

ASD

Autism, commonly referred to as Autism Spectrum Disorder (ASD), is defined by The World Health Organisation (WHO) (2023) as a diverse range of conditions related to brain development. Many of these conditions relate to having some degree of difficulty with either social interaction or communication. Furthermore, patterns of behaviours or activities, as well as struggling with transitions are often prevalent in those with ASD. The National Autistic Society (2025a) also acknowledges that ASD has a significant influence on how people can see and interact with the world. Moreover, they note that whilst autistic people are all different from one another, for a diagnosis to be received they must share differences in how they feel, think and communicate. Statistics from Ambitious about Autism (2022a) show the stark rise in children diagnosed with ASD. They state that the number of children aged 5 and under who have been diagnosed with ASD has risen exponentially from 14,000 in 2015 to 31,000 in 2023/24. This sharp rise shows the need for professionals to have a clear understanding of what ASD is and what support those who have been diagnosed with it need to succeed within settings.

How is ASD identified and diagnosed?

Ambitious about Autism (2022b) note the vital importance of early diagnosis and intervention for those with ASD. However, they acknowledge that current NHS waiting times are hindering the likelihood of that early diagnosis. They go on to say that 83% of under 18s are exceeding the 13 week waiting deadline given by the NHS in regards to a medical diagnosis for ASD. Furthermore, they state that the knock-on effects of a lengthy wait to receive diagnosis can be huge, with it affecting children getting the right education for their needs as well as health and social care support. They conclude by saying that early intervention, support and education is often the catalyst for children with ASD to begin thriving, but how can practitioners do this?

NHS assessments for autism are carried out by a multidisciplinary team of specialists, The National Autistic Society (2025b). This process occurs as the involvement of a range of specialists helps to make the assessment more accurate, due to it allowing various different aspects of a person's characteristics and experiences to be identified. Furthermore, when a child or young person is being assessed there are specific professionals who should be involved in the process. These should include a paediatrician, a speech and language therapist, as well as a psychologist who has experience with working with children with autism. The National Institute for Health and Care Excellence (NICE) (2012), have compiled clear guidelines in relation to identifying autism and the steps that need to be adhered to if a diagnosis is to occur. They believe that an assessment for autism should be considered if a child is demonstrating persistent challenges with social interaction or social communication or if they display rigid or repetitive behaviours and show resistance to change. Alongside these they also note that problems in

sustaining an education, difficulties in initiating social relationships or a family history of neurodiverse conditions can also be indicators that an initial assessment is required. Within a school setting it would be down to teachers or special educational needs coordinators (SENCO's) to play a key role in spotting those early indicators, good practice for SENCO's (n.d.). If these signs are spotted and the child is referred to a GP or other specialist who corroborates the concerns of the practitioner who initially identified them, then a referral to the multidisciplinary team should then be made.

Whilst the guidelines and strategies for early identification and diagnosis are clear, reaching the point of diagnosis is not often easy, as statistics from the NHS (2024a) show. In December 2024 there were 213,000 people with an open referral for ASD. Out of this number 192,000, which is 90%, had a referral which had been open for longer than the NHS guidelines of 13 weeks. Moreover, out of those 192,000, only 9,000 had their first appointment within 13 weeks. These delays can limit support and intervention for those individuals who need it most. As the NHS (2024b) states a commonly used tool used in settings across the UK to identify autism is the autism diagnostic observation schedule assessment, otherwise known as ADOS. Professionals use the ADOS tool to assess autism in children and young adults. They utilise play and conversation to get a snapshot of the child in question. They continue by saying that ADOS is a holistic approach as it looks at a plethora of skills and behaviours within the child. Despite it being a holistic approach that clinicians can facilitate easily, ADOS does have its limitations. As Lincolnshire Children's Therapy Services (n.d.) notes no actual diagnosis of autism will be made following the ADOS. ADOS is only one part of the assessment process and following these, assessments with the multidisciplinary team will take place. Whilst multidisciplinary teams are commonplace in autism assessments across settings, drawbacks in regards to them have been acknowledged. Beresford [et.al.](#) (2020) states that the sheer number of referrals is the greatest concern that faces multidisciplinary teams. Furthermore, they note that all services are reporting year on year increases, with the needs of the referrals also becoming far more complex. These factors can cause delays in children being seen by the multidisciplinary team, undermining the effectiveness of the ADOS.

Barriers that individuals with ASD face.

There are many barriers that children with ASD will encounter throughout their lives, the first of which is communication barriers. The ability for a child with ASD to communicate and use language depends on both their social and intellectual development, states the National Institute on Deafness and Other Communication Disorders (2015). Some children diagnosed with ASD will communicate using speech or language, in comparison to those who will remain nonverbal for the duration of their lives. On the other hand some will have very detailed vocabulary often about very specific subjects, however may find it challenging understanding social cues and body language. An amalgamation of these difficulties can often

affect the child's ability to communicate especially with children their own age. The University of Kansas (2024) agrees with this stating that individuals with ASD may attempt to communicate in more non-traditional ways, whilst experiencing challenges on a verbal, nonverbal and social level. They build on this further by noting that children with ASD may also find using and understanding facial expressions difficult. Facial expressions are vital for effective social interaction and a lack of skills in interpreting them will limit ability to understand social cues and engage in meaningful conversations, something that could be a big barrier to children with ASD not only throughout their schooling but also in their later lives. They continue by saying that another barrier that many autistic children face could also be a contributing factor to communication difficulties and that is sensory sensitivity. As Autism Speaks (2024) goes on to explain, sensory issues or sensitivity are commonplace in those with ASD and are even included in the diagnostic criteria for ASD. Many autistic children suffer from hypersensitivity to things such as bright lights, certain tastes, textures and smells. This overwhelming sensation can lead to sensory avoidance, with the child trying to get away from what is triggering their sensory sensitivities. This can lead to huge challenges within the school or early years settings environment, as Cutting (2019) acknowledges, these sensory issues can cause behavioural problems and have a detrimental effect on the child's wellbeing and their view on the setting they are in. Many settings can be seen as stressful or overwhelming by those children with ASD, resulting in meltdowns and lack of engagement. A direct result of this can then be school avoidance or behaviours that endanger the child, their peers and the professionals working with them.

Support strategies

There are various legislations that have been implemented across Wales in an attempt to offer support to settings who are working with children with ASD. These include the Additional Learning Needs system, Welsh Government (n.d.), as well as The Additional Learning Needs code, Welsh Government (2021). There are also child centred support strategies that settings can implement to help children on an individual basis, depending on their needs and their triggers. One example of a support strategy used to support those with communication difficulties are Picture Exchange Communication System otherwise known as PECS. NHS (2024c) explains that PECS is a communication system, often used by autistic children, which uses symbols or pictures to help those children communicate their wants or needs. The main target of PECS is to teach communication skills that can be used in day to day life and eventually develop spoken language. There are also support strategies that can be put in place to aid those children with ASD who struggle with sensory sensitivity. As Action for Children (n.d.) states, recognising the child's needs or triggers is the first step in supporting them. They advise that beginning a behaviour chart or diary is a good place to start as it could allow practitioners to notice a link to specific tasks, rooms or people that trigger those sensory issues. Furthermore, they suggest that once those triggers have been identified, then suitable adjustments can be made to prevent these sensory issues arising and make

the setting as suitable as possible. A support strategy that is becoming more popular within settings is sensory aids or toys. Gloucestershire Hospitals NHS Foundation Trust (2024) give examples of the variety of aids that are used to support children who are in sensory overload. These include ear defenders, used by those who are particularly sensitive to loud noises, fidget toys such as poppits that can be used to reduce anxiety and increase wellbeing and finally chew toys that some children use to bite on to relieve stress when struggling with sensory sensitivities. If a setting is aware of the benefits these aids can have on children with ASD and they implement them correctly, then they can be incredibly beneficial to the child or children in question and reduce sensory overload and as a result increase wellbeing and the way that children with ASD view the setting they are in.

Questions

How does having a child with ASD affect their parents and what challenges do they face?

Being a parent of a child with ASD brings daily challenges, states Ludlow, Skelly and Rohleder (2011). They note that dealing with behaviours from their child, judgements from others and lack of support are three main challenges that parents face. As previously noted sensory and communication issues can be a catalyst for challenging behaviours and having to deal with these on a daily basis can be draining for parents. Russell and Norwich (2012) look at how a child either requiring or receiving a diagnosis can affect the parents involved. They note the dilemma that many parents face pre-diagnosis, as to whether to try and retain the 'normal' label attached to their child or whether to seek a diagnosis for their child and reduce the stigma surrounding it. Care Learning (2024) corroborates this theory stating that many parents are hesitant when it comes to seeking a diagnosis due to the stigma surrounding it which in turn can lead to discrimination in later life.

What strategies can teachers implement to help children with ASD during transitions?

Transitions can be incredibly difficult for those with ASD due to their lack of predictability and change in routine, Weldele (2025). Transitions can often entail new sensory challenges as well new social challenges, both of which are barriers to those with ASD, so having strategies in place to help with these transitions is key. Autism UK (n.d.) specify that changes such as teachers, classrooms or peers can be challenges in transitions. They can often make autistic children feel anxious as it

causes a change in routine. There are many strategies that can be used to help make transitions as easy as possible. These include arranging one to one meetings for the child and their new teacher, allowing both parties to get a better understanding of one another and become more comfortable with each other. Furthermore, allowing them extra visits to their new classroom for example will allow them to become accustomed to what sights, smells and sounds they can expect in there, reducing the likelihood of sensory overload. Being prepared and ensuring all plans made are centred around the child will allow the transition to run far more smoothly.

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