

Referral and Diagnosis:

Signs and symptoms – a child with autism could display:

- Challenges to communication (such as delayed or minimal expressive language)
- Difficulty understanding interactions from others (reading body language and emotions, processing language)
- Sensitivity to sensory stimulus (over or under sensitivity)
- Different behaviours (sometimes viewed as challenging) to regulate stress due to changes in the environment. (Beyond Autism, 2022).

Awareness of autism has been greatly improved over the last few years (Dillenberger *et al.* 2013) shown in countries like the UK and US, often because of work by charities promoting media coverage and organising national and international Autism Acceptance Months (Autism Society, 2022), fundraising and lobbying government (Child Autism UK, No Date) for example. This may have contributed to a rise in the number of people referred for and diagnosed as autistic.

Following parental or teachers concerns, the Modified Checklist for Autism in Toddlers, Revised, (M-CHAT-R) can be used by General Practitioners to initially assess young children for referral (NICE, 2021). So that the skills and needs of the child can be assessed holistically, including their family, aligning intervention and support to these needs, there may be various tools used, by a multi-disciplinary team which is crucial for accurate diagnosis (Yates and Le Couteur, 2016). The team could include:

- ❖ Occupational Therapist, Speech and Language
- ❖ Educational Psychologist
- ❖ Health Care and Educational professionals. (Beyond Autism, 2022; Powys County Council, 2022).

Yates and Couteur (2016) highlight the importance of working to support the whole family who may experience or be struggling with the impact of the child's challenging behaviour such as toileting difficulties, anxiety and trouble sleeping. Parents and siblings may also have autism themselves.

Understanding and supporting young children with Non-verbal Autism

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Introduction: Autism is described by Beyond Autism (2022) as "part of who a person is". Within Autism, there are a spectrum of impairments to development which can include social communication, sensory issues and repetitive behaviours, according to the National Institute for Health and Care Excellence (NICE) (2020). Language and communication concerns from parents of children with autism are often one of the first things reported before diagnosis (Franchini *et al.* 2018).

Barriers: Loud or unexpected noise can cause distress to children with autism, and it may be that it is more so with those who are non-verbal, with recent studies looking into if there is a connection between auditory sensitivity and language processing (Schwartz *et al.* 2020). The National Autistic Society NAS (2019) state that over-sensitivity to noise can cause anxiety and make it difficult to differentiate between or cut out sounds which may also affect concentration. Reasonable adjustments should be made by settings (NAS, 2019) to ensure that social and environmental barriers are removed, for example being flexible with break or lunch times to allow for a quieter transition avoiding noisy crowds of children or before the school bell rings. According to Mackensie, Cologon and Fenech (2016) this fits with the social model of disability – where the child's impairment is seen as separate to their disability which can be overcome by society becoming more accommodating through attitudes and changes to the environment. A factor in how inclusive the environment/setting is for a child with Autism who is non or minimally verbal (MV), will be teachers' attitudes and understanding of the impairment (Leonard and Smyth, 2020). According to Bal *et al.* (2016) it is often assumed that MV children are as cognitively impaired as their expressive language may seem to be, however warn that due to there being a broad range and difference in number of words and language ability it can be a challenge to test therefore this group of children are often excluded from studies. In practice, teachers in settings may therefore talk over the child as if they are not there or exclude the child from taking part in certain activities.

Strategies:

Heath *et al.* (2020) believes that adults who interact and support children with autism are in the best position to make a difference, such as parents and education professionals. However, Estyn (2021) highlights that it is better to have different adults sharing the support alongside other learners to help promote independence. Due to the variability in language skills, cognitive ability and processing of non and minimally verbal children with autism (Tager-Flusberg and Kasari, 2013), it can not be assumed that the same intervention will work with all children. Therefore, it is recommended that a total communication approach is taken (Estyn, 2021) as there is still a lack of research studies with non and minimally verbal children (Hills, Clapton and Dorsett, 2019). For any communication method to be supported, there must be a relationship built between the adult and child. However, according to Hills, Clapton and Dorsett (2019) highlights that training and expertise of the adult (often a Teaching Assistant -TA) must be considered as well as issues and challenges with methods that used facilitated communication. Types of communication methods used include:

- Picture exchange systems
- Communication boards
- Gestures and sign language such as Makaton (Tager-Flusberg and Kasari, 2013 and Sin, 2020).

Although TA's are often the main resource for delivering communication support and intervention, OFSTED (2021) warn against the over-reliance of TA's unless they have been trained and understand the learners needs.

As direction for intervention often comes from an educational psychologist or speech and language therapist, Vivash and Morgan (2019) argue that TA's may struggle due to the ambiguity of information or training. Hills, Clapton and Dorsett (2019) highlight the importance of communication defining it as fundamentally human, stressing that more research is needed with non and minimally verbal autism because not being able to speak does not mean you have nothing to say.

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