

Introduction

This poster will critically evaluate and explore how Autism Spectrum Disorder [hereafter ASD] is identified and diagnosed, as well as discuss two key barriers to learning, and one appropriate strategy to support children. ASD is recognised as an Additional Learning Need [hereafter ALN] and is a lifelong condition that affects how children communicate and engage with others and their environment (Swansea Council, 2024). Mencap (no date) states that autism is a spectrum disorder, meaning that it can affect people differently and that their experiences can be unique. Autism affects more than 1 in 100 people, across all different ages, genders or ethnic backgrounds, meaning that approximately 700,000 individuals in the United Kingdom have autism. However, the actual number may be larger due to not everyone having a formal diagnosis.

Identify and diagnosis

The National Institute of Child Health and Human Development (2021) suggests that early diagnosis of ASD can have positive long-term effects on a child’s overall development. Children with ASD who receive early intervention and support are more likely to make progress in developmental areas such as communication, behaviour and social interaction. Signs of ASD are often first noticed by parents, carers, practitioners, or health professionals (National Autistic Society, no date). Children with ASD may display a range of signs and characteristics, however these can vary between individuals.

Common signs of ASD

- Difficulties with communication and social interaction
- Avoiding eye contact or struggling to understand emotions
- Feeling overwhelmed in busy or unfamiliar social situations
- Preference for routines and familiarity
- Repetitive behaviours or a strong interest in a topic or activity (Swansea Council, 2024)

Before a child can receive an ASD diagnosis, a referral must be made either by parents or teachers, health visitors, or healthcare professionals, with parental consent (Welsh Government, 2020). Following the referral, the child is assessed by a multidisciplinary team, including paediatricians, psychologists, and speech and language therapists. These professionals use diagnostic criteria from the DSM-5 and ICD-11, in line with the National Institute for Health and Care Excellence [hereafter NICE] guidance, when gathering information and assessing the child’s communication, behaviour, social interaction, and developmental history at both home and educational settings. Following the assessment, families are informed of the outcome and provided with a written report explaining whether the child meets the criteria for ASD and information on support available. A diagnosis of ASD can sometimes be delayed because the signs and characteristics shown by a child may be subtle or harder to recognise (Mencap, no date). The NHS (2022) also highlights that this may be more common in girls, as they are more likely to mask autistic traits, which makes ASD more difficult to identify.



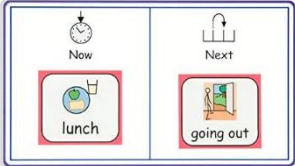
(Autism 360, no date)

Barriers

Although diagnosis is important in helping children access support, autistic children can still experience barriers that may affect their learning and development in educational settings. The medical and social models of disability help explain autism in different ways. The medical model views autism as a condition within the individual and focuses on difficulties or impairments that may affect daily life (Devon County Council, no date). In contrast, the social model suggests that autistic individuals are more affected by barriers in society rather than the condition itself and focuses on removing these barriers to promote inclusion and independence (Disability Nottinghamshire, no date). One key barrier to ASD is communication and social interaction. Non-verbal communication can be challenging for autistic children to understand. This may include recognising facial expressions, eye contact, tone of voice, and understanding body language. This can make it harder to understand others’ thoughts and feelings and may affect friendships, group work, and social participation (NHS, 2023). Another barrier for children with ASD is sensory processing difficulties. This refers to how the brain interprets sensory information such as sight, sound, touch, smell and taste. Autistic children may be over or under sensitive to these senses, meaning that environments such as classrooms can sometimes feel overwhelming. This may affect concentration, emotional regulation, and engagement in learning. Some children may use repetitive movements, for example, fidgeting or jumping, to manage sensory input, which can sometimes be misunderstood in school (National Autistic Society, no date; Child Mind Institute, 2025). Overall, these barriers can impact children’s ability to fully access learning and participate in school life without appropriate support.

Strategy

Visual supports are a strategy used in educational settings to support autistic children with communication, understanding routines and accessing their learning. They are most effective when used consistently at home and in school (Autism Toolbox, no date). Main types of visual supports include visual timetables (showing the structure of the day), now and next boards (showing current and upcoming activities), and picture or symbol cards, which support communication and understanding. Pictures are often real images for routines, whereas symbols are simple drawings used to represent actions/feelings. These visual supports can make information clearer and easier for autistic children to understand compared to spoken instructions alone. They also help children understand what will happen next and what is expected of them. Visual supports are not used to control behaviour but are there to provide an alternative way of understanding information, which can support independence, confidence, and participation in learning (West Sussex County Council, 2021). It is important to remember that autism presents differently in every individual, so visual supports should always be personalised and adapted to meet each child’s needs (East Sussex Healthcare, 2021).



(ESHT, 2021)

Conclusion

In conclusion, early identification and diagnosis of ASD are important in helping children access the support needed to enhance their learning and development. However, autistic children may still experience barriers within educational settings, especially in relation to communication, social interaction, and sensory processing. Strategies such as visual supports can help reduce these barriers by improving understanding, independence, and participation in learning. As ALN and autism diagnoses are becoming increasingly recognised within society, it is important that children are provided with the appropriate support and opportunities to help them thrive, build confidence, and live positive and independent lives.