

Early years practitioners' knowledge of early signs of autism in England

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This research explores early years practitioners' knowledge and ability to recognise the signs of autism and provide appropriate support. It was carried out using semi-structured interviews with six UK-based early years practitioners who have worked with children with autism. The findings highlighted that early years practitioners are aware of autism but have a limited understanding of the early signs of the condition. Furthermore, there are inconsistencies in training and collaboration in early years settings. All these factors influence whether the practitioners are able to recognise the early signs of autism and provide appropriate support. This study highlights the need to address the issue of training provided to early years practitioners.

Key words: autism, early years practitioner, perceptions, training, collaboration.

Introduction

In the UK, there has been an increased interest about primary and secondary school teachers' knowledge and confidence concerning autism spectrum disorder (we will be using 'autism' as a short form), with some studies (such as Humphrey and Symes, 2013) reporting positive results. However, there seems to be an evident lack of research surrounding early years practitioners (EYPs). It

is argued that a child's participation in pre-school is very important for learning fundamental skills (Biktagirova and Khitryuk, 2016). There is also an argument that children who are diagnosed with autism should receive early intervention, particularly as the majority of children start to show characteristics before the age of five (Charman *et al.*, 2011; Department for Education 2015). Janvier *et al.* (2016) argue that early identification is immensely important for the developmental progress of children with autism. Brett *et al.* (2016) found that the median age of diagnosis of autism for children in the UK was 55 months, yet children as young as two years old can show signs of autism. This suggests that early identification is not becoming the norm (Janvier *et al.*, 2016).

Early signs of autism

Autism is defined by the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) as a lifelong developmental disorder which impacts social interaction and communication and leads to restricted, repetitive patterns of behaviour (RRB) (American Psychiatric Association, 2013). Due to the diversity of the condition, not everyone with autism will necessarily show the same symptoms. Furthermore, unlike most other disabilities, autism is not diagnosed through medical diagnosis but is rather based on observing different behaviours and traits. Since they work with a range of children over their career, early years practitioners are in an ideal position to identify signs of atypical development.

Wetherby *et al.* (2004) identify many early indicators or red flags for autism which can be used as an initial guide for screening. There are free online screening tools, such as the Modified Checklist of Autism in Toddlers, Revised (M-CHAT-R; Robins *et al.*, 1999), which give an indication whether further assessments from a specialist are required. M-CHAT-R can be used to screen toddlers from 16 to 30 months. It includes a number of questions and examples of behaviours which EYPs can observe in their setting. This provides an opportunity to have more accurate results (Khowaja *et al.*, 2014).

Training for early years practitioners

There is limited literature on the training provided for EYPs regarding autism in the UK. The Early Years: Guide to the 0-25 SEND Code of Practice (Department of Education, 2014) states that it is the EYP's role and responsibility to monitor and review children and the way they progress and develop. Although government guidance states this, there seems to be no research evidence of how it is

put into practice. The Special Education Needs and Disability (SEND) in the Early Years: A Toolkit (Council for Disabled Children and 4 Children, 2015) suggests that it is the Special Education Needs Coordinator's (SENCO) role and their responsibility to support EYPs in the understanding of children with SEN. Furthermore, it indicates there 'may be training available locally for SENCOs to perform their duties efficiently'. The tentative nature of the phrase suggests that this is not a statutory requirement and that the availability of training is dependent on location. Biktagirova and Khitryuk (2016) confirm this assumption and state that the need for training for EYPs to work in an all-inclusive education setting is minimal.

According to the UK National Careers Services (NCS, 2018), there is no need for any formal academic qualifications to start as an early years practitioner assistant as long as an individual is under the supervision of a more qualified member of staff. The NCS states that, to become a qualified worker and to be counted as part of the staff to child ratio, staff need to have a level two or three in childcare. Despite this, NCS (2018) do not recommend or require a particular awarding body qualification. After reviewing what is included in level two and three childcare qualifications, it was found that there is no mention of autism and little to no mention of SEN in most of these courses. The Council for Awards in Care, Health and Education (CACHE) is the UK's leading care and education industry qualification, and they offer a range of recognised level three diplomas in early years. But while these diplomas have a generic unit on children with additional needs (CACHE, 2018), this does not provide sufficient depth about these needs, and may not cover autism at all. The City and Guilds also offers a number of early years and childcare qualifications, such as 'early years practitioner (early years educator) and early years and child care' (City and Guilds, 2018), but they, too, do not mention autism in their units. In addition, a range of universities in the UK are offering Early Years Teacher Status (EYTS) qualifications, and most of these also do not seem to be covering autism specifically or SEN in general in any depth.

Since there is limited training available, steps are being taken by various people to provide support to EYPs in identifying the early signs of autism. Dereu *et al.* (2011) completed a study on the Checklist for Early Signs of Developmental Disorder (CESDD), which is to be filled out by EYPs. The study showed positive signs of EYPs being included in the early identification of autism. The CESDD was developed and made accessible for EYPs who worked with children between the ages of 3 and 39 months old, which, as stated by Charman *et al.* (2011), is the

crucial period in which children with autism begin to show signs of the condition. However, a case study carried out by Vakil *et al.* (2008) showed that some EYPs are reluctant to identify children with autism due to the negative perceptions of being labelled and children being ‘isolated’. This shows that availability of tools is not of much use without adequate knowledge of autism and how to support these children.

The Autism Education Trust (AET, 2014) produced a national, face-to-face, three tier-training programme for professionals working in the early years settings. The training is accessible across England, enabling practitioners to develop their own knowledge and understanding of autism. Alongside the training, the AET produced national early years standards and a competency framework, which allow early years settings to evaluate their provision and practices (Jones *et al.*, 2014a, b). Both these documents emphasise the need to keep track of the training needs of the settings and EYPs. The autism competency framework stresses that training is delivered to everyone, including support staff and non-contracted staff members in each setting. However, there is little literature on whether settings are reading these guidelines and addressing issues when required.

Practitioner’s involvement in collaborative working in the early years

The SEND Code of Practice (Department of Education, 2015) expresses the importance of collaborative working between professionals, such as local education and health and social care services, and working with parents. Payler and Georgeson (2013) state that EYPs have a key role in the child’s day-to-day life and the way they collaborate. However, collaborating within the workplace is under-researched and underdeveloped.

A longitudinal study carried out by Simms (2006, p. 1) between 2004 and 2006 suggests that many of the practitioners felt they were ‘undervalued by their current managers’, as they were seen as unqualified despite feeling they had the most important job and had the best rapport with the child under their care. This idea of being unqualified and undervalued may prevent them from expressing concerns about a child with suspected autism due to the hierarchy which de-motivates them at work. Maslow (1943) suggests that people have a hierarchy of needs that help them to perform well. Some of these needs include social needs such as acceptance, self-esteem and recognition. For some EYPs, if they feel they are not recognised or accepted, it may affect their motivation towards work, which could stop them from raising concerns about a suspected child with autism.

The Early Years Foundation Stage is a crucial life stage for any child. This is the age where a number of key milestones are expected to be achieved. This life stage may be even more crucial for a young child who has autism. The existing literature has not focused sufficiently on the knowledge and skills of EYPs in the area of autism. The following research questions are based on the existing literature and aim to further explore some of the issues discussed above:

1. What do early year practitioners understand about the early signs of autism and the importance of early recognition?
2. What training and support is provided for early year practitioners concerning autism?
3. How confident are early year practitioners in collaborating with other professionals concerning autism?

Methodology

This research was conducted within an interpretivist paradigm. This fits well with the agenda of looking into EYPs' views and opinions, as we are interested in exploring their feelings, ideas and thoughts in order to gain rich and insightful findings. Within this paradigm, a multiple-case study approach was taken, where each EYP is identified as a case. Having the views of multiple EYPs provides an opportunity to generate a more comprehensive picture of the current scenario.

This research used non-probability sampling to select a purposive sample of six early years practitioners. Semi-structured interviews were used to gather data, as they are flexible in nature and can provide in-depth information. The research was conducted according to the University's ethical guidelines and BERA guidelines (2011). Informed consent was sought from all the participants in writing. All the data is anonymised in this article to protect the participants.

Results and discussion

Table 1 shows the demographic details of the participants.

Awareness of autism

All six practitioners had heard the term 'autism', with five out of the six practitioners having a child with autism in their current setting. Despite all the

Table 1. Demographic data

<i>Practitioner</i>	<i>Age</i>	<i>Type of Early Years setting</i>	<i>County location</i>	<i>Length of time working in the early years</i>	<i>Qualifications held</i>
A	51	Private Nursery	Buckinghamshire	10-15 years on and off	NVQ level 2 and 3
B	21	Private Nursery	Essex	3 years	Early years educator level 3
C	44	Local authority maintained nursery	Northamptonshire	13 years on and off	Health and social care qualification NVQ3 social care
D	22	Local authority maintained nursery	Northamptonshire	5 years	NVQ level 3 children and young people
E	45	Local authority maintained nursery	Suffolk	3 years	NVQ2
F	49	Local authority maintained nursery	Lincolnshire	21 years	Children and young people workforce level 3

practitioners hearing the term, their definitions of the condition varied. Only a couple of practitioners had an extensive knowledge of autism. This is evidenced by articulations of autisms such as: ‘Difficulties in maybe interacting with others and other children so could be speech or it could be communication’ (Practitioner A) and ‘[t]hey also might play with one item of toy and doesn’t want to engage in other items’ (Practitioner E).

Respondents used words such as ‘interacting’, ‘communication’ and ‘engage’, which shows an awareness with the characteristics of autism mentioned by the DSM-5 (American Psychiatric Association, 2013, p. 50) and Wetherby *et al.* (2004, p. 474).

Practitioner B and D both struggled and hesitated with a definition of autism, saying that ‘it can affect the brain maybe? I don’t know’ (Practitioner B) or ‘not at all [pause] I mean if I had to then I would say there’s many different kinds of autism I think and they are special’ (Practitioner D).

As can be seen from Table 1, both Practitioner B and D are the youngest practitioners in the sample, suggesting that their age may have influenced their choice of words and definition, as the other practitioners may have had more lifetime experience and exposure to influences beyond professional education.

All the practitioners were given a list of actions, situations and definitions and were asked to identify those which described a child with autism or might be an early indicator. There was mixed response to the questions. There seemed to be considerable of misconceptions around the intelligence of a child with autism. When asked if they lacked intelligence, the practitioners responded by saying, ‘No. They are very clever.’ (Practitioners B and F); ‘No definitely not. It’s the high functioning thing isn’t it?’ (Practitioner C); ‘No, most autistic children are very smart and clever and clued up in certain things but don’t know how to portray it’ (Practitioner D).

These practitioners seem not to associate learning disabilities with autism.

Understanding the importance of early intervention and identification

While all participants agreed on the importance of identifying early, certain practitioners were unsure why it was important. ‘I really don’t know. I mean

there obviously is but I couldn't really tell you why' (Practitioner D). Others, like Practitioner F, showed a good level of understanding of the implications of getting a diagnosis: 'Of course. We need to know how best to care and educate children...'

Based on these responses, it could be argued that the inconsistency in understanding the importance of early identification could be a reason for children not being referred for diagnosis. This shows there is a need for raising awareness of autism and the importance of getting a diagnosis amongst practitioners.

Inconsistency of training

When the participants were asked about training, there was an inconsistency in the training accessed by all the practitioners. According to most of the practitioners, their qualifications did not have any modules regarding SEN and/or autism. Practitioner D stated that her National Vocational Qualification level 3 (NVQ, Level 3) is based on the children in the setting: 'most of the children in my setting are normal'.

However, Practitioner B had to do a project with a child with autism as part of her qualification, though she stated that nothing different was done with this particular child than would have been done with a child without autism. Although it is true that not every child with autism will need a different approach, some would benefit from autism-specific strategies, and it seems that the training Practitioner B had does not prepare her for this diversity of the condition. The training received seems to be dependent on where the practitioner works and gets trained.

Due to these inconsistent patterns in initial training, ongoing training within practitioners settings becomes important. However, three practitioners (B, D and E) out of the six said that they had received no training from their settings regarding SEN and/or autism. 'Nope I haven't been given any' (Practitioner B); 'Nope never, don't think anyone has' (Practitioner D).

These results support Biktagirova and Khitryuk's (2016) argument that training in the early years is minimal. There was a trend that emerged with regards to access to training. Practitioner A, C and F all received some sort of training, whether that was 'in house training' (Practitioner A) or a '3 week night course' (Practitioner F). Each of these three practitioners have worked in the EYS for the longest period of time, ranging from 10 to 21 years. This implies that the length of time in a setting can determine the availability of training. This could put newly-qualified

practitioners at a disadvantage in terms of access to appropriate training, which impacts on their ability to support children with autism and other SEN.

Practitioner A, alongside Practitioner D, noted that other people in the setting would receive training of some sort in regards to SEN and/or autism, but because they were ‘classed as relief’ (Practitioner B) or ‘not a key member of staff’ (Practitioner A), neither of them would receive training. This seems to be contrary to the recommendations made in the AET competency framework (Jones *et al.*, 2014b), which states that every member of staff should be trained in the setting regardless of their role. In some settings, no one is receiving any training. As Practitioner E says, ‘the setting as whole where I work have not been given any training’.

Out of the two who did receive some autism training, Practitioner F explains that the training was not provided from the setting itself, but was a college night course, and she ‘felt it covered school age and above and not early years’.

Training also seems to be based on the setting needs. For example, Practitioner C explains, ‘We have a lot of training on autism up here because of the amount of children that we have’.

The fact that the training is only available in one setting where they have a number of children with autism also highlights that early years settings are not being proactive in their approach and only provide training after some children are identified with autism. This will impact on the ability of the EYP to identify early signs of autism and provide appropriate support prior to the diagnosis.

Practitioner C further adds that the training was not compulsory for all practitioners in the setting, and it was an out-of-hours course, which made it difficult for some people to access due to other commitments. This shows that training is not a priority for settings, and making it non-compulsory suggests that it has less importance. This highlights the issue that, while there is focus on developing primary and secondary school staff knowledge, there is little to no training for early years practitioners (Biktagirova and Khitryuk, 2016) and limited research on their needs and experiences.

When participants were asked if they ever requested training, participant B said, ‘more important people like keyworkers should get it’. If staff members feel unimportant, then they may become de-motivated and their self-esteem might be lowered, as suggested by Maslow (1943).

Lack of funding as a barrier for training was mentioned by a number of participants. *‘[T]hey are watching finance’* Practitioner A said; *‘there isn’t enough money’* (Practitioner B). Practitioner D stated she would attend training if it were free. The overall picture showcases inconsistency in the training available to EYPs based on their role, duration of employment, funding and the location they live and work in.

Collaboration in the setting

All the practitioners were able to give a relevant definition of a SENCO, and all but one were able to recognise who the SENCO was in their setting. Practitioner E claimed there was no SENCO in her place of work. This is contrary to governmental guidance for SEN, and shows that either the setting was not following the guidelines or there was no collaboration within this setting for her to be unaware of who the SENCO was. This is troubling, as it is pivotal that there be constant communication between the practitioners and the SENCO to facilitate discussion and to provide guidance. The SEND Code of Practice (Department of Education, 2015) reiterates this by expressing the importance of collaborative working between professionals.

Most of the practitioners showed a good level of understanding of what they would do if they considered a child to have autism. Five out of the six practitioners spoke about collaborating with other professionals. This shows that practitioners understand the importance of sharing their observations and working collaboratively to meet children’s needs.

Most of the practitioners said they would feel comfortable being able to go to someone like the SENCO or their managers because they are ‘approachable’ (Practitioner B), or ‘she’s great she would listen’ (practitioner A). However, Practitioner D stated she would not feel comfortable going to the SENCO because her SENCO is ‘more unaware than I am’. This quote suggests that, in some settings, the SENCOs also lack sufficient knowledge of autism.

The importance of good collaboration concerning parents

There were more mixed opinions when it came to the idea of talking to parents about their child if they thought the child had autism. This uncertainty could be a reflection of how the EYPs consider their importance within their settings or their perceptions about parents. Practitioner C expressed reticence approaching parents ‘because there is a lot of guilt associated with how children come out, they switch off and not hear what you’re saying’.

Keen *et al.* (2010) argue that a parent of a child receiving a diagnosis of autism may have higher levels of stress and feel as though their competency of parenting is lower than other parents who have a child without a disability. Therefore, it is important when involving parents in the diagnosis to have a lot of support from the practitioners and any other professionals, as signposting them in the right direction is crucial for the parents to feel that they can trust the professionals (Osborne and Reed, 2008).

Practitioner E says that she would feel comfortable talking to parents; however, she says, “(what) concern(s) me is (that) I couldn’t help them or suggest anything’.

This highlights the issue that, although practitioners have good intentions, they do not always have sufficient knowledge to support parents. The rest of the participants said they would not feel comfortable talking to parents for similar reasons. However, they showed evidence of good collaboration as they all said they would refer the parents to the SENCO and other professionals, as can be heard in these quotes: ‘It’s not my role to do that I would head them in the right direction’ (Practitioner A); ‘I would refer them to the SENCO’ (Practitioner B).

Conclusion

Research in the field of autism emphasises the importance of early support. This can only be provided when professionals working in the field have good understanding of autism. There is a difference between awareness and understanding of what autism is across all six EYPs. The participants in this study had heard about autism, and most believed they had worked with a child with autism in their current settings. However, not all of them were able to define what autism was. The age of the practitioner seems to be related to their knowledge of autism, with younger participants in this study showing less understanding of autism. Differences were also seen in the practitioners’ understanding of the purpose of a diagnosis. Therefore, it seems that the knowledge of autism is patchy amongst EYPs.

Training amongst the EYPs was considerably varied. Some practitioners had limited training, whereas others had none. Barriers for training included lack of funding, non-availability of training locally and the perceived importance of such training within the setting. While training is available in England through organisations such as the AET, from this study it appears that these are not being taken up by all the early years settings and practitioners because of cost implications.

It is important that there is good collaboration between EYPs and other professionals in the setting, such as the SENCO. Some practitioners in this study showed that this indeed was the case; however, not all practitioners felt that their SENCOs were knowledgeable. It is important to note that the practitioners emphasised the SENCO as the only professional and did not speak of any other professionals, apart from health visitors, with whom they could work to support children with autism and their families.

While this is a small-scale study, and therefore the findings cannot be generalised to all EYPs in the UK, it does highlight the inconsistent knowledge of autism amongst EYPs and lack of training opportunities in autism for them. A child could begin to show signs of autism as early as 18 months; therefore, it is important that practitioners be able to recognise these signs and respond appropriately. This cannot be achieved without training and good collaboration. This study highlights the need to provide training opportunities to all early years practitioners in order to improve the outcomes for children with autism.

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