



Image
1:Autism
parenting
magazine

Non- verbal Autistic Spectrum Disorder (ASD)

Introduction

According to the National Autistic Society (2026) autism is a lifelong disability that causes someone to be neurodivergent meaning that someone with autism will experience and interact with the world differently but as it is a spectrum, each person is different and has their own unique characteristics, with different strengths and challenges. Tsang *et al.* (2019) highlight that the meaning of the word autism refers to someone who 'lives in a world of his own', characterising it as someone who has deficits in social communication and how they interact, showing repetitive behaviour patterns and someone who is unable to use meaningful words by the age of 18 months. However, referring to someone who 'lives in a world of their own' could be seen as a negative way to look at autism and according to Sheckler (2025) it is vital that narrow images of autism are challenged and instead we work towards being more understanding and supportive as those stereotypes can create barriers that affect how people with autism are perceived and treated. O'Neil (2023) highlights how some people with ASD are referred to as non-verbal as they are unable to use spoken language as a form of communicating and therefore find communicating with others more challenging. However, some advocates for ASD do not agree with using the term non-verbal as they feel that some may assume that the person lacks understanding or lacks the ability to communicate in other ways.

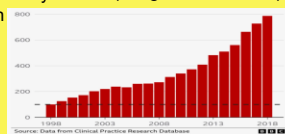
Identification & Diagnosis

According to Snijder *et al.* (2022) over recent years there has been a great emphasis on the importance of early identification and intervention for children with ASD as it is believed it can lead to better outcomes for the child and their family. Parents play a crucial role, as the first stage of the process involves parents recognising and expressing their concerns regarding their child's development to professionals. As Okoye *et al.* (2023) highlight and as previously mentioned, children with ASD each have their own characteristics and therefore will have different traits, caregivers or healthcare professionals may pick up on signs such as lack of interaction or not responding to their name, recognising those early signs and professionals being involved can lead to the appropriate support and services being put into place to support both the child and family and lead to a better quality of life. For example, a parent may notice signs and speak to their health visitor or doctor, or a health visitor or early years practitioner may be the first person to notice those signs and raise their concerns with the parents.

However, diagnosing ASD is not a straightforward process, as stated by Hus and Segal (2021) there are no medical markers to show that autism is present, diagnosis relies on observations of a child's behaviour, cognitive function and development history which must meet certain criteria that can be complex as there is a wide spectrum and different levels of severity. Welsh Government (2021) state that for autism to be diagnosed, the child must be assessed by a multi-disciplinary team of practitioners who have specialist training in assessing autism, the team would include paediatricians, speech and language therapists and clinical and/or educational psychologists, other professionals such as health visitors, social workers or teachers who specialise in ALN may also assist with the assessment. Therefore, diagnosis relies on those professionals working together effectively to meet the needs of the child. However, as highlighted by Hayes (2021) many healthcare professionals find the process challenging, as previously mentioned, it is complex and they often find it difficult to keep up with demand due to their workload and targets for the assessment time scales are often missed as the services are under too much pressure.

Wieckowski *et al.* (2022) agrees, stating that children and parents are facing substantial delays whilst waiting for a diagnosis as there is a lack of speciality workforce and long waiting list for evaluations, causing an inconvenience to families and it delays them receiving the help and support that they need. (Image 2:BBC, 2025)

According to Maybin and Blasland (2025) as shown in the graph, there has been a significant rise in the amount of people being diagnosed with autism, the number has increased significantly from 1998 to 2018 but they mention that it is crucial to note that it only includes those who have been diagnosed and not everyone who is autistic.



Medical and social model

Anderson-Chavvarria (2020) focuses on the medical and social model and the impact they have on defining an autistic person's identity, claiming that neither fully encompass autism accurately, the medical model views autism as a disorder and is critiqued for focusing more on what the person cannot do and the social model sees those with autism as behaving different from the norm which results in exclusion from society, placing the issue with society not the disability. According to Zaks (2022) the medical model describes a common approach to disability that has been around since the 1800s and treats it as though it is something to be cured and it could be seen as harmful as it could make them feel as though they should be what society considers as normal. Therefore, it may be considered as a dated way to identify disability. Whilst some may see the social model as a positive take, as Adam and Koutsoklenis (2023) highlight, there has been a shift away from the model as it is criticised for suggesting the issues the individual faces can be resolved if society is more accepting and supportive, it does not take into account the experience of the individual and the complex challenges they face. Therefore, whilst it cannot be disputed that society does need to be more inclusive and supportive, a more holistic approach is required ensure needs are met.

Haeghele and Hodge (2016) agree, stating that they are often considered as being opposing models and that neither can provide a complete overall view of the disability. Although many professionals claim that each model can contribute to helping to understand the disability. However, it is important that when interacting with people, particularly children with disabilities, that it be carefully considered how disabilities are defined and discussed.

Challenges of being non-verbal

According to Pinnock (2023) if a person is non-verbal, it can lead to numerous challenges such as finding it difficult participating in social situations, finding it difficult to express their needs and feelings which can lead to misunderstandings and lack of connection with others which can result in exclusion and feelings of loneliness.

As stated by Serratore, Berdelmann and Schmiedek (2024) each child with autism will face different barriers that can stop them from reaching their full potential, as many autistic children often attend a mainstream school, barriers they face include teachers having lack of knowledge to provide the appropriate support, whilst funding and resources remain a major issue, knowledge and understanding of staff is a key factor in providing inclusive education. Therefore, although barriers are difficult to overcome such as an individual being non-verbal and struggling socially, if society is more knowledgeable about autism, they are more likely to be understanding which will lead to improved outcomes. For example, if you know an individual is non-verbal you will not perceive them as being rude and may look for other ways to communicate.

Support Strategy

Dawson and Elder (2026) state that every autistic person has the ability to learn to communicate but it may not be through the spoken language, they provide numerous strategies that parents can try to promote language development and one of those being using an assistive devices such as an app or paper visual aids that the child can use to communicate their wants or needs. Higgins- Walsh (2023) discusses using aided Augmentative and Alternate Communication (ACC) in the form of electronics or paper based and ACC allows individuals to express themselves and ensure that their voices are heard and acknowledged, empowering them by providing them with as much independence as possible. However, as previously mentioned, every person with autism is unique and therefore, one approach will not suit all. Duff (2024) agrees that there are many benefits to using technology but also highlight potential drawbacks such as it causing sensory overload and over stimulation which can result in meltdowns. However, there are measures parents can take to avoid this such as regular screentime breaks and adjusting settings to reduce brightness and noise. If parents have concerns regarding screentime, Froli *et al.* (2022) suggests that PECs which is an image exchange system, has been found to improve abilities such as social skills, dysfunctional behaviour and overall learning and PECs is often considered easier to understand. Therefore, there are different forms of ACC to consider, and parents can choose one or trial the different methods to find out which one is best suited to their child.

Conclusion

Autism appears to be more common today, however, there is still a lack of knowledge and understanding which is causing some people to view ASD negatively and it is creating additional barriers for individuals who are navigating living with ASD. Despite the emphasis on the importance of early intervention, children and families are experiencing significant delays in gaining an official diagnosis, dated models of identification are still being considered and children are facing numerous challenges, so although progress appears to be made, we still have a long way to go to ensuring that children with ASD have their needs met to enable them to achieve the best possible outcomes and promote inclusivity for all.