



The  
Language **of**  
**Diagnosis**

Kerry Murphy

 [www.eyfs4me.com](http://www.eyfs4me.com)

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 @eyfs4me

Kerry Murphy



Early Childhood Specialist

Neurodiversity-  
**Affirming**

Play  
**Protagonist**

Child-  
**Led**

Anti  
**Bias**

# "I THINK HE HAS AUTISM"

## SPECULATING ABOUT DIAGNOSIS AND TERMINOLOGY

### Key Points

- When working with children with SEND, it can be easy to fall into the habit of speculating about their potential diagnosis without understanding the full picture. While this is quite a natural thing to do as we want to understand the child's needs, it can also become quite a harmful practice. Firstly, we are not qualified to diagnose children, and secondly, our speculations could be wrong.
- Many children will have emerging needs and differences. In the first instance, the best way to describe these needs is through the EYFS areas of learning and development (2021) and the 0-25 SEND Code of Practice broad areas of need;  
Communication & Interaction  
Cognition & Learning  
Physical and/or Sensory  
Social, Emotional and/or Mental Health
- As SEND support progresses, you may have transparent discussions about possible outcomes, but this should be in the context of trusting relationships with the parents. As the developmental profile of the child becomes clearer, you can be responsive to the possibility of a diagnosis and plan support.
- If diagnosis discussions are used to label children, be mindful that this could lead to negative labelling, and create a harmful perception of the child, for example, "He is naughty and runs around everywhere, he must have ADHD".



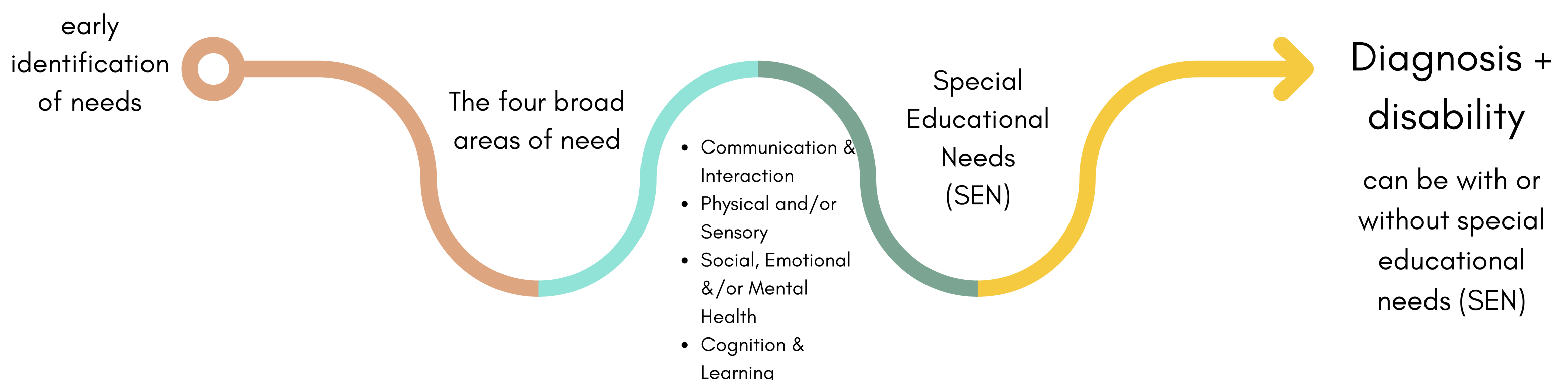
# "I THINK HE HAS AUTISM"

## SPECULATING ABOUT DIAGNOSIS

### Key Points

- A diagnosis is an identity marker of the child's development and learning and should be a signpost for knowing which supports the child may need. It is often viewed as the "answer" or solution but it is important to understand that diagnosis is usually a new beginning of learning about the child with more informed knowledge about their identity.
- Diagnosis is unfortunately not a guarantee of support and it is important to manage your own, and the parent's expectations.
- Special Educational Needs (SEN) is not a diagnosis. It is an identification of learning needs. It is not a fixed term, and many children will experience periods of SEN without a diagnosis ever being given.

### Diagnosis pathway



### Did you know?

The term "disorder" has been challenged by the neurodivergent and disabled community as being negative, and biased towards impairments. While many clinical labels for diagnosis include the term "disorder", for example, Attention Deficit Hyperactivity Disorder (ADHD), many people prefer the term condition, profile or neurotype, to name a few.

# Q&A

Q. What if the parent asks for my opinion?

A: The most important thing here is that the parent feels listened to, and heard. You can validate those concerns, and even agree, but that should ideally be initiated by the parent. You should also emphasise that it is the qualified specialists that will help the parent to find that answer with the support of you...the practitioner.

Q: What if the parents ask which services are best to refer to and this is a "give away" of what I think it could be?

A: It is important that we are transparent about the types of referral and potential outcomes, but we should explain that their child's needs must be explored by the appropriate professional. It is also important to emphasise that a diagnosis is an important signpost to the right support. Diagnosis is not a dirty word and is not negative, although it may sometimes feel this way.

Q: What is a specialist asks for our perspective?

A: A qualified specialist will ask for your perspective so that they can build a clear picture of the child's developmental profile. If it gets to this stage, you can be honest with your professional view to both the specialist and parent.

Q. What should I do if a Key person speculates and labels children?

A. Firstly, ensure that no harm has been caused by the practitioner doing this. But also view it as a learning opportunity, and speak to the Key person about their thinking and ideas. You can set supportive guidelines, and help the Key person to think about how they describe children.

Speaking with **parents about**  
**diagnosis**

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## Reframing negative terminology

Language "slip-ups" occur often in SEND & Inclusion. This is unavoidable and we have to normalise developing the way we frame language. Below are some common examples of language

What you might hear	What you should hear	Explanation
"Suffers from...."	"is neurodivergent..."	To say "suffering" suggests that the condition is a disease. It is not. It is a neurodevelopmental difference. We should not assume suffering within SEND.
"A person with Autism"	"Autistic person"	Many people prescribe to identity-first language because their SEND is part of their identity and cannot be cured. Always ask the persons preference.
"Disorder"	"Neurological Difference"	Disorder is negatively biased to suggest that developmental differences are wholly negative but for many types of SEND, there is a holistic set of positive traits and symptoms.
"Handicapped" "Mong" "Differently abled"	"Disabled"	Disability is a lived reality for many people and forms part of their identity. It is not considered a negative word, and so should be used and embraced.
"Aggressive"	"Distressed or unsettled"	SEND behaviours such as difficulties with self-regulation are often labelled as aggressive, but in most cases, the child is communicating distress and a need for help.
"High functioning Autism" "Low functioning Autism"	"Autism"	Functioning labels suggest that there are good and bad types of autism and create further discrimination. Autism is on a spectrum and each person presents uniquely.
"Severely Autistic"	"Autistic"	See above! Also consider how allistics (non-autistics) are usually the ones who define what is severe and what is not. This is not appropriate.
"Impaired"	"Learns differently..."	While many types of SEND can impact development, defining everything as impaired is incorrect. It is a difference of variation.

The purpose of this table is not the shame practitioners for using the language we commonly hear, but to think more intentionally about the messages our language can convey. It can make a huge difference to the mindset of others when we use empowering language to describe SEND.

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## Key Terms

Below are some key SEND & Inclusion terms

Term	Definition
Ableism	Discrimination in favour of able-bodied people.
Neurodiversity	Neurodiversity is the viewpoint that brain differences are normal, rather than deficits
Neurodivergent	A person whose neurotype (brain wiring) is divergent of the majority of society. This includes autism, ADHD, Dyslexia, Dyspraxia and others.
Neurotypical	A person whose neurotype is typical of the majority of society.
Masking	The conscious or unconscious act of suppressing SEND behaviours to "fit in" and can have a range of negative implications such as stress, trauma, burnout and and meltdowns.
Stimming	Any type of repetition using the different senses. They help a child to regulate, express emotion, communicate or do it for pleasure. Examples include hand-clapping, spinning, using fidgets
Identity first language	A way of recognising a person's neurodivergence as a core part of their identity, for example, an autistic person as opposed to a person with autism. This is an area of debate and often argued against despite repeated emphasis that it is the disabled communities preference.



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## Reflection questions

How familiar are you with this topic?

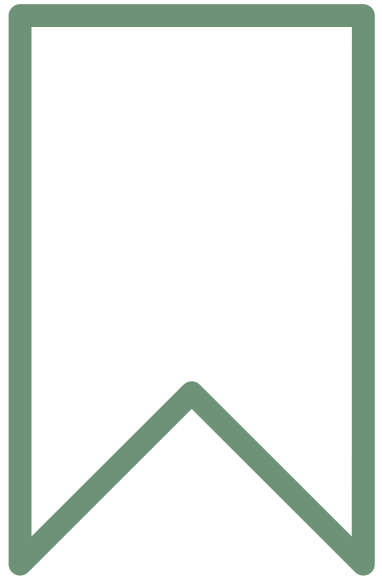
Have you had any experiences where language has been a challenge?

Are there any aspects you disagreed with or have alternative views from the ones shared here?

Share your thoughts @eyfs4me.com



## FURTHER SUPPORT



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