



Supporting Autistic Children

An Introduction for
Health and Social Care Practitioners

Overview

This learning tool has been developed to support professionals working with children with autism spectrum disorder. Based on the identified needs of professionals in Wales, and recommendations from the National Institute of Care and Excellence (NICE), this learning tool provides a useful introduction, and should be used as precursor to more in depth training.

After completing this learning, you are invited to complete the certification scheme at www.AutismWales.org, after registering you will be prompted to answer 20 multiple choice questions.

Successful completion of these will prompt download of your certificate.

Many resources to support the recommendations made in this learning tool are available at www.AutismWales.org, we have marked these with a * to help you.

Autism is a 'hidden disability', meaning it is not easy to recognise when someone has the condition. When you see the following pattern (on a wristband, card or mobile device) it means someone has autism and wants you to know so that you can support them:



Individuals with autism have difficulty in accessing services. Support from staff can make a huge difference, understanding autism has the power to change lives. The information to follow is provided to help you to understand autism and ways in which you can support children and adults with the condition to access your provision.



This learning tool aims to improve knowledge and understanding of ASD, and also to provide practitioners with advice about how to adapt their interactions and practice. These have been colour coded throughout as follows:

Knowledge Development

Practitioner Advice

Adapting Your Practice

It is estimated that 1 in every 100 people in the UK have an Autism Spectrum Disorder (ASD)

ASD is a lifelong condition and affects people from all backgrounds

ASD affects more males than females, though we are aware that many females with an ASD are overlooked

Autism Spectrum Disorders are also known by other names, including:

Autism

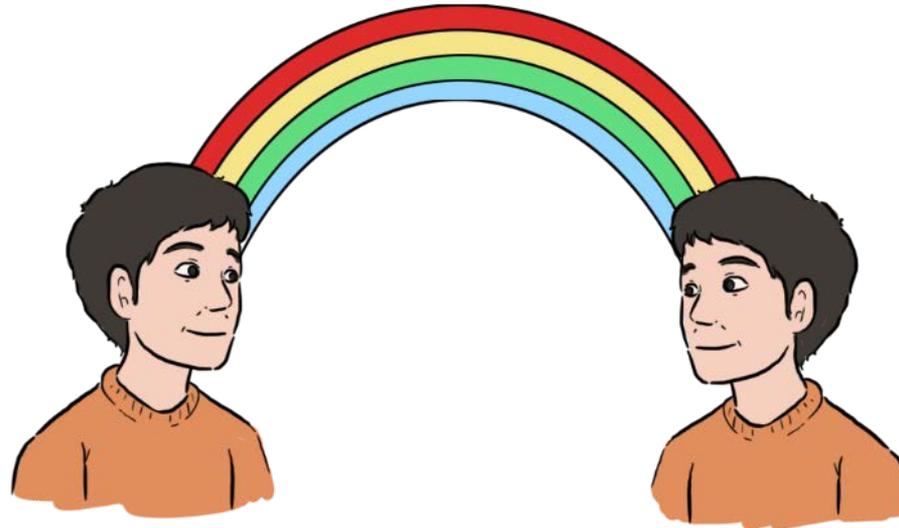
Asperger's Syndrome

Autism Spectrum
Conditions

Childhood Autism

Pervasive
Developmental Disorder

We refer to an Autism ‘Spectrum’ because of the way in which the condition affects individuals can vary



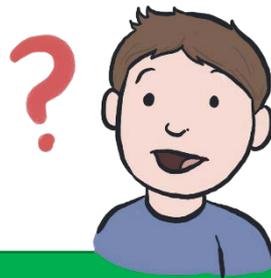
On one end of the spectrum people with an ASD may have an additional learning disability and be more severely impaired.

On the other end individuals may have an average or above average intellect and may function at a higher level, but still experience difficulties.

Individuals with an ASD have impairments in the following areas:



Social Communication



Social Imagination and
Flexibility of Thought



Social Interaction

And may also demonstrate:



restricted or repetitive
patterns of behaviour



Restricted, repetitive
interests or activities



Unusual sensory
responses

Some children with an ASD may not have been assessed for the condition and therefore may not have a diagnosis.

They may present with support needs, but have an underlying ASD that has not been recognised – these may present as:

Mental health issues or other neurodevelopmental disorder

- Including anxiety, depression, psychosis and ADHD.

Unusual level of distress caused by a change or changes

- Including change of schools, teacher or parental separation as well as day to day changes.

Difficulties in school

- Including challenging behaviour, difficulties with unstructured tasks or conforming with social rules.

Issues stemming from problems with social communication and interaction

- Difficulties with friendships, social isolation, frequent social misunderstandings and mistakes.

Rigid and repetitive behaviours

- Including odd or unusual activities and mannerisms, rigid routines, repeating words and phrases, unusual highly focussed interests which may seem odd.

Autism – do you know the signs? Pre School Children – 2 years to 4 1/2 years

Social Interaction and Verbal Communication

Repeating certain words or phrases over and over again ("echolalia")



Delay in learning to babble, using first words or combining 2-3 words by age 3

Regression in or loss of skills

Does not follow simple commands relating to objects not in view (such as fetch your toothbrush)

Does not yet use 2-3 word utterances



Does not seek comfort when in pain or distress

Does not offer comfort to others



Does not respond by looking when name is called

Indifferent to, or no interest in, age peers

Approaches others in a one sided way or on own terms

Does not respond to greetings and farewells

Emotional responses to others can seem rude or inappropriate

Does not 'share' interests or enjoyment with others

Does not spontaneously join in or interact with others of same age



Does not enjoy social situations that most children like (e.g. birthday parties)

Unaware of other's feelings

Imagination, ideas and creativity

Lack of imaginative pretend play (pretending that dolls and toys are real and enacting out scenarios with them or role play)



Imaginative pretend play or role play is repetitive

Imaginative pretend play is over-focused or obsessive or copied (not invented)



Poor imitation of sounds or people's actions

Imaginative pretend play is solitary or plays near but not with other children

Plays imaginative pretend play with others but not equally shared - may passively copy another's imaginative game, or insist that others follows his/her own themes and rules



Lack of spontaneous gesture that expresses emotion (e.g. putting arm around someone)



Lack of social smile

Gestures and non verbal communication

Does not use simple gestures (waving goodbye)

Uses someone else's hand as a tool (e.g. putting someone else's hand on a box to open it)



Lack of pointing to show objects and share interest

Does not 'show' objects by holding them up or giving them to someone

Does not follow a pointing gesture to where someone is looking



Reduced or unusual eye contact

Narrow range of interests, routines and repetitive behaviours

Displays repetitive behaviours or rituals that negatively affect daily activities



Arranges objects in patterns or lines and dislikes these to be disturbed

Insists on following own agenda

Over-focused, unusual or highly specific interests and hobbies

Prefers familiar routines, likes things to be 'just right'

Problems with turn taking

Self-chosen activities are limited and unchanging



Repetitive 'stereotypical' movements such as hand flapping, body rocking while standing, finger flicking

Dislike of change, which can lead to anxiety or aggression

Sensory responses

Unusual sensory responses to sound sight, touch, taste, smell, movement and/or pain



Abison, C., Auyeung, B., & Baron-Cohen, S. (2012). Toward brief "red flags" for autism screening: the short autism spectrum quotient and the short quantitative checklist in 1,000 cases and 3,000 controls. *Journal of the American Academy of Child & Adolescent Psychiatry* 51(2), 203-212.
 Barbara, J., & Dissanayake, C. (2013). Early markers of autism spectrum disorders in infants and toddlers prospectively identified in the Social Attitudes and Communication Study. *Autism*, 17(1), 64-86.
 Carrington, S., Leskanen, S., Kant, R., Malpass, J., Gould, J., Wing, L., ... & Nanda, I. (2015). Signposting for diagnosis of autism spectrum disorder using the Diagnostic Interview for Social and Communication Disorders (DISCO). *Research in Autism Spectrum Disorders*, 9, 45-52.

Autism – do you know the signs? Children and Younger Adolescents

Social Interaction and Verbal Communication

Limited use of language

- Repeating certain words or phrases over and over again ("echolalia")
- Does not follow simple commands relating to objects not in view (such as fetch your toothbrush)
- Talks excessively about topics of own interest
- Takes things literally, struggles with sarcasm and metaphor



Imagination, ideas and creativity

Lack of imaginative pretend play (pretending that dolls and toys are real and enacting out scenarios with them or role play)

Imaginative pretend play or role play is repetitive

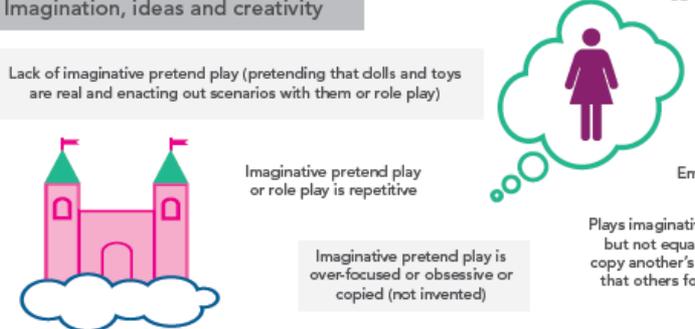
Imaginative pretend play is over-focused or obsessive or copied (not invented)

Empathy reduced or absent

Struggles to predict reactions of others

Imaginative pretend play is solitary or plays near but not with other children

Plays imaginative pretend play with others but not equally shared - may passively copy another's imaginative game, or insist that others follows his/her own themes and rules



Narrow range of interests, routines and repetitive behaviours

Displays repetitive behaviours or rituals that negatively affect daily activities

Repetitive 'stereotypical' movements such as hand flapping, body rocking while standing, spinning, finger flicking

Arranges objects in patterns or lines and dislikes these to be disturbed

Self-chosen activities are limited and unchanging

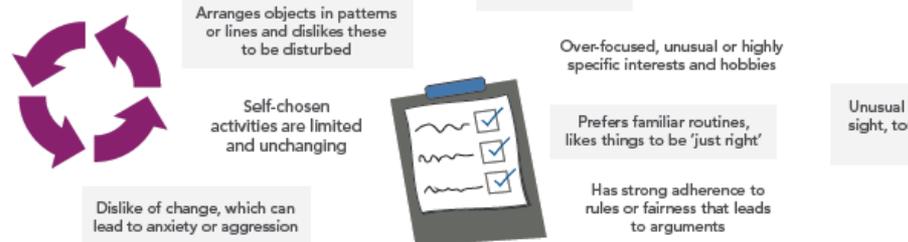
Dislike of change, which can lead to anxiety or aggression

Insists on following own agenda

Over-focused, unusual or highly specific interests and hobbies

Prefers familiar routines, likes things to be 'just right'

Has strong adherence to rules or fairness that leads to arguments



- Does not seek comfort when in pain or distress
- Indifferent to, or no interest in, age peers
- Unaware of other's feelings
- Problems with turn-taking or team activities
- Does not offer comfort to others
- Approaches others in one sided way or on own terms
- Finds making and keeping friendships difficult
- Does not spontaneously join in or interact with others of same age
- Can be over-formal or over-familiar
- Does not respond to greetings and farewells
- Does not enjoy social situations that most children like (e.g. birthday parties)
- Emotional responses to others are inappropriate, rude and unsympathetic
- Does not 'share' interests or enjoyment with others



Gestures and non verbal communication

Does not 'show' objects by holding them up or giving them to someone

Does not follow a pointing gesture to where someone is looking

Lack of pointing to show objects and share interest

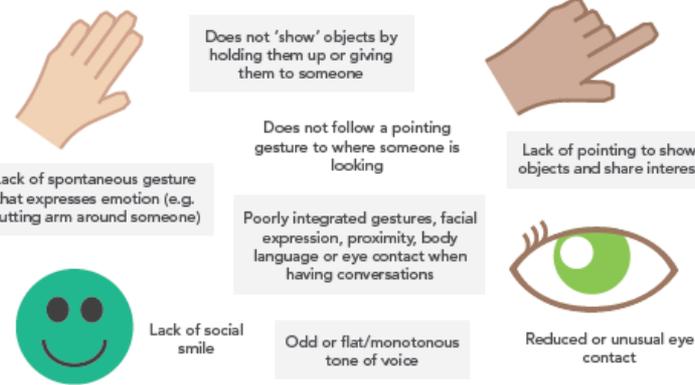
Lack of spontaneous gesture that expresses emotion (e.g. putting arm around someone)

Poorly integrated gestures, facial expression, proximity, body language or eye contact when having conversations

Lack of social smile

Odd or flat/monotonous tone of voice

Reduced or unusual eye contact



Sensory responses

Unusual sensory responses to sound sight, touch, taste, smell, movement and/or pain



Alison, C., Auyeung, B., & Baron-Cohen, S. (2012). Toward brief 'red flag' for autism screening: the short autism spectrum quotient and the short quantitative checklist: 1,000 cases and 3,000 controls. *Journal of the American Academy of Child & Adolescent Psychiatry* 51(2), 202-212.

Barbaro, J., & Dissanayake, C. (2015). Early markers of autism spectrum disorders in infants and toddlers prospectively identified in the Social Attitudes and Communication Study. *Autism*, 17(1), 64-85.

Cartwright, S., Leskian, S., Fani, R., Molloy, J., Gould, J., Wong, K., ... & News, J. (2014). Supporting for diagnosis of autism spectrum disorder using the Diagnostic Interview for Social and Communication Disorders (DISCO): Research in Autism Spectrum Disorders, 9, 45-52.

Children with an ASD have impairments in social communication.

The way in which each child is affected varies. These impairments can include difficulties in using and understanding:

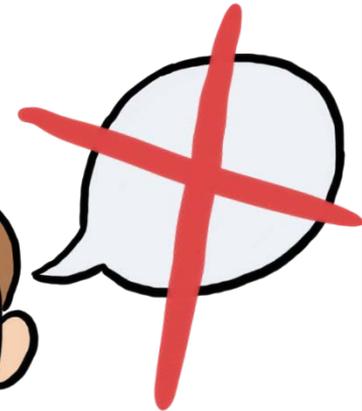
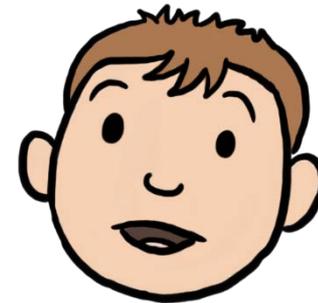
speech

gestures

eye contact

tone of voice

language



How this impacts on day to day life:

A child with ASD may not be able to use gesture or interpret others gestures.

In order to understand when someone is being sarcastic, we analyse many non verbal cues. This means that children with ASD may struggle to recognise and appreciate sarcasm.

We often rely on tone of voice, gesture and eye contact as well as words to convey our point. Children with ASD may not be able to use or understand these easily.

Avoiding eye contact maybe interpreted as the child being rude, it is not.



Children may not 'point' or may not be able to 'follow a point'.

Children with ASD may interpret language literally and so may misunderstand understand idioms ("pull your socks up") and metaphors ("my head was spinning").

Don't use figurative language, avoid idiom and metaphor

Use a calm, consistent tone of voice

Don't rely on non verbal communication to convey or emphasise a point

Don't make assumptions about feelings based on body language, facial expression or eye contact

Allow extra time for the child to process what you are saying

Keep your facial expressions to a minimum to avoid confusion

Be specific, and check that the child has understood you

Use visual cues such as pictures, lists or written material to support your interaction*

Say what you mean, and mean what you say

Children with an ASD have impairments in social interaction. The way in which the person is affected varies. These impairments can include difficulties in :



building and sustaining friendships

giving and receiving compliments

offering comfort to others

sharing

taking turns in conversation

recognising humour or sarcasm

How this impacts on day to day life:

Children with ASD find it difficult to develop and maintain friendships. This does not mean that they do not want friends.

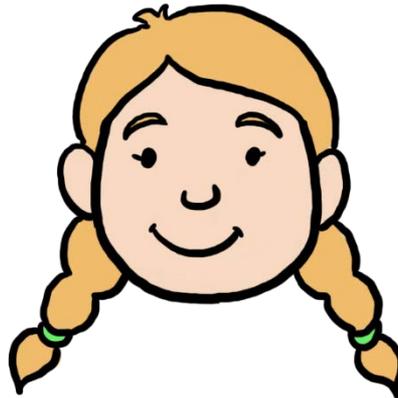
Children with ASD have difficulty in understanding the rules of social interaction. This may cause many issues including them appearing to be aloof or overfamiliar, not respecting personal space or making personal remarks without realising they have offended.

Children with ASD may find it difficult to guess how others may be feeling and respond appropriately or to show empathy and offer comfort.



Children may find taking turns in conversation difficult, and may be more interested in what they are saying than what others are saying.

Children with ASD may find it difficult to understand the social purpose of sharing, and this can impact on their relationships with other children.



Explain your role and the purpose of interaction before starting

Clearly and closely explain your expectations of the child, avoid lengthy, complicated explanations

Do not offer telephone only support, many individuals with ASD find this form of interaction very difficult

Beware of the child's difficulties in interacting in groups, they may need to be avoided or supported with additional structure*

Ask specific questions, many individuals with ASD will rarely offer more information than they asked for and you could be missing something essential

Reduce social niceties, and social chit chat, focus on facts and purpose

Children with an ASD have impairments in social imagination and flexibility of thought and demonstrate restricted, repetitive patterns of behaviour. Again, the extent varies from one child to another.



The impact of this can be affect many areas of daily life and may include difficulties in:

predicting reactions
and events

problem solving

play

creative activities

planning

coping with changes

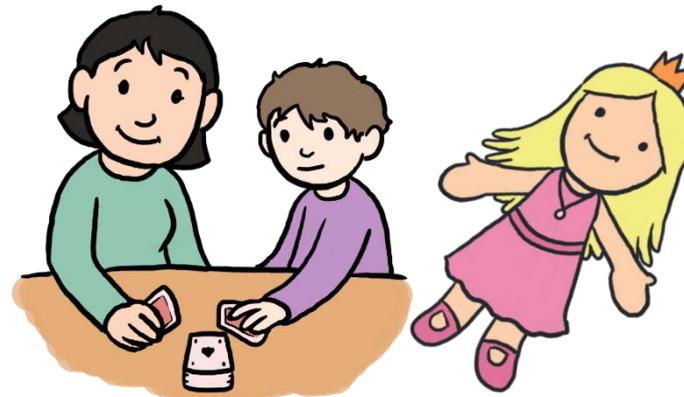
How this impacts on day to day life:

Some children with ASD have difficulties with areas of creative imagination. This can impact on school and home activities.

Problem solving can be difficult and the individuals may need additional support or structure with this.

Children with ASD may find it difficult to understand how their behaviour impacts on others.

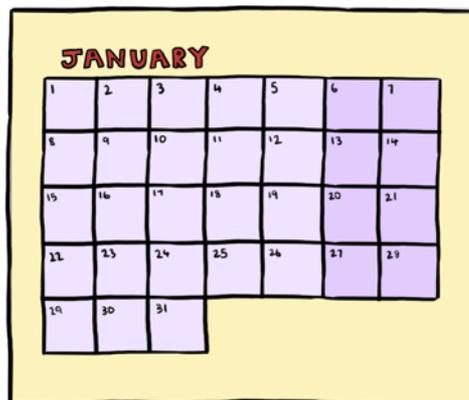
Planning and organising can cause problems and many will need additional support with this. Longer or grouped tasks will need to be broken down into smaller steps.



Children may be unable, or have limited ability, to engage in imaginative play.

Many children may insist on sameness or have ritualised patterns of behaviour, this makes it difficult to cope with changes, unfamiliar people and activities which can lead to anxiety.

Repetitive behaviours such as spinning, finger flicking or rocking can impact on friendships.



Keep changes to a minimum, be consistent in your interactions

Provide additional structure within activities that are complex or that rely on social imagination

Engage in structured games and activities with clear rules rather than imaginative play

Provide structure in the form of planners, lists or timetables*

Offer a limited number of choices rather than free choice

Describe your planned actions, do not assume that the individual will recognise what is expected of them based on your body language or movements

Special interests



Restricted patterns of behaviour can often manifest as the individual having an intense, restricted or fixated interest.

Sometimes the intensity of the interest can cause an impact on daily functioning, impair social opportunities and cause distress for those caring for the child.

It is useful to remember that for the child with an ASD, these interests are often comforting and reassuring. Professionals can utilise these interests as a foundation for building a relationship, as a reward for positive behaviour or an opportunity for relaxation.

Many children with an ASD have sensory issues. The child's perception of the senses can be heightened or decreased. All the senses can be affected:

tactile	• (touch)
vestibular	• (movement)
proprioceptive	• (body position)
visual	• (looking)
auditory	• (hearing)
olfactory	• (smell)
gustatory	• (taste)



How this impacts on day to day life:

decreased feelings of pain

sensitivity to lighting in shops

difficulties around noisy traffic

food fads / limited diet

inability to tolerate certain smells

sensitivity to touch

distress / anxiety in busy environments

How you should adapt your practice:



Use a calm, consistent
tone of voice

Reduce lighting, switch
off fluorescent lights

Look for sensory
triggers when looking
for causes of distress

Don't rely on the child's
recognition or
description of pain to
assess an injury

Avoid tasks that require
using two or more
senses at once such as
taking notes whilst
listening to you

Choose less busy times
of day or environments
where possible

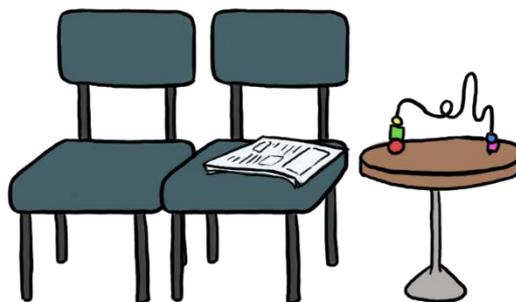


Services have a duty to make ‘reasonable adjustments’ to their practice for children with an ASD.

Most of the adjustments outlined here are low or no cost options, and would therefore be considered as ‘reasonable’.

More importantly, making these changes to your practice can improve engagement, reduce distress and essentially mean that the child is supported to reach their full potential.

Attending and waiting for appointments can often be very stressful for a child with an ASD



Offer appointments at less busy times of day

Offer a quieter area to wait in

Try to keep appointments to time, if running late ask someone to let the child / family know

Dim lights and switch off fluorescent lighting

Aim for a sensory neutral environment, choose neutral colours and avoid cluttering walls with posters and leaflets

Due to the range of impairments that children with ASD experience, assessments activity will need to be adapted to ensure accurate information is obtained



Don't rely on the child's description of pain or illness as this may be more severe than reported

Ask specific questions, don't assume the child will realise what you are implying

Explain the purpose, your role and expectations clearly

Adapt your communication, avoid figurative language and be specific

Utilise visual cues such as pictures, lists and flowcharts

Don't make assumptions based on body language, facial expression or eye contact

If the child is struggling to describe emotions, support them by asking for physical feelings or use a rating scale

Interventions will need to be adapted when used with children with an ASD



Add more structure to any interventions, especially self directed work

Consider if the child can undertake work at home, the child may find it difficult to complete tasks set in one environment in another

Engage parents and carers to support work

Break down large tasks into smaller steps

Clearly explain any physical interventions, and don't rely on body language to convey your intentions

Be patient, allow child to explore equipment and surroundings and gradually build to any intervention

Utilise visual cues such as pictures, planners, checklists, diaries and flow charts

Use facts, avoid hypothetical discussions and be aware of the difficulties the child will have in sharing emotions

Referring on, or visiting in different environments



Prepare the child for changes to usual contact such as school or home visits

Explain purpose and expectations of any future contact so that the child is clear about what is expected of them

Ensure child is clear of any tasks expected of them, and that they have a clear 'end point'

If referring to a different service / professional advise them of the child's difficulties in advance

Provide a profile* of the child's needs in collaboration with parents and carers so that other professionals are advised of needs

Ensure any written information has been adapted for children with an ASD

**further information and links to other resources can
be found at**



or email enquiries to AutismWales@WLGA.gov.uk