- [7] *A systematic search and appraisal of intervention characteristics used to develop varied communication functions in children with autism who use aided AAC*. *Research in Autism Spectrum Disorders* (2021).
- [8] *Occupational Therapy Using Sensory Integration for Enhancing Occupational Performance in Children with Autism: A Randomized Controlled Trial*. *Journal of Autism and Developmental Disorders* (2025).
- [9] *Global prevalence of autism spectrum disorder and its gastrointestinal symptoms: A systematic review and meta-analysis*. (2022). PMC9445193.
- [10] *Effects of physical exercise on attention deficit and other major symptoms in children with ADHD: A meta-analysis*. (2022). PubMed 35305344.
- [11] Steinbrenner, J. R., Hume, K., Odom, S. L., et al. *Evidence-Based Practices for Children, Youth, and Young Adults with Autism*. National Clearinghouse on Autism Evidence-Based Practice Review Team (2020).
- [12] *Associations between media use at bedtime and sleep: a cross-sectional analysis on differences between girls and boys*. (2022). PMC11272457.
- [13] *Optimising Repeated Exposure: Determining Optimal Exposure Frequency for Introducing a Novel Vegetable among Children*. *Foods*, MDPI (2021).
- [14] *Feeding Behaviours in Families With Children or Young People With Autism: A Systematic Review*. (2025). PubMed.



You've got a real starting system now.

When you're ready for the next step, the **30-Day Whole-Child Home Support System** takes everything here and builds it into a full month across 8 fully designed documents — daily calendar, meal rotation, communication ladder, sensory bank, sleep plan, printable routine cards and trackers, all connected. It's \$7.

Small steps. Gentler days. Meaningful progress.

Gentle Progress Family provides educational, nutrition, routine and caregiving resources. We are not a medical provider and don't diagnose, treat, or claim to cure autism, ADHD, or related conditions. Please involve your child's pediatrician or care team in any health decision. © Gentle Progress Family.