

Introduction

According to Lord et al. (2020), autism spectrum disorder (ASD) refers to individuals who have difficulties with social communication, repetitive behaviours, and intense interests or sensory issues starting early in life. The developmental disability known as Autism Spectrum Condition persists throughout life, impacting how people communicate, function socially, and display behavioural patterns (Hirota and King, 2023). Autism, or autism spectrum disorder (ASD), is a condition that affects brain development. Globally, about 1% of people have autism (WHO, 2022). Early autism identification, followed by suitable interventions, leads to improved progress for autistic children.

Identifying and Diagnosing Autism

Autism detection during early childhood becomes difficult because developmental behaviors share similarities with typical childhood behaviors. According to the SEND Code of Practice (DfE & DoH, 2015), early identification requirements should be part of everyday practice. The lead role of SENCOs ensures proper implementation of this identification process in every early years setting.

Curran (2020) found that 80% of SENCOs were confident in identifying additional needs through strong staff relationships and targeted observation methods. Tracking procedures were regularly implemented, with parents remaining actively involved and practitioners frequently utilizing local guidance resources. The detection of autism-related indications usually shows consistent specific patterns, according to practitioners:

- Delayed speech and language
- Limited eye contact
- Repetitive behaviors
- Difficulty with transitions or social play

The report indicated that delayed referrals had occurred because external services, including CAMHS and SALT (Speech and Language Therapy), were overstretched. This may hinder timely diagnosis. Assessment tools used include:

- **The EYFS Development Matters**
- **Two-year progress check** – often the first formal checkpoint

Diagnosing autism spectrum disorder (ASD) primarily depends on two key sources: reports from parents or caregivers about the child's development, and professional observations of the child's behaviour (CDC, 2024). A multi-faceted diagnosis of autism requires health visitors, educators, and families to work together. Curran (2020) identifies three main barriers to childhood development assessment: inadequate funding, differing practitioner knowledge, and weaknesses in observation methods without clinical assessment protocols.

The EYFS mandate under the law makes it necessary for providers to both identify and aid children with special educational needs (DfE, 2021). Reports of identified warning signs like poor eye contact combined with delayed speech and repetitive behaviors (NHS, 2022) prompt parents or health visitors and nurseries to inform their GP or health visitor. Medical professionals following NICE guidelines and UK Autism Strategy recommendations must direct any autistic spectrum diagnosis candidates to specialist evaluation teams at CAMHS or community pediatrics for diagnostic testing (DfH, 2016). The Ages & Stages Questionnaire (ASQ 3) alongside ASQ:SE are parent-report tools which UK health visitors use during the mandated "integrated review" that spans 2–2½ years (Department of Health, 2016).

The prevalence of autism-spectrum conditions within UK children amounts to 1–2% according to UK Parliament Post (2020), but the NHS (2022) finds girls might not receive appropriate identification. The National Institute for Health and Care Excellence reports that early autism markers like lack of name responsiveness and limited pretend play abilities occur by age two, while the average patient receives a diagnostic assessment at four and a half years old as per UK Parliament Post (2020). The National Health Service data from June 2024 reveals extended waiting times because about 193,000 children have pending referrals but only 5% of them receive appointments within the 13-week timeframe (NHS, 2024). Children's Commissioner data from 2024 indicates that just 28% of patients obtained their initial clinical appointment while their numbers kept increasing and numerous cases were removed from the referral system.

Key Benefits: Early detection allows specific intervention programs to run alongside resources that facilitate students' transition to primary school.



Barriers Impacting Children with Autism

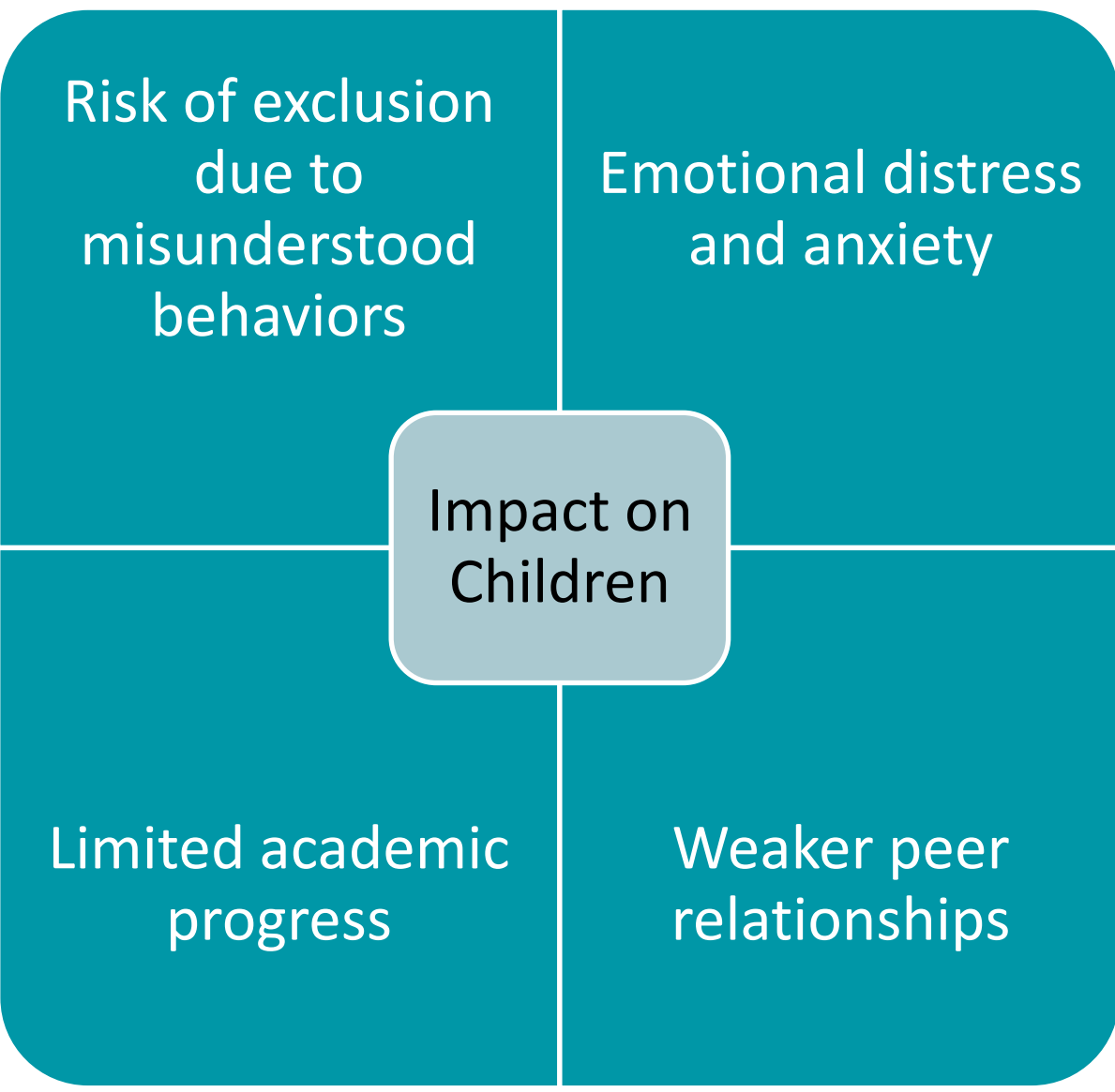
Childhood autism presents multiple learning, environmental, and social obstacles for children in early childhood settings (Vivanti, Dawson, & Rogers, 2017). Autism presents barriers that result in negative outcomes for educational activities. An autism diagnosis affects communication skills, determining how a child shares wants or receives messages from others(Topper, 2024). According to Curran's (2020) research, budgetary issues were frequently reported as the most pressing needs by SENCOs, at 88%, in early years settings related to speech, language, and social communication needs. Such limitations prevent children from joining group work, which often leads them to display frustrated behavioral reactions



Autistic individuals often have sensory issues, like heightened sensitivity, which can cause anxiety and distractibility, impacting their learning and interactions (Waisman, Alba, & Green, 2022). Children with autism experience intensified and decreased reactions to sensory stimuli, including loud noise, light, and texture effects (MacLennan, O'Brien, & Tavassoli, 2022). Nurseries possess hectic areas that lead to sensory overload for children. Many educational and workplace environments lack adequate support for autistic individuals, including insufficient staff training and accommodations. This can hinder their success and integration (MHNE_Staff, 2024). The APPGA's 2017 report highlighted that staff often lack the necessary skills to support autistic young people, resulting in missed opportunities (GOV.UK, 2021)

SENCOs reported that several parents avoid early discussions of concerns because they worry about discrimination or removal from the childcare setting. This hesitancy delays interventions. The establishment of trust depends on continuous, sensitive interaction (Curran, 2020).The report demonstrated how long it frequently takes students to get assessments from health visitors and pediatricians while also receiving therapy. According to Curran (2020), SENCOs confirm that children sometimes begin school without obtaining a proper medical diagnosis and necessary support.

Autistic children frequently face challenges with sensory overload, including noise, crowded environments, unexpected changes, and social-communication demands (NHS, 2022). Include evidence that children with SEND have higher rates of co-occurring difficulties: for example, ~70% of autistic children have anxiety or other mental health issues, up to 30% have a learning disability, and many are nonverbal (UK Parliament Post, 2020). These comorbidities compound barriers. Note that autistic girls often “mask” symptoms (copying peers, hiding distress) (National Autistic Society, 2025), so they may be under-supported.



Limited staff training and awareness is a major issue (surveys show many autistic families want better-informed teachers). A large majority of autistic pupils feel schools would improve with more teacher understanding of autism. In speaker notes, link this to the SEND Code emphasis on staff training. EYFS/Ofsted guidance expects inclusive practice, but inspections often note lack of specialist support in early years. For example, the DfE “Meeting the needs of all children” guidance stresses adapting the environment – “changing approaches or removing barriers to enable SEND children to reach their potential” (Department of Education, 2021).

Support Strategy: Structured Visual Timetables

Visual timetables with a structured format represent an excellent method to assist autistic children (Hayes et al., 2010). Pictorial schedules serve as an effective tool because they help autistic children understand their daily routines and transition between different activities. Hobbs (2023) stated that visual aids can help autistic individuals understand social cues and appropriate behaviours, facilitating better social interactions.

- How It Helps:**
- ✓ Provides predictability and reduces anxiety
 - ✓ Reinforces language with visuals
 - ✓ Enhances independence and confidence

The use of visual timetables helps autistic children develop a better understanding of both time spans and sequence progression.

According to Curran (2020), educational settings need to have structured environments that also remain adaptable to an individual child's needs. Visual timetables align well with the structured, flexible environment approach. The method assists children who face issues in listening and adapting to the changes that autism often causes.

- Implementation Tips:**
- The same visual symbols or pictures should represent important daily activities like story time, snack time, play time and home time
 - Daily introduction of the timetable needs to happen in a relaxed speaking voice.
 - Lead the child toward the next step by making verbal announcements like, "We are about to go outside now."
 - Guide the child to move the marker forward to progress to the subsequent activity.
 - Position the timetable so children can see it at their viewing height.

- Benefits & Outcomes:**
- Current research demonstrates that autistic students use visual timetables to improve their task participation in structured settings (Hayes et al., 2010).
 - As an additional benefit, these tools enable teaching personnel to preserve meaningful routines, which creates less pressure on children and classroom mentors.
 - According to Curran (2020), the SENCOs reported that visual scheduling tools enhanced both student participation and emotional control in educational settings.

Challenges:

- Initial setup time
- To succeed, these methods require extensive training for all personnel.
- However, not all autistic individuals respond the same way to visual aids. Personalization is key, as what works for one person may not work for another.

This strategy remains a valuable solution because it provides inclusive benefits at an affordable cost for young autistic children's educational environments (Hayes et al., 2010).

They tap into autistic learners’ strengths (visual processing) and compensate for weaknesses in auditory processing (Hume and Indiana Resource Center for Autism, 2025). For example, visual timetables “provide a visual representation of information” and “help reduce anxiety” during transitions (Martinez-Dawkins, 2024). Studies confirm children with ASD attend better to visual cues, making schedules more effective than verbal instructions (Hume and Indiana Resource Center for Autism, 2025).

The CDC/I CAN guide shows that timetables “help children who struggle to understand what is being said, have poor auditory memory, or increased anxiety about change” (Council for Disabled Children, n.d.). They clarify the now and next activity, helping children know where they are in the day. Research with UK pupils found 73% reported using visual timetables “very often” or “a lot” in a week, and that both autistic and non-autistic children valued these supports (Rutherford et al., n.d.). Murray (2015) stated that training parents to use strategies that support their child's development is crucial. Providing workshops for parents on using visual supports and positive reinforcement at home ensures consistency across settings.

Conclusion

Support approaches for autism in early years settings prove successful through early detection, followed by inclusive strategies, coupled with visual supports and structured methods of intervention. Strategies that integrate proactive observation with family involvement, together with the use of visual timetables, lead to a major reduction of obstacles despite practical and systemic challenges. The SENCO report by Curran (2020) emphasizes that teams delivering learning through child-focused methods succeed when they bring together experienced practitioners who use evidence and practice their empathetic skills. Autism support requires environmental development instead of treatment because its goal is successful achievement.

Daily schedule				5pm	
7am		12pm		6pm	
8am		1pm		7pm	
9am		2pm		8pm	
10am		3pm		9pm	
11am		4pm		10pm	
Wake up	Have a shower	Go to work	Read a book		
Go to sleep	Brush my hair	Meditate	Put my pyjamas on		
Set my alarm clock	Get dressed	Prepare for tomorrow	Have a bath		
Brush my teeth	Pack my bag	Eat lunch	Drink water		
Go to the toilet	Eat breakfast	Eat dinner	Wash the dishes		
Write in my journal	Do some exercise	Have some quiet time	Tidy up		

Physical Schedule Example (Leicestershire Partnership, n.d.).