



# Fostering and Autism Spectrum Disorders

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## **Fostering and Autism Spectrum Disorders**

Autism spectrum disorders (ASD) affect around 700,000 people in the UK, meaning that over 2.8 million people have a family member on the autism spectrum. Diagnoses are on the rise and it is estimated that approximately one in every 100 children in the UK has autism. It is thought that for every three children with a diagnosis of autism there are another two children who have the condition but have not been given a formal diagnosis. It's a lifelong condition that affects how people interact with others, and it's impact may depend on where the person sits on the spectrum.

The National Autistic Society defines autism as a lifelong, developmental disability that affects how a person communicates with and relates to other people and how they experience the world around them.

For foster carers caring for an autistic child or young person, everyday life can be a real challenge. Autism affects how children and young people see, hear and feel the world around them, and individuals will need different types of support depending on how the condition affects them.

### **What Are the Most Common Signs of ASD in Children and young people**

While children and young people exhibit ASD in different ways, most autistic people share common behavioural traits. As a foster carer, understanding these traits could help you identify autistic behaviours in the child or young person you care for.

Behavioural traits which children and young people with autism may exhibit include:

#### **Social Communication**

Autistic children and young people can find it difficult to interpret both verbal and non-verbal communication, such as tone of voice, hand gestures, facial expressions, humour, and emotions. They may also struggle to communicate verbally or non-verbally. For this reason, autism specialists often suggest sign language or visual symbols as a way of communicating clearly with very young autistic children and young people.

## **Social Interaction**

Given the communication problems touched on above, many autistic children and young people and young people struggle to interact with others. They can easily misinterpret another person's feelings, meaning or intentions, and can appear insensitive. They may seek time alone and become 'overloaded' by social situations, or may talk at length about their own interests, dismissing customary forms of conversation and interaction.

## **Repetitive Behaviour and Routines**

Because autistic children and young people and young people can find new situations stressful and overwhelming, they sometimes enjoy a set daily routine. This helps them avoid unpredictable scenarios in which they can become confused and anxious. Even simple things like requesting the exact same breakfast every morning may indicate autistic traits.

## **Highly-Focused Interests**

Many autistic children and young people and young people develop highly-focused interests from a young age – examples might be music, drawing, animals, or a particular colour. Often, the interest may be unusual, and this can cause problems at school or make it difficult for them to make friends. As with repetitive behaviour, children and young people often become fixated on a particular subject because that's what makes them the happiest and most comfortable.

## **Over or Under Sensitive**

Autistic children and young people and young people may experience sensory sensitivity, in which they grow over or under-sensitive to taste, touch, sounds, light, colour or pain. The most common type of over-sensitivity is sound, in which background noises become overwhelming and difficult to block out.

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Whatever they become sensitive too, it's important to avoid this where possible as continued exposure can cause anxiety or, in some cases, physical pain. Some children and young people may wear ear defenders in certain situations for this reason.

**Sensory differences and processing** can affect children and young people and young people with hypersensitivity to all manner of things, such as light (and the type of light), the feel of certain textures (including grass, fabric, and foods) loud noise and some children and young people and young people can even exhibit high thresholds to pain.

**Unable to process what is being said** can be common and quite often children and young people fail to understand the subtle differences in the meaning of certain words and phrases.

Remember, children and young people exhibit autistic traits in many different ways, so it's important to make a note of any behaviour you find unusual and seek professional support from the child or young person's social worker, school, nursery or GP if you are concerned.

## **Attachment and autism**

Children and young people with one or both of these diagnoses; on the autism spectrum or attachment disorder may look similar, but there are definite differences in the way they are expressed in daily functioning.

When a child has experienced a very difficult early life and/or abuse or trauma, it can be hard to tell whether the child has attachment problems or is on the autism spectrum or both. The difficulties they show may appear very similar on the surface.

Children and young people with autism and their parents are, however, known to be at high risk of developing insecure attachment patterns. It is important to note that while attachment disorder is focused in childhood, autism is lifelong and occurs in adults as well as children and young people.



Note the similarities between attachment disorder (AD) and autism. Children and young people and young people with either diagnosis may experience:

- Difficulty with social skills (including use of language)
- Struggles with emotional regulation
- Stimming
- Need for routine
- Unusual eye contact
- May seem calmer when alone
- Avoiding affection
- Listless or sad appearance
- Self-esteem issues (not inherent to autism, but autistic children and young people are often treated as though they are worthless)

**However, there may be differences to note and discuss with the other professionals involved such as:**

**Look for the presence of traumatic events or dysfunctional relationships in the family.** AD is caused by childhood distress, such as separation from parents or changing caregivers. While autistic people can experience trauma, autism itself is not caused by trauma.

**Consider why the child has issues with food, if this is a concern.** Both autistic children and young people and those with AD may experience difficulties with food. The difference is in why: autistic children and young people may have trouble with the food itself, while children and young people with AD have issues with the social relationships involved in eating.

Consider repetitive language. Autistic children and young people may use repetition for reassurance, enjoyment, or scripting, while children and young people with AD mostly use it for reassurance.

Consider how they treat their favourite things. Autistic children and young people tend to be more careful with treasured items in general, while children and young people with AD may be more likely to lose or break them.

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**Watch how the child plays with toys.** Autistic children and young people are usually more solitary and organize their toys rather than creating storylines. Children and young people with AD will seek out others and play out a story. They may not play alone for very long.

**Consider if the child role-plays.** Autistic children and young people tend to struggle with taking on various roles. Some cannot, and others can take a reactive role if a loved one initiates the storyline. Children and young people with AD often prefer a certain type of role (e.g. playing the baby), often repetitively play out their past experiences with their preferred endings, and have trouble ending the role-play.

**Consider how the child distinguishes between fact and fiction.** Autistic children and young people tend to be inexperienced and literal in this area. Children and young people with AD often show exaggerated ideas.

**Consider how much the child pays attention to the other person's emotions and thoughts.** Autistic children and young people tend not to understand, while children and young people with AD tend to be hypervigilant and overly reactive.

**Look at other conversation skills.** Autistic children and young people and children and young people with AD are both unusual in conversation skills, usually in different ways including –

- **Eye contact:** Autistic children and young people often offer little to no eye contact or will stare. Children and young people with AD give varying eye contact based on their emotions.
- **Physical closeness:** Autistic children and young people do not know how close to stand to someone, and their physical distance does not mean anything. Children and young people with AD use physical distance as a tool to express emotions.
- **Vocabulary:** Autistic children and young people tend to have word-finding problems and may have a strong vocabulary. Children and young people with AD tend to have a poor vocabulary. Children and young people with AD often use more emotional language than autistic children and young people do.
- **Factual commentary:** Autistic children and young people recite information, often offering too much, because they do not know how much to say. Children and young people with AD do much less of this.



**Look at their emotional self-control.** Children and young people with both disabilities have trouble regulating their own emotions, and experience very strong feelings:

**Learning skills:** Autistic children and young people tend to learn coping tips better if they get an explanation of how to do it. Children and young people with AD learn better from modelling.

**Confusion:** Autistic children and young people tend to have trouble understanding their own and others' emotions (alexithymia).

**Outbursts:** Autistic "meltdowns" tend to have clearer causes, and are shorter than tantrums in children and young people with AD.

**Panic:** Autistic children and young people are more likely to panic over unexpected things such as changes in routine, whereas children and young people with AD are more likely to panic over worries about having their needs met (physical or emotional).

**Consider their memory and sense of time.** Both autism and AD involve dysfunction, and the child may have difficulties with their memory and sense of time:

- Autistic children and young people often have poor working memory, and excellent long-term memory. Children and young people with AD tend to fixate on certain events and have selective memory. They may be confused about what they remember.
- Autistic children and young people have trouble keeping track of time, needing clocks and disliking waiting because of the uncertainty it brings. Children and young people with AD are emotionally concerned; waiting may make them feel rejected or neglected.



**Recognize differences in duration.** With proper treatment and love, AD can be repaired. While autistic people can get support and learn skills, autism itself is lifelong.

## **Support Strategies for Foster Carers**

Caring for a child with autism can be challenging. There are, however, several recognised strategies that can help you provide the right help and support to your child – and we've touched on a couple of these below.

### **SPELL**

SPELL is the National Autistic Society's framework for responding positively to children and young people on the autism spectrum. It stands for Structure, Positive approaches and expectations, Empathy, Low arousal, and Links. Basically, SPELL emphasises the need to change our approach to autism, so that we can provide the right support, help, communication and interaction to everyone on the autism spectrum.

### **TEACCH**

Like SPELL, TEACCH is recognised by the National Autistic Society as one of the most positive strategies parents and carers can use when interacting with an autistic child. TEACCH stands for Teaching, Expanding, Appreciating, Collaborating, Co-operating and Holistic, and it prioritises building understanding around the 'culture of autism' and the use of visual structures to aid development, learning and communication.

### **Social Stories**

One of the newer coping strategies recommended by the National Autistic Society is the use of social stories, which aim to help autistic children and young people understand social situations through visual learning.

Social stories have proved extremely helpful in developing greater social understanding for autistic people, and families are encouraged to create their own comic strips and storyboards to help children and young people and young people develop their social skills.



## Tips for Foster Carers

### 1. Gather information

During the child's transition to your care gather as much information as you can from the people in their lives who know them well:

- Find out about their routines.
- What things are important to that particular child?
- What do you need to have in place or replicate?
- What are triggers for anxiety?
- What do you need to avoid?
- What are their dislikes?
- What is known to help the child feel safe, calm and secure?

Food may be very important to the child. For example, they may not eat anything red, they might like certain textures, or they may only eat strong flavoured foods – find out as much as you can!

You will need to consider all of their sensory needs:

- What is essential and what will overload them and cause anxiety?
- Do they have a sensory diet /daily activity plan?

### 2. Do not change too much too quickly

- Do not throw anything away that belongs to the child when they come into your care.
- Resist the urge to go out and buy loads of new things, it may be overloading for the child.
- Give your foster child or young person space. They will need time to adjust to this huge change to their life.
- Take a low-key approach and do not feel that you need to fill every moment of their time but do have some structure in place using your knowledge about them and what makes them feel safe and secure. You should put in boundaries straight away as it can be very challenging and confusing to move the goal posts later.

### **3. The right school**

This is a huge decision, especially if the child is moving from a different area into your care and needs to change schools.

- During the transition period, if you can visit the child's current school, then do so.
- Organise time to observe the child in class and time to speak directly with their teacher or anyone else involved in their education.
- Research your local Special Educational Needs (SEN) schools, go online to read their Ofsted Reports and visit them. Visiting them is important as some schools will not consider a referral if you haven't taken the time to visit them in the first instance.
- Ask what autism training their staff have. What is the school's experience of autism? Do they have capacity? Ask about the referral process. Ask as many questions as you can.
- Contact the child's social worker and virtual school head in the event of issues in relation to changing schools. All schools must have oversubscription criteria for each age group and the highest priority is usually given to looked after children ask to see the admission criteria.

### **4. Expect the unexpected**

Behaviours can change and be replaced with new behaviours. Anxieties can both increase and reduce. One part of the child's life may be running smoothly but the next week, something has changed for them. You may or may not know what has triggered this. Fostering any child, whether they are on the autistic spectrum disorder or not, will bring both its challenges and rewards. There is lots of support out there.

### **5. Join local support groups for autism**

You can search for these on the internet. Your local authority may have its own support groups and then there are organisations, that provide support to families, offer training and provide activities and events in a supportive environment. Lots of carers benefit from being part of a local support group. You may find a group local to you by visiting –

[www.nhs.uk/conditions/autism/support/](http://www.nhs.uk/conditions/autism/support/)





For further information on Caring for Disabled Children including finances and additional support please read Fosterline's Caring for Disabled Children and Young People Factsheet and see our useful links section.

Where children and young people received Disability Living Allowance many attractions and cinemas will allow the child or young person's carer free tickets / access. For cinemas carers of children and young people in receipt of DLA can get a CEA Card to receive a complimentary ticket to take someone to the cinema visit [www.ceacard.co.uk](http://www.ceacard.co.uk) to apply.

## Helpful Resources

There are lots of resources available online offering advice on how to provide help and support to children and young people with autism.

- National Autistic Society – [/www.autism.org.uk](http://www.autism.org.uk)
- Resources for Autism – [www.resourcesforautism.org.uk](http://www.resourcesforautism.org.uk) 020 8458 3259
- Child Autism UK – [www.childautism.org.unhs](http://www.childautism.org.unhs)
- NHS autism support groups hub – [www.nhs.uk/service-search/other-services/Autism-support-groups/LocationSearch/310](http://www.nhs.uk/service-search/other-services/Autism-support-groups/LocationSearch/310)
- Ambitious about Autism For autistic children and young people, their parents and carers. Call: 020 8815 5444 Website: [www.ambitiousaboutautism.org.uk](http://www.ambitiousaboutautism.org.uk)

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