

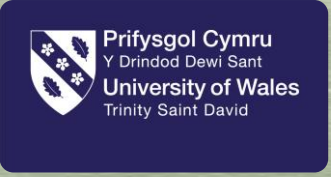


(Baugh,2026, AL generated image)

Supporting Children with Autism Spectrum Disorder (ASD)

ECEY6006 – Presenter: Rachael Baugh

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Introduction

Autism Spectrum Disorder is defined by National Health Service (2024) and National Autistic Society (2023) as a lifelong neurodevelopmental condition that affects social communication, interaction, sensory processing, and patterns of behaviour. The World Health Organization estimated in 2021 around 1 in 127 people are autistic, although more recent reporting suggests it is much higher (WHO, 2025). Autism influences how children engage, communicate, learn, and experience their environment meaning that developing a clear understanding of ASD supports early identification and responsive provision. Autism is a diverse condition, and presentations vary widely between individuals (Whittington Health NHS Trust, n.d.). Wing (1988) first described autism as a continuum of characteristics rather than a single category emphasizing autism traits vary across all areas of development. Wing (2005) later argued that autism is best understood as a spectrum of neurodevelopmental variations rather than a collection of deficits. This is reflected in the multidimensional visual model shown at the top of the page, which highlights variation across sensory processing, communication, emotional regulation, perception, and executive functioning. Identifying autism in this way reinforces that responses must be tailored to each child’s individual profile of strengths and needs (Happe and Frith, 2020).

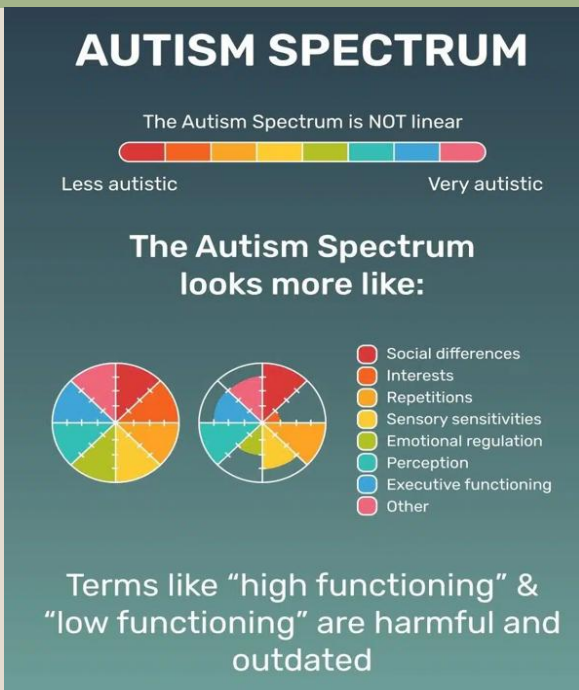


Figure 1. Autism Spectrum (Parker, 2025).

Identification and Diagnosis



Barriers for the Child

Social Interaction

A key barrier for autistic children in early years is the way differences in social interaction are understood and responded to. The DSM-5 describes autism through differences in eye contact, reciprocal conversation and relationship building (American Psychiatric Association, 2013), reflecting a medical model view that positions autistic interactions and communication as deficits (Randa, 2023). When practitioners view children in this way they may stereotype children, hold lowered expectations or misinterpret autistic communication (Woods, 2021). For the child, this can limit peer relationships, reduce participation and undermine rights to inclusion and non-discrimination under the UNCRC (1989) and the Equality Act (2010). In contrast, the social model of disability argues difficulties arise from environments, attitudes and social norms rather than a child’s neurology (Disability Wales, 2024). This is supported by observational research showing autistic children interact far more with adults than peers, but importantly non-autistic children rarely initiated interaction with autistic children (Tsamitrou and Plumet, 2024). This demonstrates social interaction challenges are reciprocal. As a result, autistic children often remain on the periphery of play, limiting opportunities to develop shared joint attention, turn taking and collaborative play skills (Wong et al. (2021). Milton’s (2012) double empathy problem further highlights breakdowns arise from reciprocal misunderstandings between autistic and non-autistic people not autistic deficits alone. Beardon (2021) argues neither the medical or social model captures the autistic experience and emphasizes the need for neurodiverse approaches to support differences

Strategies to Support

Intensive Interaction

An appropriate strategy to support autistic learners in the early years is Intensive Interaction, as it addresses the social- communication barriers identified earlier. Intensive interaction is a person-centred, relational approach that values a child’s own communication style, with practitioners adjusting pace, language and response to facilitate mutual connection (Intensive Interaction Institute, 2026). Intensive interaction is done by observing the child’s vocalisations, movements, facial expressions, gaze and repetitive behaviour as meaningful communication responding in playful ways by imitating the child and joining in with their actions and sounds supporting the child to experience shared enjoyment, connection and mutual communication (Peterborough SEND Service, 2021) Intensive interaction is flexible and can be used at any time in any environment, when the child is alert, relaxed and open to the interaction (Oxford Health NHS Foundation Trust, 2017). This reduces barriers to participation and ensures interaction opportunities are embedded naturally throughout the day without pressures or demands. Evidence shows intensive interaction supports the development of early communication skills, including joint attention, turn taking, eye gaze and intentional communication (Papadopoulos et al. 2023). These skills are important for autistic children’s social inclusion and emotional well-being that underpins building connection, attunement and rapport (Suffolk County Council, n.d.). This will impact autistic children through increased engagement, reducing anxiety and greater access to play and learning opportunities. The intensive interaction approach is dependent on practitioner skill, attunement and consistency, which can be difficult to achieve in busy early years environments (Hutchinson and Bodicoat, 2014). Berridge and Hutchinson (2021) found many practitioners experience intensive interaction as unfamiliar or unnatural and struggle to adopt the non-directive, relational stance required, particularly when settings prioritise task-based teaching.

Conclusion

To conclude, Welsh Legislation such as ALNET (2018), the Equality Act (2010) and the UNCRC (1989) provides strong foundations for ensuring that children have equitable access to education and support. However, health and education systems continue to work in isolation, meaning early identification and receiving appropriate support is inconsistent. Strengthening collaboration, reducing reliance on diagnostic confirmation and creating environments that expect and support neurodiverse learners would ensure the adjustments ASD learners need are embedded rather than added reactively. Evidence from European countries where specialist provision and inclusive practice are planned together as part of a universal inclusive system, suggests Wales could benefit from more integrated approaches improving the lived experiences of autistic children in Wales.

Statistics

- 67% of children waiting over 26 weeks for diagnosis
- 45% waiting over 12months
- Service wait times up to 36months



Figure 2, Intensive Interaction (Fairfield School. n.d.)



Google Images, n.d.)