
Autism Spectrum Condition in Children

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Autism spectrum condition (ASC) is the preferred name for what is formally known as autism spectrum disorder (ASD). ASC is not technically a mental health disorder — it is a neurodevelopmental condition. However, as 70% of children with ASC develop at least one co-occurring mental health issue, and 40% will develop more than one, early recognition is key.

ASC affects three main areas of functioning: communication, social interaction, and behaviour. Autism is not an illness — it is a spectrum condition that affects each person differently. For a diagnosis to be considered, the overall impact on daily functioning and quality of life must be significant, and there must be evidence of the condition in the child's early developmental period. In more able children, social communication differences may not be apparent until much later in life.

Early support aims to reduce the likelihood of the child subsequently developing anxiety and depression through unmet need. Children on the spectrum are also at increased risk of epilepsy and other neurodevelopmental issues, making awareness of the condition essential.

Signs and symptoms: communication

The earliest sign of autism is often a difference in how language develops. Some children are delayed in starting to speak; others may babble and use single words before regressing. Some children may never learn to speak at all.

- Some children develop language but do not use it to communicate — they may parrot speech heard on television, repeat set phrases, or use unusually formal language.
- Some children adopt accents or speak in a monotone; others talk too loudly without awareness of volume.
- Some children develop language earlier than peers and display an advanced vocabulary, but tend to talk *at* rather than *with* others.
- Some children can speak but appear selectively mute in situations where they are less comfortable.
- Non-verbal communication can also be affected — some children avoid eye contact, have difficulty interpreting facial expressions or body language, or do not point or wave effectively.

Signs and symptoms: social interaction

Contrary to the stereotype, children on the autism spectrum may be just as interested in socialising and making friends as anyone else.

- Some children are socially withdrawn and avoid mixing with peers, preferring to watch from the periphery or interact only with adults.
- Others are unreserved and treat strangers as trusted adults or teachers as peers.
- Some children will only interact on their own terms, ignoring bids for social attention from others.
- It can be hard to read the mood of a child with ASC — they may appear happy when upset, or show the wrong facial expression for the situation.
- Some children struggle to register their own emotions or bodily sensations and may not realise they are stressed until they are overwhelmed and have a meltdown.
- Children with ASC may only see their own point of view and feel they are being treated unjustly. They can be literal in their interpretation of language and rules.
- These difficulties may not be apparent in early primary school, but peer difficulties often become more marked as children progress through education.

Signs and symptoms: behaviour

- Children on the spectrum often respond negatively to changes in environment or routine — an extreme outburst can be triggered by toys being moved, different foods touching on a plate, or a road-works diversion changing the usual route to school.
- Sensory sensitivities are common: some children are averse to certain noises, smells, lights, tastes, or textures. Hectic or crowded places can feel overwhelming.
- In contrast, some children actively seek out sensory experiences such as tight hugs, soft fabrics, and familiar songs.
- Children on the spectrum often play in an inflexible, rule-bound way. Any change to the expected plan can trigger anxiety.
- Emotions may be accompanied by hand flapping, pacing, rocking, or tics when the child feels excited or distressed.
- Many children have restricted or obsessional interests — it is the intensity and duration of the special interest that differentiates children on the spectrum from their peers.
- A common theme is that children behave differently in different settings: appearing fine at school but becoming extremely distressed at home, or vice versa.

Getting a diagnosis on the NHS

In the early years:

If your child is delayed in meeting developmental milestones, seems socially withdrawn, or engages in challenging behaviour, talk to your health visitor or GP. If concerned, they can refer to Community Paediatrics for a developmental assessment. If social communication differences are confirmed, a formal diagnostic assessment will be scheduled. If your child is not talking by age two, the health visitor will refer for speech and language therapy.

In the primary school years:

If your child is displaying difficulties with behavioural regulation, peer interaction, or resistance to change, talk to the school and to the GP, who can refer to Child and Adolescent Mental Health Services (CAMHS).

Independent diagnostic assessment:

If the NHS wait feels too long, a private assessment is an option. Seek a multidisciplinary service that follows NICE guidelines, to ensure any diagnosis is recognised by NHS services. A comprehensive assessment should ideally include a school observation or liaison with teaching staff, an assessment of learning skills, and a medical review, alongside the gold standard diagnostic measures for ASC.

Support following a diagnosis

Depending on the age and needs of the child and family, the following services may be available:

- Speech and language therapy to promote spoken language, joint attention, and social communication skills.
- Occupational therapy to address sensory processing difficulties that can impact attention and behaviour.
- Paediatric advice for children who need assistance with sleeping, toileting, or co-existing medical problems.
- Dietary support and behaviour advice for children who restrict their food.
- Clinical psychology for tailored treatment approaches — including modified CBT, social skills training, specialist parenting programmes, and sibling support.
- Psychiatric input if a trial of medication is required.
- Educational psychology assessment to address co-occurring learning differences and problems accessing education.
- SEN support in school and advice about applying for an Education Health Care Plan (EHC Plan), with advocacy from the local SENDIASS.
- Support from social services and advice about eligibility for benefits and respite care.
- Specialist parenting courses and support groups for parents and siblings.
- Signposting to accredited websites, charities, and literature.