

Identifying and diagnosing ASD and the signs and symptoms

Autism Spectrum disorder (ASD) is a neurodevelopmental disorder that affects social interaction, communication and behaviour. The symptoms can vary widely but they often appear in early childhood before the age of three years. Some signs of ASD in early years include difficulties with social interaction, communication challenges, repetitive behaviours, delayed language development and sensory sensitivities. Muratori and Maestro (2019) Whereas most children want to engage and interact with others, children with autism tend to find it difficult. They can seem uninterested and not wanting to join in whereas in fact they find it hard to understand what is expected of them and sometimes feel trapped in their own world. (MacAlister, 2024) They often especially in an early years setting tend to shy away from people they do not know and also may show a preference or be receptive to certain people that they know well and also often prefer to engage with adults rather than their peers. Being socially unaware means that the child may find it difficult to do turn-taking, standing in line and not interrupting. (Stichter, no date) They can find it difficult to make and sustain friends. When adults do not understand ASD properly, they can make the mistake of thinking a child with ASD is displaying poor behaviour or being rude when in fact they are labelling the child with something the child has no control over. Children with ASD suffer communication challenges in verbal and non-verbal communication. They can struggle to communicate and understand what is going on in the world around them. (Broomhead, 2019) Non-verbal communication can be a difficulty also and they find it difficult to communicate via eye contact, body language, tone of voice, gesture and facial expression. (Grace, 2015) They may engage in repetitive activities and also may find it difficult to understand a sequence of events or an occasion. If a routine is changed they may become distressed as they prefer consistency. They may also struggle with imaginative play and show no or limited empathy. Making choices can prove difficult and they may try to put own routines on others.(Holland et al, 2018)

According to Pascoe (2018), there are approximately 1 to 2 in 100 children with ASD. Due to the pervasive nature of ASD, a multi-disciplinary team approach is needed for the correct screening, diagnosis and intervention according to Dillenburger (2016) and National Research Council (2011). It is imperative that children with ASD have screening as early as possible so that the correct services can be put in place for them allowing them the best possible outcome according to Dawson (2008), Dawson et al (2016) and Rhoades (2007). Health professionals do not necessarily receive sufficient training to screen for ASD which highlights the need for education and clinical training programs to be provided according to Dillenburger et al (2016), Lengyel (2023) and the National Autistic Society also agree with the need for early screening.

Barriers

There are complex barriers that impact early detection and intervention for ASD during early childhood. These include lack of awareness, cultural stigma and variability in how the signs and symptoms present.

Healthcare professionals can have a lack of awareness if they lack knowledge about the signs and symptoms of ASD can lead to delayed diagnosis and specific intervention. Dillenburger *et al.*, (2016) and Harrison *et al.*,(2017). Therefore training needs to be carried out with all staff to increase their awareness.(Mandell *et al.*, 2002, Beaudoin (2014) and Zuckerman *et al.*.2015)

Cultural beliefs and stigma surrounding neurodevelopmental disorders may prevent families from seeking help or disclosing concerns about their child’s development. (Crane et al., (2016), Magana (2015), Mandell et al., (2005) and Mandell *et al.*, (2009)

There is variability in the ways that ASD can present. ASD can vary widely amongst individuals, making it challenging for healthcare professionals to recognise the disorder, especially in its milder forms. (Lord et al., 2012, Lord *et al.*, 2020 and Zuckerman, (2015)

Having limited access to services through geographic and socioeconomic barriers can hinder access to diagnostic evaluations and early intervention and screening programs, delaying support for children with ASD. (Chlebowski, 2013, Durkin *et al.*, 2010, Liptak *et al.*, 2008, Magana *et al.*,2013 and Magana *et al.*, 2012)

However racial and ethnic minorities may experience disparities in access to timely and accurate ASD diagnoses, potentially leading to under-identification and under-utilisation of services. (Durkin *et al.*, 2017, Kasari, 2010, Mandell *et al.*, 2009 and Solis, 2016)

According to Grace (2015) children with ASD can struggle with language and when many words are used it can cause distress. As discussed by Edwards et al., (2011) as well as having needs, children have rights. Under the legislation of the Department for Education and Department for Health (2015) one of the wider categories of need is communications and interaction and children with ASD come within this need.

According to Holland et al (2018) parents can hit barriers. They can feel very stressed and isolated (Broomhead, 2019) from others aswell as not actually understanding what ASD actually is. Holland *et al.* (2018) also mentions how parents can blame themselves and can feel depressed, anxious, frustrated and upset. There can also be a negative effect on siblings as they don’t understand it. (Holland *et al.*, 2018)

Support strategy

Strategies supported by research aim to mitigate barriers and improve outcomes for children with ASD in the early years. By creating an environment which is enabling for children with ASD in their early years involves designing areas and spaces with activities that can accommodate their unique needs. These may include sensory friendly spaces which are environments that consider sensory sensitivities that can include sound, lighting and tactile experiences (Mesibov et al., 2005). Using clear and concise language, visual supports amongst other communication methods helps facilitate understanding according to Mesibov, (2005) and Baranek et al., (2013) encourages the use of inclusive play areas to offer a variety of different sensory experiences and opportunities which helps develop social interaction. Hume et al. (2012) similar to Kasari et al (2012) also encourages collaboration with early years professionals, therapists and families to ensure consistency and continuity of support across different settings.

According to the Specialist Autism Support Service (2022), by adapting the enabling environment can make such a difference to children with ASD. A chaotic environment can cause sensory distress and upset the child making them agitated. Therefore neutral displays and clean and tidy areas should be maintained. A calm environment which is not noisy helps to keep a child with ASD calm and doing this stops the child from becoming over-stimulated. Also neutral tones on the walls rather than bright colours will give the calming effect. Lighting should be reduced where possible and natural light used where possible. Background noises to be kept to a minimum as they can distract a child with ASD. (National Autism Society, 2022)

Montessori settings have been recognised for their potential benefits with autism in the early years. The structured but also flexible environment promotes individualised learning, hands-on activities and focuses on sensory experiences and this works well with the needs of children with ASD. (Hirata, Fu and Zhao, 2020) Montessori methods help foster independence, social interaction and cognitive areas which are areas that children with ASD often struggle with. Chang and Lee (2011) suggests that Montessori Principles can support the educational and developmental needs of children with ASD during the early years. The practical life skills and self-regulation is beneficial to children with ASD according to Yu and Lopata. (2018) Pestabozzi’s Principles promote individual attention, sensory experiences and hands on learning which is also the same as Montessori.

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An analysis of the impact of barriers

There are complex barriers that impact early detection and intervention for ASD during early childhood. These include lack of awareness, cultural stigma and variability in how the signs and symptoms present.

Healthcare professionals can have a lack of awareness if they lack knowledge about the signs and symptoms of ASD can lead to delayed diagnosis and specific intervention. Dillenburger *et al.*, (2016) and Harrison *et al.*,(2017).

Therefore training needs to be carried out with all staff to increase their awareness.(Mandell *et al.*, 2002, Beaudoin (2014) and Zuckerman *et al.*.2015)

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According to Grace (2015) children with ASD can struggle with language and when many words are used it can cause distress. Therefore Grace (2015) suggests that less language should be used to make an experience more enjoyable for them.

As discussed by Edwards et al., (2011) as well as having needs, children have rights. Under the legislation of the Department for Education and Department for Health (2015) one of the wider categories of need is communications and interaction and children with ASD come within this need.

According to Holland et al (2018) parents can hit barriers. They can feel very stressed and isolated (Broomhead, 2019) from others as well as not actually understanding what ASD actually is. Holland *et al.* (2018) also mentions how parents can blame themselves and can feel depressed, anxious, frustrated and upset. This leads them to make excuses and feel embarrassed and possibly believe that their child does not have ASD. There can also be a negative effect on siblings as they don't understand it. (Holland *et al.*, 2018)

Exploration into appropriate support strategy

Strategies supported by research aim to mitigate barriers and improve outcomes for children with ASD in the early years. An important strategy is an enabling environment. By creating an environment which is enabling for children with ASD in their early years involves designing areas and spaces with activities that can accommodate their unique needs. These may include sensory friendly spaces which are environments that consider sensory sensitivities that can include sound, lighting and tactile experiences. As well as designing suitable spaces, routines have to be established. These may include structured, predictable routines and visual schedules such as Pecks to provide a sense of security and reduce anxiety. (Mesibov et al., 2005). Using clear and concise language, visual supports amongst other communication methods helps facilitate understanding according to Mesibov, (2005). Baranek et al., (2013) encourages the use of inclusive play areas to offer a variety of different sensory experiences and opportunities which helps develop social interaction. Hume et al. (2012) similar to Montessori suggests using different materials that cater to the different learning styles by providing activities such as hands-on activities, visual aids and digital resources. Kasari et al (2012) also encourages collaboration with early years professionals, therapists and families to ensure consistency and continuity of support across different settings.

According to the Specialist Autism Support Service (2022), by adapting the enabling environment can make such a difference to children with ASD. A chaotic environment can cause sensory distress and upset the child making them agitated. Therefore neutral displays and clean and tidy areas should be maintained. A calm environment which is not noisy helps to keep a child with ASD calm and doing this stops the child from becoming over-stimulated. All staff should always use a calm, consistent voice not to upset the children and the children with ASD should be allowed to go at the front or the back when swapping rooms so they can have their own space and not feel overwhelmed. Avoiding items hanging from the ceiling and maintaining a calm environment will provide the children with a calm environment. Also neutral tones on the walls rather than bright colours will give the calming effect. Lighting should be reduced where possible and natural light used where possible. Background noises to be kept to a minimum as they can distract a child with ASD. Even the chatter of staff or other children will distract the child with ASD whereas the staff and children may not notice or be aware of it. The use of ear defenders can be worn which will help with any unwanted noise and they will minimise the noise in the background for the child. (National Autism Society, 2022)

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Pestabozzi's Principles promote individual attention, sensory experiences and hands on learning which is also the same as Montessori and is beneficial to children with ASD in their early years. Where there is not much research directly linked with Pestalozzi's approach towards ASD, so is limited, his approach showing the importance of holistic development and learning tailored directly to each individual works with the understanding of using effective strategies for children with ASD.

Question1

Emili - Have you had to speak to parents about a child you believe has ASD and how did you approach them?

I have had to speak to several parents on different occasions. I ask them to pop in and have a chat when convenient with them. I try to be as supportive as possible and start with positives. I talk about what strength's their child has and what they enjoy doing. I also then would mention some of the behaviours we as early years practitioners have picked up on. It could be something such as not making eye contact, it could be that they are not playing with other children. Then I move on to suggest that we could get some advice and extra help for them if they are willing. I always add that if the child does not need it we can always stop extra help but suggest we get it to start with. They also have to sign to say they are happy for their child to be discussed with other agencies.

Rachael – Talking about the enabling environment have you put these changes in place in your setting?

Yes we have. You are more than welcome to come for a visit or we can send photographs to you to show you what we have done. We have found with all the children that the calmer, more neutral environment has a calming effect. This also helps our children with ASD and other additional learning needs. The room which is still vibrant and when funds allow will also be changed to the calmer environment seems to make the children more excitable. We have noticed the children with additional learning needs especially ASD gravitate towards the calmer environment. For example, the bright kitchen with plastic food the children play with but it gets thrown around the room. In the calmer environment the children play well with the neutral kitchen and all children move in that direction.

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