

Group Script – ECEY6006 Supporting Children with Additional Learning Needs

Codie: Good afternoon, as you are all aware we are meeting today to discuss the unique ways of supporting children with ALN. As a group we will be discussing different techniques for different abilities to ensure that our early year settings undertake the best protocols. The agenda for this meeting was emailed out to everyone yesterday, as you should all be aware of. Molly, would you like to begin?

Molly:

Introduction

The Additional learning need chosen to be discussed today is Autism. According to Liu, S (2019) Autistic Spectrum Disorder is a disorder that often is recognised in the child's early years development stages. Autism often effects the child's social communication, social skills and behaviours towards peers and authoritative figures. It is stated that 2 percent of children have been diagnosed with autism, and this is mostly common in boys over girls. According to the National Autistic Society Organisation (2025) this may be due to girls having to mask their autistic traits due to sexism and the stereotypical ideologies that girls have to behave 'appropriately'.

Identifying and diagnosing

According to the NHS (2022) there are multiple signs of autism in young children, however, not every child with autism will present these traits, equally children may present a sign or multiple signs of autism but not be on the autistic spectrum. Signs of autism in young children include, not responding to their name when being called, a lack of or no eye contact, not smiling back when they are smiled at, being exceptionally upset and dis regulated when hearing, smelling or tasting something that they dislike, making repetitive movements such as, flapping their hands and rocking their body back and forth and having a lack of language or no language at all. NHS (2022) also state that there is a significant difference in how girls

present autistic traits compared to how boys present autistic traits. Girls will often ‘mask’ their symptoms by copying their peers to be able to ‘fit in’ socially. They may also withdraw completely from situations that they feel uncomfortable in, in an attempt to hide their discomfort, this means that girls appear to be coping in these social situations making identifying their autistic traits harder to spot than boys, who tend to present the more typical traits. Duvall, S. *et al.* (2021) continues to explore the diagnosis process and its challenges by stating that autism is difficult to diagnose for multiple reasons. They state that, often, if the practitioner is not confident in whether the child is presenting with autistic traits, they will not explore the possibility of creating a referral for the child in an attempt to avoid uncomfortable conversations with parents and multi-agencies. In addition to this, it is said that the diagnosis process is long and difficult, meaning that often, parents and practitioners do not want to go through with it, especially if the child appears to be ‘coping’ in their educational setting. Diagnosing a child with possible autism can also be challenging because there are no definite symptoms. Many children with autism will present with a range of signs, however, equally may only show one sign. There are multiple screening methods to identify whether a child has autism. One of these screening methods includes the Screening Tool for Autism in Toddlers and Young children (STAT). The STAT is an interactive screening tool with the aim to differentiate children with autistic tendencies compared to other developmental disorders. An autism specialist performs the STAT to children aged 2 to 2 ½ with suspected autism. This method is designed for practitioners and multi-agencies such as speech and language specialists as it focuses on the child’s behaviours and characteristics towards play and interactions with peers and practitioners. The STAT takes about 20 minutes and focuses on how the child responds to different activities initiated by the specialist. The specialist will complete a form that states whether the child passed, failed or refused to take part in the activity. If the child refuses or fails multiple activities, they will be put forward for referral (Thabtah, F. And Peebles, D. 2019).

Barriers for Autism

A child with Autism Spectrum Disorder will face challenges and barriers through their life, whether this be in their social life or education. Gainsborough, J (2022) states that their research shows that there has been an increase in funding and research on the biological understandings of autism, yet a lack of funding and research for the diagnosis process, resources and intervention and support for autistic children, arguably, more important for the

development and success for children with suspected or diagnosed autism. This is supported by Gainsborough's further research that found that 2/3 of people with autistic family members, friends or caregivers of autistic children were disappointed with the lack of funding for autistic children's support and resources. Furthermore, Gainsborough, J (2022) discusses the barriers of the Double Empathy Problem. This problem is the lack of understanding that, while autistic children struggle to understand the workings of their own mind and behaviours – the reverse is also seen. It is seen that, non-autistic people struggle to understand the workings of an autistic child's mind. This causes challenges for autistic children to be able to access effective and understood intervention, due to mutual misunderstanding. Moreover, Brittany, J and Ausderau, K (2024) continues the discussion on the challenges that autistic children face throughout education, one challenge they discuss is the issues autistic children face with transitioning. Children make several transitions during their school day – one being mealtimes. It is said that early year's settings struggle to feed autistic children at mealtimes due to sensory issues and a lack of communication and verbal skills that prevents the child from telling their caregiver that they do not like the taste, smell or feel of the food they have been given. This struggle causes restricted diets and a negative relationship with food for the child which will affect their school day routine as the child's mood, focus and ability to self-regulate will decline. Furthermore, The Scope Organisation (no date) discusses the Social Model of Disability. This model states that people are disabled by barriers in society, not due to their disability, but due to social places not being accessible to disabled people. For example, crowded events not having private areas, and accessible toilets. Disabled people are also negatively effected by society's judgemental attitudes towards disabled people, which is that disabled people cannot do certain things or work certain jobs. This creates a 'glass ceiling' for disabled and disordered people and give them a lack of confidence and independence. Removing these barriers for disabled people will create freedom and equity and will give disabled people complete choice and control over the decisions they make day to day continued into adult life.

Support strategies

Children with autism require tailored intervention by an experienced practitioner during their early years in order to develop their social skills, independence and speech and language. Intervention should be based on the child's interests with an aim to engage the child and

make the therapy performed appear as fun and interesting (Cutting, A 2018). According to Birth to 5 Matters Organisation (no date) it is important that caregivers practise inclusive leadership whereby they treat every child as the same. This helps to build trusting and secure relationships between the child and their practitioner and a sense of belonging or the child. Furthermore, a setting that provides equity is important for the child to gain tailored and effective intervention as equity aims to achieve success for each individual by treating them differently based on their needs. There are many support strategies that aim to develop autistic children physically, emotionally and socially. One support strategy includes Lego therapy. Lego therapy aims to develop social skills to be able to increase the child's ability to be able to play naturally and create conversation with peers and in groups. It is important for children with autism to be encouraged to take turns, share, follow rules and engage in conversations by asking and answering questions (Brodie, C. And Mather, V 2017). Oxford Health NHS Foundation Trust (2020) continues the discussion on Lego therapy by stating that autistic children have been found to gravitate towards blocks and Lego. Therefore, effectively a therapy was created surrounding the use of Lego in the form of natural play. This helps to keep the child interested and engaged as they are having fun. According to Attention Autism (2025) children are more likely to engage with therapy methods if they are having fun while doing so. Oxford Health NHS Foundation Trust (2020) goes on to say that it is important that the children are not building their towers in silence. The adult should be encouraging conversations between the children with an aim to form friendships and meaningful conversations based on all of their interests. In contrast, according to Phytanza, D and Burhaein, E. (2019) aquatic play therapy is the most effective form of play led therapy for children with ASD because of its physical, social and emotional benefits. Aquatic therapy benefits the child physically, as being submerged in water at chest depth allows a compression of muscles and increases blood flow – this releases a sense of relaxation for the child. Emotionally, the child will feel a sense of freedom and are allowed to explore independently or with a group of peers. Children are encouraged use their imagination when playing in water. As well as this, water is an effective sensory tool that may help an autistic child face sensory issues they may have. For example, struggling with their clothes getting wet. However, Hassan, M and Khairuddin, K (2023) criticise the idea of aquatic play as they discuss the importance of independent play for children. They state that when autistic children are left to communicate and play with their peers independently, they are more likely to be themselves and engage in conversations with more confidence. During aquatic play, if

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children are submerged in water, it is imperative that they are under strict and close supervision, however, when playing in a classroom, the practitioner is able to give the children space while still giving responsible supervision.

Conclusion

To conclude, autism is a complex developmental disorder that affects children in a plethora of ways. Autism affects a child's social skills, speech and language and causes the child to make repetitive movements and phrases. Autism is often difficult to identify and diagnose because children can mask their symptoms by copying peers and withdrawing from uncomfortable situations, this is more common in girls. (Joon, P, Kumar, A and Parle, M 2021). A trusting and warm relationship between the early years setting, the child and the child's parents is imperative for a development for the child as they are surrounded by role models that encourage them to achieve highly (Garbacz, S, McIntyre, L and Santiago, R 2017).

Codie: From your research, what is the most effective support strategy that can be put into place for children with Autism?

Molly: from my research, I have discovered that there are many strategies that support an autistic child's individual needs. One of the main strategies that has been proven to be highly effective is Attention Autism. Attention Autism focuses on the children's attention skills and communication abilities by an adult performing and modelling visual-based activities in front of a group of children with the aim of encouraging spontaneous and natural conversations and interactions as a group, whether this be non-verbal or verbal. (Attention Autism 2025). In addition to this, according to Oxford Health NHS Foundation Trust (2020) attention skills are a fundamental skill when connecting and communication with other people in the child's social life. Additionally, children are more likely to join in and engage if they are having fun, which is a focus aim of Attention Autism.

Lauren: How can schools and parents best work with multi-agencies to give children with autism the most effective support?

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Molly: Within a school setting, there will be an ALNco (Additional Learning Needs Coordinator). The ALNco is responsible for finding appropriate support for children with additional learning needs as well as providing support for the teacher of the child so that they are able to create effective intervention for the child. The ALNco is also responsible for contacting multi-agencies such as speech and language therapists, autism specialists and educational psychologists (EP). It is important for the ALNco to form professional and detailed relationships with multi-agencies in order to create the most appropriate tailored support for each child to support their development (National Autism Society 2025). It is important for parents and schools to create informative relationships with their EP's as they are able to work with children, staff and families in 1-1 sessions to create intervention to support their physical, social, and emotional development. The EP has the aim to exceed and achieve the goals for these children using inclusive approaches which is important for a child with ALN as they often do not have tailored resources accessible to them. (Welsh Government 2016).

Katie:

Introduction – To introduce Down Syndrome, NHS (2023), CDC (2024) and Kids Health (2022) believe that Down Syndrome is a genetic condition in which an individual is born with extra chromosomes. Down Syndrome is presented by three different types, all having similar physical features and behaviour traits. Trisomy 21 is a type of Down Syndrome, presented in 95% of people with the condition. This type of condition is shown as each cell in the body having three separate copies of chromosome 21, whereas Translocation Down Syndrome has an extra part or a whole extra chromosome 21. However, this extra chromosome is “trans-located” to a different chromosome rather than being separate. Mosaic Down Syndrome is a rare type of Down Syndrome which is a combination of some cells having three copies of chromosome 21, whereas other cells having the typical two copies. Individuals with Mosaic Down Syndrome tend to have fewer features of the condition. Down Syndrome can affect how a baby's brain and body develop, forms and functions. Down Syndrome is associated with delay in a child's mental health and physical development, as well as increased risks of health problems.

Identifying and Diagnosing Down Syndrome - NHS (2024) suggests that Down Syndrome can be identified during pregnancy. Parents will be offered a screening test for Down Syndrome between ten and fourteen weeks of pregnancy. This will assess the chances of the baby having this condition. If the screening test shows that the baby has a high chance of

having Down Syndrome, the parents will be offered further testing to gain a confident and accurate result.

However, if parents opt out of having this screening test, Down Syndrome can also be diagnosed after the birth of the child. Down Syndrome is often based, initially, on physical signs including a flattened facial profile and nose, white spots on the coloured parts of the eye, and/or poor muscle tone. Intellectual development symptoms can also become apparent, these may involve a short attention span, impulsive behaviour or delayed language and speech development.

However, if these signs or symptoms are not prominent, health providers can take a blood sample from the baby to confirm the diagnosis. This blood sample will be analyzed to confirm the number of chromosomes in the baby's genes (National Institute of Child Health and Human Development, 2024).

Benefits - Fortunately, there are many benefits to children with the condition of Down Syndrome. Due to an early diagnosis, health problems gained can be managed well and has a variety of resources available for the children and families involved, from health practitioners and outside agencies such as Down's Syndrome Association, Down Syndrome UK and Mencap, these charities enable children and families to feel supported, listened to and united as they provide a sense of belonging (NHS, no date). Hauser-Cram, and Crossman (2014) begins by indicating that "parents of children with Down Syndrome experience less parenting stress and enjoy greater parenting rewards than children with other developmental disabilities", this could be suggested as often, children with Down Syndrome have a relaxed temperament, fewer problems in negative behaviours and tend to have more compliant response to others, are more cheerful, and have more positive personality traits.

According to Time4Learning (no date), self-paced learning, repetition and practice opportunities for children with Down Syndrome is impactful as the child begins to reinforce the aspects of learning. Children with Down Syndrome tend to engage and retain valuable information from visual techniques and interactive elements in active learning techniques, as well as differentiated tasks to work at a level that matches their individual needs and abilities.

Challenges and Barriers - Down Syndrome can affect children in a variety of ways. Boston Children's Hospital (2025) says that most children with Down Syndrome tend to meet developmental milestones later in life than other children, including the ability to walk and talk. Children with a type of Down Syndrome often have a moderate intellectual disability and may have challenges regarding attention span, verbal short-term memory and expressive communication.

Verbal short-term memory can be a challenge for children with Down Syndrome as according to dse (2025), due to a child's hearing difficulties, children with Down Syndrome have difficulty to accurately encode the information being presented to them. However, they

continue by suggesting that visual presentations did not improve the performance of verbal memory, this could also be due to the challenges of poor vision. However, dse (2025) disagrees by suggesting visual prompts increases the understanding of instruction to children with Down Syndrome. As the children can see an outline, learn and recognise pictures and illustrated words enables the child to repetitively learn the aspects and meaning behind the instruction or image.

Whereas, according to National Institute of Child Health and Human Development (2023), as children are born with the condition, other conditions may occur alongside, these can range from children experiencing visual problems such as cataract (clouding of the eye lens), hearing loss, blood disorders like leukaemia, epilepsy and celiac disease.

These conditions are commonly found in children with Down Syndrome, as well as additional health issues. As these challenges are presented, the impact on a child's life as a newborn and as they grow increases. As children experience developmental delays, learning disabilities and other health issues, children begin to tackle their day-to-day experiences and activities, these everyday tasks can become a challenge to a child with Down Syndrome as their developmental, physical and intellectual delay becomes apparent, these tasks may vary between walking, getting dressed or communicating effectively. Support from families, educators and outside agencies is vital as the child learns at their own pace and confidence grows within their understanding of the world around them (Sacks and Buckley 2003).

Inclusive Practice and Support Strategies - According to Er-rida, *et al.*, (2024a) and Down Syndrome UK (2024) Inclusive practices for children with Down Syndrome are vital as practitioners adapt their teaching methods and environments to meet every individual needs. Practitioners need to foster positive social interactions with both children and families as they ensure a sense of belonging is promoted through the child's experience within the early years setting. By implementing inclusive practice, a learning environment can help the achievements of children with Down Syndrome as they thrive to reach their full protentional, while also encountering an enriching educational experience.

Er-rida, *et al.*, (2024b) also suggests that, as early years practitioners support children with Down Syndrome, inclusive techniques, resources and areas should be produced to ensure all individual needs are met. Within the learning environment, addressing the unique learning needs of children with Down Syndrome can be achieved by practitioners who teach and adapt through inclusive practice techniques, this will ensure the best possible outcomes for the children will arise. For example, allowing children with the condition to learn at their own pace, are presented with visual aids, broken down tasks, multi-sensory learning and technology integration can be widely inclusive and allow different abilities to achieve their full potential. Technology integration can become an advantage into a child's life as technology is a visual learning style, as children find it a challenge to learn from just listening alone, listening and seeing sources enables children to develop a greater understanding. Technology also provides a child with Down Syndrome a non-verbal mode of response, the

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feeling of being in control, provides a self-paced learning and improves motivation (dse, 2025).

Often, children with Down Syndrome are encouraged more by practitioners celebrating their strengths and working as a team with peers. Working alongside peers with learning disabilities can be an advantage by the children effectively communicating together and building strong relationships, however, it is often noticed that children with Down Syndrome find it a challenge to communicate successfully due to their stubbornness and delay in speech and language development.

As an inclusive practitioner, ethical considerations and assessment should be considered throughout every activity as according to Down's Syndrome Association (2021), every learner who has Down Syndrome is unique. All individual's abilities differ across all aspects of social and cognitive development. In a result of this, practitioners within early years settings need to be skilled individuals who understand current skills, abilities, strengths and interests as they begin to teach children the next steps through engaging in learning tasks. Article 24 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, United Nations, 2006) identifies the relevance of the education of learners with Down Syndrome as professionals achieve inclusive education, lifelong learning and equal opportunities (United Nations, no date).

“Children with Down Syndrome have some level of learning disability, this means they may need help with daily life”, these activities and tasks can differ depending on the needs of the child. However, NHS (2025) and NHS (2023) suggests that set routines, singing songs, play, praise and grading activities can become supportive strategies for children with the condition. Grading activities supports the children as breaking down the instructions or steps enables the child to manage and understand effectively. This method of modifying how an activity is performed helps the children visual the details and allows them to achieve the activity at their highest standards (NHS, no date).

Conclusion – To conclude, Down Syndrome in children can have a variety of barriers and challenges to a child's life. However, Down Syndrome can be supported well with an early diagnosis to support and care for the individual child and their families. Inclusive practice is vital for children with this condition as developmental delays become heightened, but support and encouragement are greeted by and given to families, professionals and outside agencies as they help reach the full potential of the children.

Molly: From your information gained, what inclusive practice techniques works best with children with the condition of Down Syndrome?

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Katie: There are several inclusive practice techniques and strategies that have been suggested during my research on this subject, however, this answer does depend on the ability and individual needs of the individual child. Nevertheless, a couple of techniques that seemed to gain more effectiveness, according to Hughes (2006) are the access to the curriculum alongside peers, full inclusion in the curriculum helps the children to gain greater literacy and numeracy skills and general knowledge, however, as practitioners, it is important to differentiate the curricula activities based on the child's needs and abilities. Although Santa Clara County Office of Education (no date) suggests that the use of repetition, visual cues and creating a language rich environment enables the children to gain better understanding and confidence as they develop upon their speech and language skills, behaviour and social development and motor development. The support from practitioners within an early year's setting is vital as they promote positive traits and role modelling expectations.

Lauren: From your research, why is assessment so important when the child is in an early year setting?

Katie: According to Department for Education (2024) and Down's Syndrome Association (2022), assessments are vital within an early year practice when a child is present as identifying the needs of every individual child is key for practitioners to help, support and differentiate tasks and activities for the children within their care to reach their full potential. Assessments should consider the impact on the child when something affects their growth, development and physical or mental wellbeing. Assessments should commence and an evaluation should conclude with an action that can be taken by practitioners as they recognise gaps in learning or development. Practitioners are then able to act and implement techniques and resources to provide a stepping stone for the child to reach their full potential within their care.

Lauren: What is Dyslexia?

Dyslexia is a learning difficulty that affects one's reading and writing skills, which comes from difficulties in phonological processing, processing speeds and memory retention. However, it can also affect other areas of day-to-day life in areas like organisational skills, language skills and fine and gross motor co-ordination (The Rose Report, 2009). Dyslexia is also referred to as a neurological difference or neurodevelopmental disorder, which often appears in childhood, it will affect the individual for life and the severity can fluctuate dependent on each person (Rawe, 2024).

Furthermore, dyslexia can impact far more than one's education, Child Mind Institute (2025) suggest that dyslexia can affect a child emotionally and socially. Miller (No Date) discusses that children with dyslexia find it difficult to read and write, and in addition to that to find it difficult to communicate and socialise with others, which can impact how they feel about themselves. Miller (no Date) suggests that

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this can lead to children then having a low self-esteem and therefore meaning that the child could be wondering why they may find learning difficult when their peers do not. Child Mind Institute (2025) further add to this by discussing the importance of teachers recognising the difficulties with learning a child may have and ensuring they are supported instead of keeping a child back during playtime to complete a piece of work. This can lead to the child again lacking in self-esteem and no longer believing in themselves.

The cause of dyslexia has still not been made clear, but research suggests that genetics play a role in the cause of it and the way in which the brain processes information in regard to reading and writing (Cleveland Clinic, 2023). For those with Dyslexia it often comes across that they have a lack of motivation for learning, however, if the child is provided with the correct support and intervention that they will learn and develop successfully (International Dyslexia Association, 2025).

Research carried out by Kaplan *et al.*, (2003) suggests that around 52% of children that have dyslexia are likely to show features of dyspraxia also. Kaplan *et al.*, (2003) further suggests that it is rare for an individual to be affected by one learning difficulty and are more likely to have two or more simultaneously and the severity varying from mild to severe (Learning Disabilities, 2025).

History

The first documentation of dyslexia was in 1877, where it was known as ‘word blindness’, which was discovered by a German Physician Adolph Kussmaul, and officially named Dyslexia in 1883 by Rudolph Berlin (University of Oxford, 2025). It was initially believed that dyslexia was deficit in ones vision. However, upon research carried out by Rudolf Berlin showed that it was not a deficit of vision, but a physical difference in the brain (University of Oxford, 2025).

In 1968, dyslexia was given its first definition where it states that it is a disorder demonstrated by difficulty in learning to read where traditional teaching methods are carried out, adequate intelligence and experiences where children are encouraged to expand their learning (LDRFA, No Date).

The British Dyslexia Association (2021) states that Dyslexia is covered in the Equality Act 2010, section 6 and throughout the act it is outlined that schools should make any possible reasonable adjustments to ensure the children can carry out regular day-to-day activities.

It is estimated that around 1 in 10 children within the UK has some level of Dyslexia (NHS UK, 2025). Additionally, when percentages have been further assessed it is estimated that roughly 1.2million children in the UK are affected by Dyslexia, which totals to around 3 children per classroom that have difficulties in carrying out daily activities (Parliament UK, 2006).

Barriers of Dyslexia

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It is common for those affected by dyslexia to face daily challenges in areas such as reading, writing and spelling. However, if children are left unsupported it can cause further issues and lead to affected learning from a child to an adult. Lexxic (2024) suggest that those who have dyslexia may experience slow processing speeds of learning, this is where there is a slower process time of intake, analysis and response of given information or information read.

Williams (2022) suggest that this links to memory retention and suggests that those with dyslexia have difficulties in storing information in their temporary memory where multiple steps are involved to complete a task, this is known as the working memory. Additionally, difficulties in concentrating may also arise and lead to children being easily distracted or only capable in keeping on task for short periods of time, meaning that their education will be affected (Dyslexia Action, 2024).

Avoidance is a common technique that is used by children with dyslexia and is often used as a coping mechanism. Dyslexia Connect (2020) identify that children may use avoidance tactics so peers and teachers cannot see that they are struggling, and where the child may be put into a situation where they know they may fail. For example, during carpet time being asked to answer a question or give their own ideas. Dyslexia Connect (2020) further discuss that the child may use avoidance tactics such as disappearing from the classroom, telling jokes to their peers or looking for irrelevant resources to avoid having to take part in any form of learning. This could lead to there being some form of consequence as the child has not completed their work pre diagnosis, in the teacher expected time frame.

A significant barrier of dyslexia is the lack of funding within school, the lack of funding can not only affect the diagnosis time frame but also, the access to gaining a diagnosis, the support within schools and lastly, the training provided to teachers (Harding *et al.*, 2023). Research carried out by Harding *et al.*, (2023) suggests that when parents were questioned on the barriers their children face, it was identified that there were recommendations for improvement, some of which being enhanced teacher training for the recognition and support of dyslexia, early identification screening, access to specialist support within the schools and lastly, increased funding for providing more intervention resources and access to specialist resources.

Diagnosis

It is often that dyslexia in children goes misdiagnosed, this is as symptoms are not always obvious, and everyone portrays signs and symptoms in different ways. Furthermore, the way one portrays signs and symptoms of dyslexia can all be dependent on the environment the child is in and the expectations that are set within that environment (Helen Arkell Dyslexia Charity, 2025).

When it comes to gaining a dyslexia diagnosis it is important that the right steps are taken. Firstly, the parents must communicate their concerns with the class teacher, so arranging a meeting with the

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teacher and SENCO is a vital part of the process. From here, the teacher and SENCO should work together to adjust the child's learning, however, if the difficulty is to persist then the SENCO should make a referral. The referral can be requested and passed onto the local authority to be assessed by an education psychologist or if the setting has a member of staff that has the qualification and training to carry out the assessment it can be done within the school (NHS UK, 2022)

After the diagnosis has been confirmed, the school and parents of the child will receive information entailing the strengths and weaknesses of the child and from here, an action plan will be complied by the parents and teachers on how the child can be best supported throughout their time in education (NHS UK, 2022).

A dyslexia diagnosis can support a child when they progress through their education, this is as dyslexia is covered by the Equality Act 2010, and therefore any education institution or employer have a duty of care to ensure reasonable adjustments are in place to support individuals needs (Department of Education, 2014).

Rawe (2024) suggest that dyslexia runs in families, meaning that dyslexia could be a hereditary neurodevelopment disorder. Lasnick *et al* (2023) discusses previous research agrees with Rawe (2024) and suggest that children that have a family history of dyslexia diagnoses are more likely to be diagnosed with dyslexia themselves, furthermore, research suggests that 34-54% of children with a family history of dyslexia will likely show signs of dyslexia themselves.

Conclusion

Dyslexia is a lifelong learning difficulty that overall affects one's writing, reading and processing of information skills. Unfortunately, it is common for children to go undiagnosed for a long period of time and this is often due to barriers such as lack of teacher awareness and lack of funding within the school (Harding *et al.*, 2023). This can impact a child's social and emotional well-being and therefore, have a substantial impact on their lifelong learning (Miller, No Date). By gaining a dyslexia diagnosis can help provide the right support and legal protection under the Equality Act 2010, which can support them into adulthood (Department of Education, 2014). Overall, by ensuring that there are secure parent-teacher partnerships are in place to support children's learning and removing barriers to provide a dyslexic child with a safe environment to thrive.

Katie: How can families best support their child with their learning at home?

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Lauren: Dyslexia not only affects the child, but it also affects their family. Due to this reason, it is important that families liaise and develop a positive relationship with the teachers in the setting to best support the child in and out of school (Ried, 2017). Parenting a child with dyslexia can often be difficult and is therefore essential that parents have an in depth understanding of the child's needs and work closely to ensure that the needs of the child are being met both in school and at home (Williams, 2025). Furthermore, within the parent-teacher partnership there should be termly meetings to assess the support and progress of the child, ensure that resources are continually updated and adapted where needed, while making sure that the home and school learning environment is positive and nurturing that can support the child's confidence to grow and be successfully supported in their learning (Williams, 2025).

Molly: Are there any key neurological differences in the brain of individuals with dyslexia?

Lauren: Yes, research does suggest that through the use of MRI scans that an area of the brain called the occipito-temporal area does show up as disrupted. This area of the brain plays a vital role in word recognition and reading abilities. This research was carried out by Sally and Bennett Shaywitz (Yale Medicine Magazine, 2003). Additionally, research also suggests that through studies of medically donated brains it has allowed for further understanding of how dyslexia affects the development of the brain. Research carried out by Dr Gordon Shield (Schwab Learning, 2004) agrees with Sally and Bennett Shaywitz (Yale Medicine Magazine, 2003) and suggests that there are two other areas that are affected within the dyslexic brain, these areas being the cerebral cortex and the thalamus both showing significant differences in nerve cell arrangements and cells showing smaller than others (Schwab Learning, 2004). Vain (2025) further add to research by suggesting that during neuroimaging it identifies the differences in the activity on each hemisphere of the brain. Information indicates that someone with dyslexia during screening would show significantly reduced brain activity on the left hemisphere of the brain, more specifically in the areas that support reading development known as the occipito-temporal lobe. Vain (2025) again suggest that those with dyslexia of can show an increase in brain activity on the right hemisphere, and it is believed this happens to compensate for the decrease in brain activity on the left hemisphere.

Codie:

What is ADHD?

Behaviour analysis is used to identify the ADHD disorder. According to ADHD UK (no date), individuals with ADHD display a persistent pattern of hyperactivity-impulsivity and inattention that interferes with everyday functioning and growth. Attention-deficit/hyperactivity disorder is referred to as ADHD. ADHD is one of the most frequent mental illnesses affecting children. A child's daily functioning, relationships with others, academic and professional achievements, and many other aspects of their life are all impacted by ADHD, which is regarded as a chronic and severe illness (Harpin, 2005). Children with ADHD may have poor social skills and low self-esteem if they are not treated (Harpin et al., 2016). Additionally, the appearance of ADD and ADHD symptoms include impulsivity (hurried, unplanned actions), hyperactivity (excess movement that is inappropriate for the situation), and inattention (inability to maintain concentration), Psychiatry (2025). Furthermore, ADDA (2025) states that ADHD is frequently diagnosed in children. However, it happens more frequently than you might imagine that ADHD goes misdiagnosed until adulthood. Additionally, even though ADHD symptoms may lessen with age, some adults may still experience difficulties connected to ADHD.

Signs and Symptoms of ADHD in children in Early Years

A child's difficulties with hyperactivity, impulsivity, and inattention usually becomes more apparent as they start school. This is due to the fact that classroom tasks require a greater degree of concentration, self-control, and patience. The children might have had fewer issues at home or in playgroups because these requests are less common there, healthy children (2025). To break it down into more specific terms, hyperactivity is when a child has difficulty staying still; as practitioners, we often refer to this as being "always on the go." In addition, children who are hyperactive are frequently talkative and full of energy, although they also struggle to fall asleep and relax. Furthermore, the impulsivity, this means a child does not think before they do something, whether this is bad or good, the child does not understand the risks that their actions could cause, due to not thinking the action through before carrying it out. Another sign of this is that the children are always climbing, constantly trying to climb on anything in sight again this is due to them not understanding the risks of things. Moreover, children usually really struggle with

concentration. Due to their short attention spans, children with ADHD find it challenging to focus on the task at hand. Finally, inattention occurs when a child finds it difficult to follow directions again, regardless of whether they are given in a positive or negative way. This ties along with the concentration and short attention span as well. This may also have an impact on children's memory; it is common for children to forget things, which could affect their ability to remember what they have learnt. This can be explained by the ADHD Foundation (2022). These symptoms are how we as practitioners identify children with ADHD in the early years since the diagnosis of ADHD is so widely accepted. While each child is unique, children with ADHD will exhibit some of these symptoms, which helps us identify their needs.

Additional support strategies for children with ADHD

Clinical-partners (2022) state that, for children with ADHD to succeed academically and socially, they might need extra assistance in learning environments. Since ADHD is recognised as a special education need (SEN), children with this condition are entitled to additional support or accommodations. Each adjustment has to be suited to the individual requirements of the child. In addition to adjusting school schedules to keep children out of stressful situations, children can benefit from additional time spent in sensory rooms to help them manage their emotions. To help the child learn as much as possible about their environment, it is a good idea to involve them in routine. This can be backed up by Teach early years (2025) who state that children might benefit from routine, stability, and predictability in maintaining composure and self-control. Furthermore, they also explain that it is important to talk to the child directly when trying to get their attention, being sure to use their name so they know you are including them. To get their attention, you might occasionally need to use attention-grabbing strategies like blowing bubbles or wearing a funny hat. When a trustworthy adult frequently provides care, time, and attention, children with ADHD can be encouraged to focus properly. Employees should talk in brief, unambiguous words and, if at all possible, centre their discussions around the child's interests and passions. Expressing interest in them is a powerful incentive, and making sure other children know you like them and enjoy hanging out with them can also be beneficial, Burden, J (2017). Having a "now and next" schedule is

another trustworthy support method that is great for the early years; based on my own experiences, these truly do make a big impact. This visual timetable is simple to navigate with the child because it only has two photos that indicate what is expected of them at this moment. Once they have satisfied those expectations, they can go on to the next picture. By giving them a clear knowledge of what will happen during the day, this is an effortlessly engaging way to provide these children with additional help. ADHD in children support (2021) can support this by explaining that with only two lessons displayed, a little, personalised "now and then" chart might be placed next to them so they can see what is asked of them, such as snack time and phonics. Getting the child to put together the next image and stick these to their chart truly engages them. An ADHD Behaviour Chart can be a useful tool to assist children with ADHD keep focused and on course. This chart, which was made especially for children with ADHD, provides a graphic representation of their behaviour and development. You can successfully illustrate the benefits of excellent behaviour with a chart. Behaviour charts have been found to be particularly useful for neurodivergent children, providing ways to improve task completion, developing emotional control, and boosting self-esteem. When used regularly, they offer structure that helps children realise their full potential in both the home and the classroom, this can be supported by Get Goally (2025) who declares that an ADHD behaviour chart can be a useful tool to assist children with ADHD and to keep them focused and on track. This chart, which was made especially for children with ADHD, provides a graphic representation of their behaviour and development. You can successfully illustrate the benefits of excellent behaviour with a chart. Behaviour charts have been found to be particularly useful for neurodivergent children, providing ways to improve task completion, developing emotional control, and boosting self-esteem. When used regularly, they offer structure that helps children realise their full potential in both the home and the classroom.

Impacts and barriers of children and families with ADHD

According to Kids Health (2020), ADHD can impact a student's capacity for concentration, focus, listening, and effort in the classroom. Additionally, a student with ADHD may become restless, fidgety, talk excessively, or disrupt the class frequently. Children with ADHD may also struggle academically due

to their learning impairments. Children with ADHD are unable to handle criticism and can become aggressive and stubborn since they are frequently in trouble. They may eventually give up on education as a result of this, which might harm their entire outlook on learning and school. Demonstrating that education continues to support them is important for these children as abandoning education would really affect them throughout the rest of their life, ADHD foundation (2018). Each child with ADHD is unique. An individual's symptoms of ADHD may differ from those of another. The best way to develop a suitable provision is to identify and highlight strengths, positive attributes, difficulties, and opportunities. Children might not be aware of their masking, defence strategies, or actions. It can be quite empowering to help people understand themselves in a sensitive way, Learn together (2025). Having a condition like this is difficult for everyone involved, and it has a significant effect on the children's family in addition to the children. Harley Street (no date) explains this by stating that children with ADHD have a distinct set of difficulties. ADHD symptoms can interfere with social connections, interfere with academic success, and disturb eating habits. Parents may feel a variety of emotions as their children with ADHD try to overcome these obstacles, ranging from annoyance and worry to a sense of helpfulness. The quality of the parent-child connection may be impacted by these feelings, which may cause stress and, in certain situations, conflict. Parents with children that have ADHD may experience tension, frustration, or disrespect. What other people think of their child's behaviour can humiliate parents. They could question whether their actions contributed to it. However, the ability to regulate behaviour, activity, and attention is not innate in children with ADHD, Kidshealth (2025). There have to be resources available to you as a parent of a child with ADHD. In order to provide your child the best chance for success in life—both academically and personally—this support may be essential. Through local in-person or virtual communities, support groups can help you meet other parents of children with ADHD. People who are aware of the particular difficulties of raising a child with ADHD can offer you emotional support, advice, and experiences, ADHD adult (no date).

Diagnosing ADHD

Teachers are most likely to be the first to recommend an additional diagnosis for children, according to the National Institutes of Health (no date), The Swansea Bay University Health Board (2025) has announced that the current waiting period (in weeks) for children referred for an assessment for ADHD is 113 weeks. Additionally, according to NHS (2025), an evaluation will involve one or more ADHD specialists, such as a paediatrician or a psychiatrist who specialises in treating children. In order to learn more about any symptoms and family life, the specialist will speak with you and the child. Additionally, they will enquire about your child's growth, including when they learnt to walk or read. Forms may need to be completed as part of the assessment or prior to the appointment. The specialist will explain what an ADHD diagnosis implies for the child and what to do next, including any available support and treatment options. The lengthy wait times that patients and their families must endure in order to receive a diagnosis of ADHD are among the biggest obstacles. It may take months to get an appointment with a professional, and in the meanwhile, people may still experience the symptoms of ADHD. Healthcare professionals may occasionally need to give the evaluation of severe cases of ADHD priority due to the high demand for these tests. Less serious cases may be deprioritized as a result, leaving patients without an official diagnosis or course of therapy, Think ADHD (no date).

Katie: From your recent research, how may ADHD symptoms present differently in females compared to males?

Codie:

According to my research, males are more prone to show impulsive and hyperactive symptoms, whereas women typically exhibit inattentive symptoms. According to Very Well Health (2023), women often develop coping mechanisms and beneficial adaptive behaviours that conceal their symptoms. In addition, boys are more prone than girls to exhibit symptoms of disruptive behaviour disorders, which frequently leads to an earlier diagnosis. However, girls tend to exhibit more absorbing symptoms, which may cause their ADHD to go unnoticed. According to Berkeley doctors (2024), these symptoms could

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include things like frequent daydreaming, organising issues, or being easily distracted.

Lauren: How can diet and nutrition impact ADHD symptoms in children?

Codie:

According to the Child Mind Institute (2025), studies have shown that eating wholesome meals improves brain function and that skipping meals impairs our ability to think effectively. However, there isn't any definitive proof that sugar or other foods have an impact on ADHD symptoms. Furthermore, the NHS states that a healthy diet is critical to your child's growth. A balanced diet is built around five food groups. Carbohydrates, fats, sugars, fruits, vegetables, protein, and dairy products are the five food groups. However, diet is neither a cause nor a cure for ADHD. However, your child's behaviour may vary if their diet changes.

In summary, ADHD is a condition that typically develops in children. It is defined by difficulties with impulsivity, hyperactivity, and inattention, which can interfere with day-to-day functioning and impact relationships, employment, and education. Although there is no known cure, but it can be controlled with medicine, counselling, or a combination of the two, which can help people become more focused and less impulsive.

Codie:

To conclude this meeting, I would like to thank you all for attending this afternoon, and I hope we have all listened and learnt from each other moving forward.

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