# TO WHAT EXTENT CAN EARLY YEARS PRACTITIONERS RECOGNISE INDICATORS OF AUTISM SPECTRUM DISORDER IN CHILDREN WITHOUT A DIAGNOSIS?

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## Abstract

The purpose of this study was to find out the extent that EYPs can recognise indicators of ASD in children. This has been explored through questionnaires with EYPs, from various settings, comparing and analysing these findings with the policies, the EYFS (2021) and the SEND code of practice (2015). Findings have highlighted how there may be a lack of understanding of ASD in both policies and among EYPs, although some EYPs have a good understanding from comparison with literature. This study also found that there is no mandatory training, including in formal qualifications, to support identification of SEN, and ASD. Finally, this study found that policy provides guidance on identification for EY settings, however responses varied on this. These gaps identified through the study have been highlighter through the autism review (2023), with plans from the government to improve these.



## Key words

| **Word** | **Key** |
|---|---|
| Autism spectrum disorder | ASD |
| Early years | EY |
| Early years practitioner | EYP |
| Special educational needs | SEN |
| Special educational needs and disability | SEND |
| Special educational needs co-ordinator | SENCo |
| Continuing professional development | CPD |

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## Chapter one: Introduction

Identifying indicators of ASD early is essential. Policy states early identification of SEN, including early support is essential to improve outcomes for the child throughout their life (DfE and DfH, 2015, p.85). The SEND code of practice (DfE and DfH, 2015, p.81) states EYPs have a responsibility to identify SEN and respond immediately to children's needs. However, within the UK the average age of diagnosis of ASD is fifty-five months, yet research has found children can be diagnosed as early as twenty-four months (Brett *et al.*, 2016, p.1974). With more children attending EY settings, and the number of children diagnosed with ASD increasing, the importance of EYPs being able to identify ASD is essential (Crown, 2023; Blackburn, Read, and Spencer, 2012). For EYPs to identify ASD they must have good knowledge and understanding of the indicators.

This research, 'to what extent can early years practitioners recognise indicators of autism spectrum disorder in children without a diagnosis', was created to explore the knowledge of EYPs as well as to explore how policy supports EYPs. The subsidiary questions were based on essential information required for this study, these were:

- How do early years practitioners recognise indicators of autism spectrum disorder through children's development and behaviours?
- What barriers do practitioners experience when exploring children's needs prior to a diagnosis of autism?
- How are practitioners supported with the process of identifying indicators of autism spectrum disorder and responding to them?

This small-scale study was conducted with a qualitative approach, due to the interpretivist paradigm (Mukherji and Albon, 2010, p.22). From other studies it was decided questionnaires would be appropriate, considering the time constraints. Document analysis was also used

alongside questionnaires to compare responses to policy. Due to time constraints samples were chosen using convenience sampling, as well as purposive sampling to ensure participants were EYPs (Nikolopoulou, 2022a; Nikolopoulou, 2022b). Participants were provided with the relevant information prior to gaining consent and taking part.

The following chapter will be a literature review. The literature will consider what is ASD, identifying ASD and various professional opinions on identification. The third chapter will be the methodology providing more in-depth details on the process followed. Following will be a chapter on the findings and analysis from questionnaires and document analysis. Finally, the conclusion will bring it all together to find if the question has been answered, as well as recommendations for further research.

# Chapter two: Literature review

## Introduction

A literature review is an important part of research. A literature review gives the researcher the opportunity to critically explore the topic chosen through previously conducted research (Mukherji and Albon, 2010, p.201). The literature review purpose can fall into one of two categories, a narrative literature review will take the chosen topic and find literature that is related, to critically analyse and expand their knowledge, creating 'a thesis statement' to answer the questions posed (Machi and McEvoy, 2022, pp.2-3). Problem identification is another purpose, which is similar to the narrative review, however this will identify a problem from other research to 'define' and identify the methods for the study of the researcher (Machi, and McEvoy, 2022, pp.3-4). Through a literature review the researcher can gain insight into how others have conducted their research and use this for inspiration for their methodology, from evaluating what worked well or did not work well (Mukherji and Albon, 2010, p.202). Simply, no matter the purpose of the literature review the aim is to provide a 'written argument' to support the chosen thesis of the study, demonstrating the knowledge and understanding held by the researcher (Machi, and McEvoy, 2022, p.5).

For this literature review the purpose will be narrative. The question was chosen prior to the literature review, to find out what knowledge there already is regarding the research question, 'to what extent can early years practitioners recognise indicators of autism spectrum disorder in children without a diagnosis?'. There are various studies found, however few were UK based, or based on EYP's, as a majority were with other professionals, creating the themes, what is ASD, training, indicators of ASD, and methodology previously used.

**What is ASD?**

Over the years the understanding of ASD has changed. In 1908 a German psychiatrist, Eugene Bleuler, used the term 'autism' regarding severe symptoms of schizophrenia, however in 1943, Leo Kanner a child psychologist, identified characteristics of 'abnormal' behaviours, which he referred to as 'early infantile autism' believing these characteristics to be rare (Strum, 2023; national autistic society, 2023b). Hans Asperger used the term 'autistic psychopathy' for similar characteristics found by Kanner; however, Asperger was interested in those who were high functioning with these characteristics (Strum, 2023). Kanner, along with other theorists believed that ASD was caused by poor parenting, specifically parents who were emotionally withdrawn, however a study by Susan Folstein and Michael Rutter found the possibility of a genetic link, through their study with twins, challenging the idea presented by Kanner (Strum, 2023). The understanding of ASD was expanded from Kanner's from a study by Lorna wing and Judith Gould found that most children identified with SEN displayed difficulties socially, with communication and imagination, known as the triad of impairments, introducing the term autism spectrum (national autistic society, 2023b). Despite the understanding ASD was still associated with schizophrenia.

Until the 1980s, ASD was associated with schizophrenia. In the 1980s ASD was viewed as its own developmental disorder with four subcategories: 'infantile autism', 'residual autism', 'childhood-onset pervasive developmental disorder' and 'atypical form' (Strum, 2023). The subcategory 'Aspergers' was not added until 1994, following on going debates and research, finding similarities between Kanners research and the research of Asperger bringing these two terms together (Strum, 2023; national autistic society, 2023b). With varying subcategories of ASD emerging, in 2013 all categories brought together to be referred to as autism spectrum disorder (ASD), as previously there had been inconsistencies with the criteria and diagnosis (Strum, 2023). ASD has

had a complex history with various names and diagnostic criteria. Today, there are many definitions of ASD, however most of these identify similar characteristics.

There are many characteristics that define ASD. NHS (2022) defines ASD as a lifelong condition someone is born with, affecting the brain, with no cure, yet presents differently in everyone. National autistic society (2023a) defines ASD, similarly, stating it is a lifelong developmental disability, which can impact an individual's communication and how they 'interact with the world', emphasising how these challenges will impact each individual differently. Ambitious about autism (2022) shares these views, adding that some individuals with ASD may also have a learning disability or difficulty. There is a difference between ASD, learning disabilities and learning difficulties. A learning disability is when an individual has a significantly reduced ability to understand information, 'learn new skills' and struggle with independence, affecting their intellect (Baldry, 2016). However, a learning difficulty is similar, but does not impact the individual's intellect (foundation for people with learning disabilities, 2023). It is important to compare how research defines ASD.

Internationally there appears to be consistency in defining ASD. A study in England defines ASD as a lifelong developmental disability with characteristics presenting differently in each person (MacLeod and Perepa, 2020, p.192). It is not surprising this aligns with the NHS (2022), as this is a UK based institution, which may have influenced the researchers understanding of ASD. A study conducted in India, also defined ASD as a developmental disorder, demonstrating consistency in ASD definitions (Chakrabarti, 2009, p.412). However, an Australian study defines ASD as a neurodevelopmental disorder, which is also used in a study from Canada, however, this requires further exploration to understand if this defines ASD (Gibbs, *et al.*, 2019, p.55; Ghaderi, and Watson, 2019, p.52). A neurodevelopmental disability is defined as an 'impairment to the growth and development of the brain', meaning ASD can be defined as a neurodevelopmental disability, as it is a developmental disability demonstrating further consistency in understanding

ASD internationally (OHSU, 2023; NHS, 2022). Furthering their definitions, these various studies also outline characteristics of ASD: difficulties with communication, social interactions, and repetitive behaviours (MacLeod, and Perepa, 2020, p.193; Chakrabarti, 2009, p.412; Ghaderi, and Watson, 2019, p.52; Austriaco, *et al.*, 2019, p.2; Gibbs, *et al.*, 2019, p.55). There is a shared understanding of the definition of ASD and its characteristics internationally.

**Theme one: Training**

There appears to have been little to no research into EYPs knowledge of ASD in the UK. MacLeod, and Perepa (2020, pp.193-194) report they found 'limited literature' on ASD training for EYP's despite all EYP's having the responsibility to identify indicators of ASD, through children's progress and development, also there has been no evidence-based research into the effectiveness of practice. Hannant (2021, p.358) expanding this statement from EYP's to professionals, which shows that there are few studies to determine whether these professionals have enough knowledge and understanding to identify and support children. Hannant (2021, p.358) demonstrates this by referencing three studies, however none of these investigates EYPs, two consider only general practitioners, with one comparing teachers with general practitioners, and only one focuses on ASD, however all of these were conducted within the UK. These studies have identified a lack of focus on research into training offered to professionals, including EYP's.

This is not just evident in the UK but also internationally. Austriaco *et al.* (2019, pp.2, 4-5) conducted a study at the university of Alabama with general physicians, finding 85% of one hundred and ninety-one participants stated they did not have a general understanding of ASD, however furthering this 92.6% stated there needs to be more ASD specific training, as participants reported not feeling comfortable when supporting a child with ASD. Ghaderi and Watson (2019, pp.51-53) also conducted a study with physicians, but in Canada, found remarkably similar findings, with many reporting a lack of ASD specific training, including experience as part of

training. These studies show how professionals feel there is a lack of ASD training, no matter the profession or country.

There seems to be inconsistencies and unapplicable training available through varying professions. MacLeod and Perepa (2020, pp.193-94) demonstrate a lack of connection between policy and practice, as policy states EYP's are responsible for monitoring the development of children, and identifying SEN, however there is no mandatory training, as this is the responsibility of the SENCo to arrange. Ghanderi and Watson (2019, p.54) reported those who received training found this was related to developmental disabilities, rather than ASD, resulting in a lack of knowledge on ASD, leading some to seek appropriate opportunities in their own time. Lack of depth into ASD in training was found by Austriaco *et al*. (2019, p.4) as some participants reported having training, but not covering areas they felt were appropriate for their roles. It appears training of ASD if a concern among professionals internationally.

**Theme two: Indicators of ASD and identification**

There are many indicators of ASD, however some more commonly known than others. The most common early indicators of ASD is difficulties or delayed speech, language and communication, which is noticed by parents, EYP's and other professionals, with children receiving an earlier diagnosis to those who don't display these difficulties (MacLeod and Perepa, 2020, p.198; Chakrabarti, 2009, p.413; Brett *et al.*, 2016, p.1974; Hannant, 2021 pp.367-370). Another common indicator associated with ASD is difficulties socially, including social interactions and responding appropriately both socially and emotionally with themselves and others (Chakrabarti, 2009, p.413; MacLeod, Perepa, 2020, p.198; Hannant, 2021, p.370). Studies have found that some professionals have identified certain behaviours connected to ASD. Chakrabarti (2009, p.413) discusses behavioural difficulties with sleep and 'high levels of activity', whereas Hannant (2021, p.370), mentions behaviours being rigid. These three areas; communication, social and

behavioural, are referred to as the 'triad of core deficits' in relation to ASD, as all individuals with ASD will be impacted in these areas, however these can present differently between individuals (Haney, 2013, p.39). However, these are not the only indicators of ASD, other indicators can include developmental delays other than speech, and sensory needs, which are less commonly known by professionals (Chakrabarti, 2009, p.413; Hannant, 2021, p.370). ASD has many indicators, varying in how they can impact the individual, making an understanding of these indicators essential.

Some indicators are misunderstood or dismissed. Adelman and Kubiszyn (2017, p.28) found that in 50% of the cases analysed from the study parents are advised to 'wait and see' if the child grows out of it, when they raise concerns about their Childs development. Brett *et al.* (2016, p.1982) adds in the case of children who have siblings with ASD the concerns are dismissed as the younger sibling copying the older sibling with a diagnosis, or that parents are being overly cautious. However, by the age of two, difficulties with social and communication are unlikely to improve with age, rather they require interventions and support (Adelman, and Kubiszyn, 2017, p.19). With indicators being misunderstood or dismissed, many children are not being identified and diagnosed until after starting school, yet research has found that children can be diagnosed as early as twenty-four months of age (Brett *et al.* 2016, p.1974). Knowing the indicators are the first step to early identification.

Early identification benefits children. The importance of early diagnosis is evident, but can only happen with early identification of ASD, which is the responsibility of various professionals working together (Hannant, 2021, p.374). Brett et. al. (2016, p.1974) found various non-mandatory documents available within the UK to support professionals with identifying and diagnosing ASD, including the 'national autism plan for children (NAP-C), and the 'national institute for health care excellence (NICE)'. The responsibility of early identification is not only parents, but also EYP's, teachers and GP's, as these are the main professionals involved in the

early years, especially EYP's whose role if to regularly assess the development of children, allowing them to identify indicators of ASD (MacLeod and Perepa, 2020, pp.193, and 196; Hannant, 2021, p.374). This emphases' the importance of good training and knowledge for professionals to be able to identify and support children.

**Methodology previously used**

A variety of qualitative and quantitative studies have been analysed. Adelman and Kubiszyn (2017, pp.23-24) used the data collected to quantify factors that have an influence on the age a child gets diagnosed with ASD, as the aim was to find facts and create numerical data to find answers, making this a quantitative study (Bell and Waters, 2018, pp.312-313). Chakrabarti (2009, pp.412-414), Brett *et al.* (2016, pp.1975-1976), and Gibbs *et al.* (2019, pp.57-58) also used a quantitative approach as their data involved numerical data to find facts (Bell and Waters, 2018, pp.312-313). However, MacLeod and Perepa, (2020, p.196) used methods to collect data from EYP's on their 'views and opinions' to determine how they felt regarding the indicators of ASD to interpret these perspectives, which makes this a qualitative study (Bell, and Water, 2018, p.312). Ghaderi and Watson (2019, pp.51 and 53), and Austriaco *et al.* (2019, pp.1-2), also used a qualitative approach, as they were also trying to find the knowledge and understanding with professionals, including their views to interpret the data (Bell and Water, 2018, p.312). Hannant (2021, pp.358 and 361), used a mixed method approach, which combined qualitative and quantitative approaches to analyse views and facts together to find answers (Bell and Waters, 2018, p.311).

There was also a variety of methods used. All but one study used the method of questionnaire or surveys, some use this method to gain background information from participants, with others using it as their main method for the research (Austriaco, *et al.*, 2019, pp.1-2; Hannant, 2021, pp.358 and 361; Ghaderi and Watson, 2019, pp.51, and 53; Chakrabarti, 2009, p.412; Gibbs *et*

*al.*, 2019, pp.57-58; Brett, *et al.*, 2016, p.1975; Adelman and Kubiszyn, 2017, pp. 21 and 24). Questionnaires and surveys are not associated with one approach, as this depends on the types of questions used, open questions are associated with qualitative studies, as these allow for participants to share their views, whereas closed questions allow for statistical data to be collected (Mukherji and Albon, 2010, pp.134-136). Questionnaires or surveys appear to be an effective method on the topic of ASD.

Another common method was interviews. Gibbs *et al.* (2019, p.57) used interviews to gain background information on participants to support the use of observations, however Chakrabarti (2009, p.412) used interviews, to gain background information to ensure participants were appropriate for the study but were also used within the study to gain further information on the topic. However, MacLeod and Perepa (2020, p.196) used semi-structured interviews as their main, and only, method in their study, being appropriate to gain the views and understanding of EYP's knowledge of ASD. Other methods used included data analysis and observations (Hannant, 2021, pp.358 and 361; Gibbs *et al.*, 2019, p.57; Chakrabarti, 2009, p.412). It is important to choose the appropriate method for the study.

**Conclusion**

This chapter has analysed a variety of literature. Considering others research around ASD is important but is especially important to support the direction of the research (Machi, and McEvoy, 2022, pp.2-5; Mukherji and Albon, 2010, pp.201-202). There does not appear to be many studies related to or on 'to what extent can early years practitioners recognise indicators of autism spectrum disorder in children without a diagnosis?', demonstrating a need.

Definitions of ASD were analysed. Starting with a brief history of ASD and how it has been identified over the years compared to the understanding on ASD and how it is identified today (Strum, 2023, and the national autistic society, 2023a). Once a shared understanding of ASD was

explored within the UK, it was also compared to international definitions from other research, showing how there is a shared understanding internationally. Next the theme of training was analysed, which was common in most of the studies, finding that among varying professions and countries there is a lack of training and understanding of ASD (MacLeod, and Perepa, 2020, pp.193-194; Hannant, 2021, pp.358; Austriaco *et al.*, 2019, pp.2, 4-5; Ghaderi and Watson, 2019, pp.51-53). Following the theme of indicators of ASD and identification, found that the most common indicators of ASD are delays or difficulties with speech, language, and communication, not only with parents, but with various professionals, yet there are many other indicators not as commonly known (MacLeod, and Perepa, 2020, p.198; Chakrabarti, 2009, p.413; Brett, *et al.* 2016, p.1974; Hannant, 2021 pp.367-370). The final section, considered the methodology of these studies, finding a mixture of approaches, dependent on the focus of the study, however questionnaires and surveys were favoured methods (Austriaco, *et al.*, 2019, pp.1-2; Hannant, 2021, pp.358, and 361; Ghaderi and Watson, 2019, pp.51, and 53; Chakrabarti, 2009, p.412; Gibbs *et al.*, 2019, pp.57-58; Brett, *et al.*, 2016, p.1975; Adelman, and Kubiszyn, 2017, pp.21 and 24).

The next Chapter will discuss the methodology. Following the considerations from the studies analysed in this chapter, as well as further investigation into various approaches, paradigms, and methods to determine the most appropriate for this study and the research question, 'to what extent can early years practitioners recognise indicators of autism spectrum disorder in children without a diagnosis?'.

## Chapter three: Methodology

### Introduction

This chapter examines the methodology. Firstly, it examines paradigms and identifies the paradigm used in this study, then it examines different approaches identifying the approach used

in this study. Then the methods used in this study will be examined, including what they are and why they are appropriate. Finally, this chapter discusses ethics in research and how it was met.

This study aimed to find out 'to what extent can early years practitioners recognise indicators of autism spectrum disorder in children without a diagnosis?'. The key question was broken down into analysing what practitioners know regarding indicators, barriers for practitioners, and processes, creating the subsidiary questions, what barriers do practitioners experience when exploring children's needs prior to a diagnosis of ASD, and how are practitioners supported with the process of identifying indicators of ASD and responding to them? Data was gathered using the following paradigm, approach, and methods, with ethical considerations.

**Paradigm**

Researchers need to understand paradigms as they influence research. A paradigm is defined by Hughes (2010, pp.35-36) as the way one sees and interprets the world, with the paradigm being the 'frame' around the research topic, just as the frame influences how the picture inside is perceived, so a paradigm influences how the researcher sees their research. Mukherji and Albon (2018, p.23) agree that a researcher's paradigm will directly influence the research process. According to Kuhn (1970), there are four major paradigms: positivist, interpretivist, structuralist, and poststructuralist (Hughes, 2010, p.36). Interpretivist is defined by Lapan, Quartaroli and Reimer (2011, p.8) as acknowledging that everyone interprets the world differently, accepting reality for its uniqueness, leading the researcher to use open ended questioning methods. Hughes (2010, p.41) adds an interpretivist knows the world has been interpreted, but needs interpreting continuously as circumstances and time changes, influencing behaviours. An interpretivist paradigm was used for this study.

The interpretivist paradigm was appropriate for this study, as it allows me to ask open questions in the questionnaire to explore various areas of practitioners' knowledge and understanding of

ASD and the process of identification, which also allows me to triangulate with data analysis of two policies and a supporting document (Lapan, Quartaroli and Reimer, 2011, pp.8-9; Hughes, 2010, p.41). From my literature review, this paradigm seems the most appropriate, as a similar study by MacLeod and Perepa (2020, p.196) used this approach. The interpretivist paradigm influenced the approach used for this research.

**Approach**

This research used a qualitative approach. Bolshaw and Josephidou (2019, p.4) discuss two approaches, quantitative and qualitative, where quantitative focuses on measurable data that can provide the 'right answer', while qualitative focuses on views and attitudes. Quantitative research, according to Bell and Waters (2018, p.24), is a scientific approach that does not concern people, whereas qualitative research focuses on people and their experiences to find answers. Mukherji and Albon (2018, p.24) discuss characteristics of qualitative research including, the use of a smaller population to allow for in depth details of people's experiences and views. Further, Mukherji and Albon (2018, p.25) state that the themes of the research cannot be determined prior to the research, as unique responses may influence the hypothesis. It is important to consider the advantages and disadvantages.

There are advantages and disadvantages to both approaches. Researchers who conduct qualitative research can explore participants' experiences and feelings in depth, but this can be problematic if there are no boundaries set. (Rahman, 2017, p.104; Edwards, 2010, p.160). Generalisation occurs when most of the population is represented, allowing the results to be applied to the entire population, which means the sample should reflect the population under consideration (Bell and Waters, 2018, p.309; Nikolopoulou, 2023). Qualitative approaches cannot generalise results since the sample size will not reflect most of the population (Bell and Waters, 2018, p.26). Reliability is determined by whether results would be consistent and stable if

conducted repeatedly using the same methods and circumstances (Middleton, 2023; Bell and Waters, 2018, p.313). Qualitative research is not reliable in this sense, since it relies on participant experiences (Bell and Waters, 2018, p.24; Mukherji and Albon, 2018, p.24). Validity is not measured solely by reliability, but also by whether the topic of the research is conducted using the appropriate methods for meeting the purpose (Middleton, 2023). These must be considered when deciding on the approach.

Reflecting on these points the approach chosen was the qualitative approach. With the focus of this study being to analyse the experiences, knowledge and understanding of the indicators of ASD of various EYPs, and this having an interpretivist paradigm, qualitative was the most appropriate. This research was not looking at facts and numerical data, which is related with quantitative research, solidifying the most appropriate approach being qualitative (Bolshaw and Josephidou, 2019, p.4). However, throughout this research I ensured I kept in mind the various disadvantages and how to reduce these, such as ensuring there were boundaries, by keeping the questions in the questionnaire focused, to reduce the possibility of participants losing focus. Based on these points, the approach influenced the methods used.

**Research methods**

This research's original method had to be changed. Originally, interviews with staff of one school setting with a nursery provision were intended to be interviewed for this study. Qualitative research most commonly uses interviews since they allow participants to provide more information about their experiences and knowledge (Schensul, 2012, p.69). MacLeod and Perepa (2020, p.196), whose study was similar to mine, used the method of interviews. Due to a lack of official consent, and the gatekeeper leaving, a new plan was required. Using questionnaires, I conducted the research with practitioners from different settings.

Questionnaires

Interviews were replaced with questionnaires. Based on Bell and Waters (2018, p.188) questionnaires are written to gather information on a particular topic, rather than merely to obtain statistical data, supporting a qualitative approach. According to Mukherji and Albon (2010, p.133), questionnaires are used to gather 'background information', 'knowledge about a particular topic', 'experience', and 'behaviour'. Qualitative research usually uses open-ended questions, but questionnaires can use both (Mukherji and Albon, 2010, pp.135-136). To gain background information of participants I used closed questions, however the remaining questions were open to allow for experiences and feelings to be expressed.

Participants are chosen by sampling. Among the sampling methods used was purposeful sampling, where participants were selected based upon certain characteristics influenced by the topic of the study (Nikolopoulou, 2022b). The purpose of the study was to gather information from EYPs, which led to a sample that was chosen based on this characteristic, although convenience sampling was also used. Convience sampling was used, as there were time constraints, and a need to willing participants. (Nikolopoulou, 2022a). The questionnaire was distributed, either on paper or electronically, with a two-week deadline, and most participants responded by the end of the first week, but all responsed by the deadline.

Use of questionnaires has advantages and disadvantages. While questionnaires allow researchers to gather data quickly, participants may not be honest; I ensured not to be present during the completion of questionnaires to remove any pressure from participants to be dishonest (McLeod, 2023; Bell and Waters, 2018, pp.69-70). Questionnaires do not allow for in-depth information, however, Mukherji and Albon (2010, p.135 and 146) discuss how open questions can enable more depth, although this would still be limited. Participants were allowed to provide as much detail as possible to the open questions. If questionnaires are not constructed with care and attention, they can become 'unreliable and invalid', this meant a pilot of the questionnaires was

completed with feedback with those not participating in the research (Mukherji and Albon, 2010, p.146). I considered the layout, types of questions, language, participants, and methods of distribution and collection of questionnaires, as if a questionnaire is invalid, which will affect the reliability of results. (Mukherji and Albon, 2010, pp.134-146).

Document analysis

Document analysis is also called content analysis. According to Luo (2022), content analysis is about finding patterns in records to interpret. According to Mukherji and Albon (2010, p.251), document analysis is used to triangulate the study. Qualitative research uses triangulation to 'corroborate results' and 'increase reliability'. Bell and Waters (2018, pp.146-147) state two approaches, 'source-oriented' and 'problem-oriented'. A source-oriented approach is when documents determine the research question, whereas a problem-oriented approach determines the documents based on the research question (Bell and Waters, 2018, pp.146-147). An analysis of government documents on guidance for practitioners on identifying ASD, and the process to be followed, was chosen using a problem-oriented approach. A comparison of the questionnaire data with the documents was conducted to compare and analyse if what policy says is being seen in practice. By comparing questionnaire findings with document analysis allowed me to triangulate the findings and the practicality of policy.

It was decided to analyse the EYFS (2021), the SEND code of practice (2015), and autism: overview of policies and services (2023). The EYFS (2021) was selected because it is the most recent framework for all EYP's to follow, as the primary focus was on EYP's (DfE, 2021, pp.3-4). SEND code of practice (2015) was selected since it is a government document that is provided for use by a variety of professionals, including EYP's under section five, to support SEND (DfE and DfH, 2015, pp.11-13). Autism: overview of policies and services (2023) was compiled by a team of professionals to provide feedback to members of parliament regarding policies and

service (UK parliament, 2023). This document is current and relevant, especially section one, 'government policies on autism in England', and four, 'education and autism' (Garratt and Abreu, 2023, p.3). I compared these documents to practitioners' questionnaire responses.

Document analysis has advantages and disadvantages. Although document analysis provides researchers with flexibility with their time, it can also be time consuming, leading some to concentrate on specific sections of a document (Luo, 2022). In addition, documents can be used by others who may want to replicate the research, thereby contributing to the reliability of the results (Bell and Waters, 2018, p.152). Consequently, interpretation can be biased, affecting the validity and reliability of the research, as well as losing meaning when certain phrases are analysed, meaning researchers should complete a deeper analysis (Luo, 2022; Mukherji, and Albon, 2010, p.217). Using document analysis to ensure reliability and accuracy requires that I kept these advantages and disadvantages in mind to ensure a deeper unbiased analysis.

**Ethics**

Conducting research requires adherence to ethical principles. In Aubrey, *et al.* (2004, p.156), the conduct of research is referred to as "research ethics". According to Bell and Waters (2010, p.64), ethics refers to the principles that guide people in knowing what is right and wrong, whereas morals refer to beliefs on what is right or wrong. According to Bell and Waters (2010, p.64), researchers must be cautious when conducting research, interacting with participants, and writing up their results to prevent 'intentional or unintentional harm'. Since 1948, human rights have been aimed universally at all people and nations, including the right to freedom and dignity, which has become increasingly important as a basis for research ethics and a legal requirement (united nations, no date; Aubrey *et al.*, 2004, p.160). Having a clear understanding of what ethics involves is essential.

Ethics requires a great deal of consideration. BERA, the main authority for educational research in the UK, was established in 1974 and advises on policy and practice when conducting research (BERA, 2023; BERA, 2018). In relation to participants, I ensured I treated them equally, respectfully and with dignity, by being aware of any inequalities among them, and adjusted where necessary, to demonstrate attentiveness and sensitivity, and minimizing the risk of harm. (BERA, 2018). One way this was done, was by ensuring that all copies of emails sent were on a password protected account and laptop, as well as ensuring paper copies were not accessible to anyone else, to protect the participants. Accordingly, BERA (2018) emphasizes the importance of "consent", "transparency", "the right to withdraw from research", "harm from research participation," private data storage," and "disclosure."

It is important to understand the concept of consent. In accordance with Gov.uk (2018a), consent must be informed, meaning participants must know who is conducting the study, why it is being conducted, what data will be collected, the procedure, how results will be shared, their right to withdraw, the duration of data retention, and many other rights, such as confidentiality and anonymity. The Nuremberg code emphasizes the importance of obtaining informed consent for ethical purposes, and Coady (2010, p.74) states everyone has the right to decide what is best for themselves. To ensure that participants are fully informed, Gov.uk (2018a) advises researchers to provide them with an information sheet containing all the necessary information. A gatekeeper's consent may be required; this involves gaining consent when using a setting before asking participants (mull over thing, 2019). For this research, I sent an email with an information sheet, and a consent form to the head of course within the university, to get gatekeeper consent before approaching any students to participate. Once gatekeeper consent was gained, potential participants were identified and given an information sheet on the research project, including the ethics involved, along with a consent form.

Anonymity and confidentiality are important for everyone. Confidentiality refers to the researcher knowing the participants but not disclosing information within the project (Bhandari, 2022; Bell and Waters, 2018, p.70). Anonymity can be challenging, as anyone other than the researcher may not be able to identify participants, or that no one, including the researcher, knows their identity (Bell and Waters, 2018, pp.69-70). As part of the information sheet given to participants detailing the ethics, informing them their participation would be confidential and anonymous, I would be the only person able to identify if responding by email, however not even I could identify paper responses.

Participants must know their right to withdraw. There must be a clear understanding among participants that they have the right to withdraw from research (Atkins and Wallace, 2012, p,32). As stated by BERA (2018), a participant may withdraw at any time and without reason, which must be made clear to the participant prior to consenting. For participants who may have taken part before withdrawing, their data cannot be used by the researcher and must be destroyed (BERA, 2018). As part of the information sheet, I ensured that participants knew they could withdraw at any time without reason, even if they had completed and submitted a questionnaire. I explained that for those who responded by handwritten copy I would ensure their data was removed by asking for the background information asked in the questionnaire to determine theirs, whereas email responses would be found through email, for the responses to be deleted straight away to prevent any use in the findings.

To ensure confidentiality and anonymity, data must be stored securely. Researchers are expected to ensure that the data they store is treated confidentially and anonymously in accordance with the guidance provided by BERA (2018). In addition to being an ethical guideline, the care and treatment of data are also regulated by law, under the Data Protection Act (1998) and the General Data Protection Regulation (GDPR), (BERA, 2018). As stated by Gov.uk (2018b), all data used in research should be treated as personal data, with only data necessary to conduct the research

being collected in accordance with the agreement reached during the consent process. In addition, Gov.uk (2018b) states that data needs to be retained only for the duration of the research and disposed of appropriately after that time. It is imperative that data be stored securely and that it may only be accessed by the researcher (Gov.uk, 2018b). For this study, data was collected in person and by email. Emails were stored on a password-protected account and a password-protected laptop, and then printed for analysis. There were paper copies of the report stored in a locked file in a cupboard that could only be accessed by the researcher. For the purposes of security, these materials were taken out and kept on the researcher for analysis. To ensure that all data is destroyed after graduation, the files were returned to the locked file until then.

Research results must be shared once the researcher completes them. It is important to share findings of research with the participants, as this is seen as a means of 'giving back' by Mukherji and Albon (2018, pp.245-246). It is necessary to provide participants with access to the completed report or to produce a "synopsis of the findings" according to their needs (Mukherji and Albon, 2018, p.246). According to Atkins and Wallace (2012, p.230), most small-scale research contributes not only to the researchers' practice and understanding, but also to the benefit of others. I will send a synopsis of the findings to all participants by email, however for those who did not respond by email were asked to provide one if they would like a synopsis, or they could wait for the report to be released.

**Conclusion**

Throughout this chapter we have discussed the chosen paradigm and approach, interpretivist and qualitative, and why they were most appropriate for this study. Then discussed the methods used, including the reasons behind the selection, and the sampling method used, including how documents were selected. Finally, ethics was discussed, and I demonstrated how I ensured there

were met. In the following chapter, the data will be analysed, and the findings of the study will be discussed.

## Chapter four: Findings and analysis

### Introduction

This chapter analyses the findings of the research. The literature from the literature review chapter will support the analysis of the findings. The first theme analyses definitions of ASD from questionnaires with literature to determine EYPs understanding of ASD. The second theme analyses responses around training comparing these to government policy and the autism review, to find how this supports EYPs, which was a common theme in the literature review and questionnaires. Finally, the process of identifying ASD will be analysed comparing the responses from participants with government guidance.

Figure 1 (below) identifies participants and some information from questionnaires.

| **Participant code** | **Years of experience** | **Job role** | **Highest level of qual.** | **ASD related training (mandatory/ voluntary)** | **Experience identifying ASD (confidence)** |
|---|---|---|---|---|---|
| P1 | 1-2 | EYP | Level 4-6 | SEN safeguarding (Voluntary) SEN speech and learning therapy (voluntary) | Yes (confident) |
| P2 | 3-4 | TA | Level 4-6 | SEND course (mandatory) | Yes (confident) |
| P3 | 6+ | TA | Level 3 | ASD and ADHD in young people (voluntary) | Yes (very confident) |
| P4 | 6+ | EYP | Level 4-6 | SENCo training (voluntary) | Yes (confident) |
| P5 | 6+ | EYP | Level 3 | Understanding ASD (mandatory) | Yes (confident) |
| P6 | 6+ | EYP | Level 4-6 | None | Yes (confident) |
| P7 | 6+ | Higher level TA | Level 4-6 | ASD and ADHD in | Yes (confident) |

| | | | | | |
|---|---|---|---|---|---|
| | | | | young people (voluntary) | |
| P8 | 6+ | EYP | Level 4-6 | None | Yes (not very confident) |
| P9 | 6+ | Family support worker | Level 4-6 | None | Yes (not very confident) |
| P10 | 3-4 | EYP | Level 4-6 | Inclusion course (mandatory) | Yes (confident) |

**Theme one: Definitions**

Some participants demonstrated good knowledge of ASD. ASD is a lifelong developmental disability, affecting individuals differently (NHS, 2022; the national autistic society; 2023a, and ambitious about autism, 2022). P6, P9, and P10 all defined ASD as a disability affecting the brain, however P7 defined ASD as a 'neurodevelopmental condition'; a neurodevelopmental disability is 'impairment to the growth and development of the brain' (OHSU, 2023). P2 and P8, responded saying ASD impacts individuals differently, and P5 said ASD is a spectrum. The autism review defines ASD as 'a developmental disability' that 'is a spectrum condition affecting people differently', which is common with many definitions of ASD (Garratt, and Abreu, 2023, p.5; ambitious about autism, 2022; NHS, 2022; the national autistic society, 2023a). Most participants demonstrated a good understanding of ASD.

ASD can be complex. P1 defined ASD as a learning difficulty, however ASD is not a learning difficulty, as it is when an individual has difficulties learning, without their intellect being impacted (foundation for people with learning disabilities, 2023). P3 defined ASD as a learning disability, again ASD is not a learning disability, yet is similar to a learning difficulty however impacts the individual's intellect (Baldry, 2016). ASD and learning disabilities or difficulties have been grouped together a lot, as some with ASD may also have a learning disability or difficulty, causing misunderstanding among many (Baldry, 2016). P4 stated ASD is 'the way' individuals feel and communicate, causing frustration and anxiety, however these are characteristics of ASD.

Characteristics of ASD are grouped into; social, behavioural, and communication, known as the triad of deficits, these areas will impact an individual with ASD, varying between individuals (Haney, 2013, p.39). P4 stated characteristics and impacts, whereas P1 and P3 got caught up in the misunderstanding of learning disabilities or difficulties, however, it cannot be determined if this is all participants know due to a lack in depth responses (Mukherji and Albon, 2010, pp.135 and 146). Policy may also have an influence on these definitions.

Research analysed the EYFS (2021) and SEND code of practice (2015). There is no definition of ASD in the EYFS (2021), as this is the framework for early years providers, not for ASD or SEND (DfE, 2021, p.3). The SEND Code of Practice (2015) provides guidance to various professionals on their duties to individuals aged 0-25 years with SEN (DfE, and DfH, 2015, p.12). ASD is not defined in the SEND code of practice (DfE and DfH, 2025, pp.15-16), however, states 'a child or young person has SEN if they have a learning difficulty or disability'. Adding a disability can be either a physical or mental condition that affects a person's daily life and has a long-term impact, as stated in the equality act 2010. (DfE and DfH, 2015, pp.15-16). In these documents, there is no specific definition of ASD, since neither focuses on ASD, possibly contributing to misunderstandings of ASD.

**Theme two: Training**

Training was a common theme. Through questionnaires and data analysis a lack of training occurred as a barrier to knowledge of ASD in EYP's. As in figure 1, qualification levels of participants varied from level three to six, which was expected due to most participants being university students for convenience and purposeful sampling (Nikolopoulou, 2022a; Nikolopoulou, 2022b). The questionnaire asked participants about any training they had received, mandatory or voluntary, to support SEN or ASD, the responses varied. Out of ten participants three, P2, P5, and P10, identified mandatory training received, yet two where through universities, possibly

alongside a course, whereas P5 received mandatory training 'understanding autism' through work. Also in figure 1 four participants, P1, P3, P4, and P7, took part in voluntary training, two were not through work, and the others did not specify. Training courses varied with P1 completing SEN training, P4 completing SENCo training, and P3 and P7 completed training on ASD and ADHD. The final three participants had not received training. These findings demonstrate the variety of training opportunities available, however it also demonstrates the range in mandatory and voluntary training across the sector. Policies may offer further insight into training for EYPs, specifically the EYFS (2021) and the SEND code of practice (2015).

The EYFS (2021) and the SEND code of practice (2015) mention little about SEN or ASD training. The EYFS (2021) outlines requirements for EYPs, including qualifications, stating it is essential for EYPs to have appropriate qualifications and training, to contribute to the quality of provision (DfE, 2021, p.26). The EYFS (2021) outlines the minimum qualification for managers being a level three, and at least half the staff must hold at least a level two in a full and relevant qualification (DfE, 2021, p.28), which the DfE (2022) covers online. The List of full and relevant qualifications by DfE (2022) covers many qualifications from level two to seven, however for analysis only levels two and three post September 2014, have been considered. From the list of full and relevant qualifications for level two and three, it was found that twenty-three of these had a mandatory unit on SEN or inclusion, however six qualifications had SEN or inclusion units as an option, whereas for nine there was no unit for SEN or inclusion mentioned (DfE, 2022). The inconsistency of units on SEN or inclusion in level two and three qualifications, could contribute to the inconsistency in the knowledge of ASD or SEN, including learning disabilities or difficulties, from participants. The EYFS (2021) outlines the required training, as well as qualifications.

The EYFS (2021) mentions training required for EYPs. The EYFS (2021) states each EY setting must have at least one EYP with paediatric first aid training on site at all times (DfE, 2021, p.26). It is essential that medication is administered by someone who has completed medication

training, yet the EYFS (2021) does not specify how many EYPs on site must hold this training (DfE, 2021, p.33). Food hygiene training must be completed by anyone who will be handling food within the setting again it does not specify how many EYPs must have this in the setting (DfE, 2021, p.33). The final training mentioned in the EYFS (2021) is safeguarding training, which must be provided to all EYPs and members of staff (DfE, 2021, p.22). Within the EYFS there is no mention of EYPs training in SEN, let alone ASD.

The only SEN training in the EYFS (2021) and the SEND code of practice is SENCo training. As part of their responsibilities all EY settings must have arrangements to identify and support children with SEN in line with the SEND code of practice (2015), which includes having a SENCo in the setting (DfE, 2021, p.37). A SENCo in a 'maintained nursery school' must hold qualified teacher status (DfE and DfH, 2015, pp.88-89), whereas other settings must identify a SENCo under recently updated requirements given by DfE (2023). DfE (2023) has introduced a level three SENCo qualification for non-maintained EY settings, however this is not mandatory for all EYPs. One role of the SENCo, in all settings, includes ensuring all EYPs in the setting understand their responsibilities and the settings approach including identifying training needs (DfE and DfH, 2015, pp.89-90). Despite EYPs having to identify SEN in children, there is no mention of required SEN training, but it is the decision of the EY providers, including the SENCo, to decide on training by prioritising the needs of the setting (DfE and DfH, 2015, p.276). It appears that from these policies the lack of mention of SEN training may influence training taken by settings, as seen in figure one and through other studies.

Lack of SEN or ASD training has been identified in EY. Five out of the ten participants, P1, P2, P4, P5, and P8, identified that a lack of confidence and training is a barrier to identifying ASD in children, with P5 stating 'you are just trained and expected to know what to do…there is no follow up'. These responses coincide with the findings of other research conducted internationally across both educational and medical sectors, with many professionals expressing a need for ASD training

(Austriaco *et al.*, 2019, pp.2, 4-5; Ghaderi and Watson, 2019, pp.51-53). Further, P4 stated that through formal qualifications there is a lack of knowledge on SEN with units on SEN or inclusion being optional, which has been seen through analysing the DfE (2022) list of full and relevant qualifications for EYP and was also found by MacLeod and Perepa (2020, pp.190-201). Garratt and Abreu (2023, p.7) identifies that the government have created a 'new strategy for 2021-2026', which aims to improve awareness around ASD across sectors, including the education sector, to improve inconsistencies of identification of ASD through training opportunities. While this study suggests that policy and practice lack training to support practitioners in identifying and supporting children with ASD, it is encouraging to see the government aims to address this.

**Theme three: Identifying ASD.**

Identifying ASD early is essential. The first five years of a child's life will have an impact on their future, making the importance of early identification and interventions essential, as these will provide children with the best opportunities that can support them to reach their full potential (DfE, 2021, p.5). EY settings must have arrangements to identify and respond to SEND, this requires that EYPs are aware of indicators to look out for, as well as being aware of the difficulties a child is experiencing, as it has been found that long-term outcomes for children can be improved through early identification and interventions (DfE and DfH, 2015, p.79). EYPs have three main assessments they must complete for each child, as well as ongoing assessments; two-year old check, reception baseline, and the EYFS profile, which can all support in identifying and supporting children with SEN or ASD (DfE, 2021, pp.18-20). The two-year checks take place between the second and third birthday, allowing practitioners to assess the child's strengths and areas of improvement in the prime areas of development, which can highlight the need for interventions as well as potential SEND if there are significant concerns (DfE, 2021, p.18). However, the reception baseline is used to provide a starting point for measuring the development of the child

while in school, and is for the use of the school only, yet any concerns highlighted can be assessed outside of this assessment (DfE, 2021, p.47). The EYFS profile is completed for all children, to demonstrate the child's abilities, knowledge, understanding and their readiness for year one, which provides an opportunity for teachers to plan support for children including those with identified SEND (DfE, 2021, pp.19-20). Early identification of ASD is important, EYP's are given guidance on what to do next.

When concerns arise EYPs should follow guidance. All EY settings must ensure they have a clear process for identifying children with SEND and respond to these however there is also guidance in the SEND code of practice (DfE and DfH, 2015, p.79). If an EYP has concerns a child may have SEND it is important for them to notify the SENCo immediately, as it is essential that support is put in place as soon as possible to provide the child with the best chances, however EYPs must include parents in all planning of support for their child (DfE, 2021, p.86). Once plans have been agreed by parents, child's key worker and the SENCo, they must regularly review the effectiveness of support provided and make adaptions were appropriate and agreed by parents, child's key worker and the SENCo, however it may be determined that the child needs specialist support outside of the setting, which must be arranged immediately (DfE and DfH, 2015, pp.80, 87 and 88). With there being guidance on processes to follow identification, participants were asked about the process of their setting, with varying responses.

Some settings process reflects the guidance of the SEND code of practice (2015). P7 stated that their settings process includes notifying the SENCo, completing further assessments and observations, and contacting parents of the child to discuss concerns, followed by referrals, however they do not state who these referrals are to, demonstrating the settings knowledge of the guidance. P3 also mentioned completing further observations, notifying the SENCo, and making referrals, however there is no mention of informing parents, which is essential in the

guidance (DfE and DfH, 2015, p.86). However, P5 states that parents are encouraged to get a referral, despite including parents, there does not appear to support put in place in the setting for the child, which is essential in the guidance (DfE and DfH, 2015, p.86). Three participants, P1, P2, and P4, state that observations are completed, along with notifying the SENCo, and discussions with parents to provide support plans for children, P1 and P4 added that there may be a need to access specialist support for the child and family. P8 informed that when concerns arise EYPs notify the SENCo, following the SEND policy and SEND code of practice (2015), adding that support is put in place to support the child, however this varies dependent on the child's needs, demonstrating the main points of the guidance (DfE and DfH, 2015, pp.79, 80, 86-88). Without further investigations there appears to be some settings using the guidance from the SEND code of practice (2015) to influence their process of identification. Unfortunately, P6 and P10 did not know the process for their settings, and P9 stated it was the responsibility on the designated safeguard, however it cannot be determined why these responses were given without further investigation, which was not possible with the method used in this study.

The gap in identifying ASD has been identified. Garratt and Abreu (2023, p.36) found that the government has identified a lack of knowledge of ASD within the education sector leading to a plan to invest in training on ASD for the sector. As part of the strategy provided by the government there are many areas of focus to support children and adults with autism, including raising awareness of ASD across sectors, such as education (Garratt and Abreu, 2023, pp.5-6). As part of this the government have released new documents over recent years, such as the 'right support, right place, right time', to establish a national standard for identifying children with ASD, and the provisions available to support them (Garratt and Abreu, 2023, p.7). The introduction of the new level three SENCo qualification was provided by the government to increase the number of SENCo's in settings, which will support with early identification and interventions (Garratt and

Abreu, 2023, p.35). With these plans in place to improve policy and services for children and adults with ASD, the gaps noted by the government may reduce.

## Conclusion

Research findings were analysed in this chapter. It found through practitioner questionnaires that definitions of ASD varied with some having a good understanding, in comparison to other definitions, such as the NHS (2022). Nonetheless, some did not demonstrate a good understanding of ASD, including the common misconception that ASD is a learning disability or learning difficulty (Baldry, 2016). Due to the focus of these documents, the definition of ASD is not included in either the EYFS (2021) or the SEND code of practice (2015). The next theme of training found through policy and participants responses there is little mandatory SEN or ASD training for EYPs, however the government are planning to improve this (Garratt and Abreu, 2023, p.7). Finally, the importance of early identification and interventions is thread through policy, which was supported by some of the responses to the processes of identification being in line with the guidance in the SEND code of practice, however the government aims to further improve this (DfE and DfH, 2015, pp.79, 80, 86-88; Garratt and Abreu, 2023, p.7). From these findings there appears to be gaps in knowledge and understanding of ASD, how to identify ASD and the process to follow. The final chapter will conclude this research.

## Chapter five: Conclusion

This chapter will summarise the key findings of the research, then will reflect on the methodology used considering if this may have influenced the findings. I will then provide recommendations for further research. The key question for this research was to what extent can early years practitioners recognise indicators of autism spectrum disorder in children without a diagnosis, with the subsidiary questions were:

- How do early years practitioners recognise indicators of autism spectrum disorder through children's development and behaviours?
- What barriers do practitioners experience when exploring children's needs prior to a diagnosis of autism?
- How are practitioners supported with the process of identifying indicators of autism spectrum disorder and responding to them?

The key themes identified were, what is ASD, training and identifying ASD. There was a varied response to what ASD is from the participants, however policy does not define this and there are many misunderstandings of ASD, such as ASD being seen to as a learning disability (Baldry, 2016). Further investigation found that despite the responsibility for EYPs to identify SEN, there is a lack of training to support this in policy, which was reflected through the responses of the questionnaires (DfE and DfH, 2015, p.79). Finally, this research found that through policy there is guidance in the SEND code of practice for EY settings to use as a basis for ensuring they have a clear process of identification, which through the questionnaire responses found a majority of responses aligned with the guidance, yet some were missing important must's from the guidance (DfE and DfH, 2015, pp.79, 80, 86-88). From these findings it appears that the extent in which EYPs can identify indicators of autism varies on the individuals training and experience from their

setting, however for a more accurate answer this research would need to be completed in a bigger scale, along with adjustments to the methods.

The methods of this research may have impacted the findings. Mukherji and Albon (2010, pp.135 and 146) discussed how interviews can offer an opportunity for more depth, than questionnaires can, which was found with some responses being vague or requiring further insight to determine a deeper understanding of responses. Despite this I have still been able to find answers to my original question, however it has also led to further questions for further research.

In response to the original question, it is difficult to determine a definite answer, as some responses from participants were vague, however it appears that through a lack of ASD training for EYPs there is a limited or misunderstood knowledge of ASD. It is surprising to find that although policy emphasises the importance of EYPs identifying SEN that there is no mention of mandatory SEN training, even within formal qualifications. Despite a lack of mandatory training for EYPs there is a lot of guidance through the SEND code of practice (2015), including the requirements of a named SENCo, a clear process of identification and the need for arranging training in settings for EYPs (DfE and DfH, 2015, pp.79, 80, 86-89). My recommendations are as follows:

- *To what extent do SENCos in EY settings understand early indicators of ASD in under five-year-olds*- research to focus on SENCos, who through this study has found are responsible for supporting EYPs in the settings training and understanding of ASD and identification, making their understanding vital to support EYPs.
- *How does formal childcare qualifications prepare EYPs for identifying SEN in practice*- research into formal qualifications and how much these prepare EYPs for their responsibility to identify SEN, as this research found an emphasis on EYPs role to identify, yet policy does not discuss training on this.

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**RECORD OF DISSERTATION SUPERVISION**

Name of Student: Kimberley Barker

Title of Project: To what extent can early years practitioners recognise indicators of autism spectrum disorder in children without a diagnosis?

| Date and time | Brief details of discussion and research progress | Student's Signature |
|---|---|---|
| 21/11/2022 AM | Discuss ideas for research, and research proposal. 45mins | KLBarker |
| 26/01/2023 PM | Discuss contacting setting and interview questions. 30 mins | KLBarker |
| 21/03/2023 PM | Feedback on interview questions, and contacting the setting 45 mins | KLBarker |
| 15/05/2023 PM | Discussion on no consent from setting, and new ethics form 1 hour | KLBarker |
| 21/05/2023 AM | Feedback on methodology and plan for literature review 30 mins | KLBarker |
| 02/06/2023 AM | Feedback on Literature review and plan for findings and analysis 30 mins | KLBarker |
| 19/06/2023 AM | Feedback on findings and analysis. 15mins | KLBarker |

Student's signature: KLBarker Date: 20th June 2023

Tutor's signature: Kate Dudley Date: **21/06/2023**

**Application for Research Ethics Approval**

Name of applicant: Kimberley Barker

Research ethics approval number (reference):

Student number: 1902411

Date of approval: 18/05/2023

Title: To what extent can early years practitioners recognise indicators of autism spectrum disorder in children without a diagnosis?

Module code: ECU611

This letter is confirmation that the above study has been approved by the Research Ethics Committee.

Approval has been granted on the basis of the information provided in this application. If it is necessary to change the research purpose, design, methods or participants in any way, then you are required to reapply for research ethics approval.

It is your responsibility to ensure that your study is compliant with the General Data Protection Regulations (GDPR) and the Data Protection Act 2018.

Chair of Research Ethics Committe

**INFORMED CONSENT FORM**

**Name of investigator Kimberley Barker**

**To what extent can early years practitioners recognise indicators of autism spectrum disorder in children without a diagnosis?**

The aim of this study is to investigate the extent that early year's practitioners can identify indicators of autism in children without a diagnosis. This research is focusing on how do early years practitioners recognise indicators of autism spectrum disorder through children's development and behaviours, what barriers do practitioners experience when exploring children's needs prior to a diagnosis of autism?, and how are practitioners supported with the process of identifying indicators of autism spectrum disorder and responding to them?

The purpose and details of this study have been explained to me. I understand that this study is designed to further scientific knowledge and that all procedures have been approved by the Research Ethics Committee of Newman University.

I have read and understood the participant information sheet and this consent form.

I have had an opportunity to ask questions about my participation.

I understand that I am under no obligation to take part in the study.

I understand that I have the right to withdraw from this study at any stage for any reason, and that I will not be required to explain my reasons for withdrawing.

I understand that all the information I provide will be treated in strict confidence.

I agree to participate in this study.

**Name of participant**

**Signature of participant**

**Signature of investigator**

KLBARKER

**Date**

**NEWMAN UNIVERSITY**

**Seeking permission from the Gatekeeper**
**Kimberley Barker**

**To what extent can early years practitioners recognise indicators of autism spectrum disorder in children without a diagnosis?**

The aim of this study is to investigate the extent that early year's practitioners can identify indicators of autism in children without a diagnosis. This research is focusing on how do early years practitioners recognise indicators of autism spectrum disorder through children's development and behaviours, what barriers do practitioners experience when exploring children's needs prior to a diagnosis of autism?, and how are practitioners supported with the process of identifying indicators of autism spectrum disorder and responding to them?

The purpose and details of this study have been explained to me. I understand that this study is designed to further academic knowledge and that all procedures have been approved by the Research Ethics Committee of Newman University.

I am happy for the relevant participants within the setting to be involved in the research should they give their consent to do so.

**Name of Gatekeeper**

Debbie Harris

**Signature of Gatekeeper**

D. J. Harris

**Signature of researcher**

K L BARKER

**Date 18.5.23**

## Autism questionnaire

This questionnaire is being conducted to gain data for research. The aim of this research is to gain insight from current practitioners on their understanding of autism, the signs, the process followed if a child shows signs, and how practitioners are supported.

Please answer **ALL** questions in as much detail as possible.

1. How long have you worked with 0–5-year-olds?

   ☐ Less than a year

   ☐ 1-2 years

   ☐ 3-4 years

   ☐ 4-5 years

   ☐ 6+ years

2. What is your current job role?

   -
   _____
   _____

3. What is your highest qualification?

   ☐ Level 1 or 2

   ☐ level 3

   ☐ level 4 to 6

   ☐ level 7 or higher

4. How would you define autism spectrum disorder (ASD)?

5. Have you had experience of identifying a child who may have ASD? If, so how confident were you?

   ☐ I've had experience and felt very confident.

   ☐ I've had experience and felt confident.

   ☐ I've had experience and felt not very confident.

   ☐ I've had experience and did not feel confident at all.

   ☐ I've had no experience.

6. Which of the following examples do you think are signs of ASD in children?

   ☐ No speech/speech delay

   ☐ hand flapping

   ☐ want to be alone.

   ☐ repeat word or phrases (echolalia)

   ☐ under/over sensitivity (e.g. sounds, tastes ect.)

   ☐ Obsessive interests

   ☐ Impulsivity

   ☐ None of these

   ☐ Others (please specify)

| |
|---|
| |

7. Have you received any training to support you in identifying ASD, if so, state what the training was, if mandatory or voluntary and whether provided by work or elsewhere?

☐ I've had no training.

| Type of training | Mandatory or Voluntary | Who provided (work or elsewhere) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

8. As a practitioner, what barriers do you think there are in identifying ASD in 0–5-year-olds? (Please give at least 2)

| |
|---|
| 1. |
| 2. |

9. What does your setting have in place to identify children with signs of ASD?

10. If a child is identified as showing signs of ASD, what process does your setting follow?

11. As a practitioner, how effective do you feel support and training available for practitioners in identifying ASD? (explain)

**RETURN COMPLETED QUESTIONNAIRES AND CONSENT FORMS TO KIM, EITHER IN PERSON OR BY EMAIL, BY 2ND JUNE 2023**

Email completed questionnaires to bark403@newman.ac.uk

Many thanks for taking part in this research.