

Introduction to ASD

Many individuals still refer to ASD by its original title, autism. Cleveland Clinic, (2020) and Sharma, Gonda and Tarazi, (2018) describes autism spectrum disorder (ASD) as a neurodevelopmental illness that is usually identified in Early childhood. However, some individuals may not be diagnosed till later in life. Since ASD is a continuum, some people with the disorder may present mildly and lead independent lives, while others may have more severe difficulties that call for ongoing care and support. (Brainwave N.D). Zacky 2017 and Gehret 2020, states there are five different types of AS disorders including Aspergers syndrome. Previously Aspergers syndrome was not recognised as an Autism even though it is a developmental disorder. However, Autism speaks (2021), suggests that although there are many different AS disorder's they effect each person differently, and there are distinct sets and challenges for each person with these disorders. Loomes, Hull and Mandy, 2017 points out that ASD is more significant in boys than there is in girls.

Strategy

For children with autism spectrum disorder (ASD), visual aids are essential to their education and development. These tools, which support the clear and organised communication of information, can include images, charts, films, and other graphical representations (Taurozzi, 2016). Visuals are very crucial for children with ASD for a number of reasons. Kidder and McDonald (2015), defines visual aids as crucial ques that give information about a child's daily activities, routine, or expectations. By creating consistency and organisation in their daily activities, visual aids are characterised as a visual intervention that improves the autonomy of children with ASD (Wong *et al.* 2015). Curtin and Long (N.D), tells us that based on the literature review and the research study's findings, it is clear that visual timetables are thought to be an effective intervention for children with ASD. However, there are also known disadvantages and limitations of utilising visual plans in the classroom. Two main obstacles were the shortage of professional development opportunities for educators and the time, money, and consistency required to create and implement visual schedules.

Diagnosis

Brentani et al., (2013) tells us that an early diagnosis of Autism Spectrum Disorder (ASD) is crucial for several reasons, primarily for early intervention and support. Understanding Autism Spectrum Disorder (ASD) enables individuals and their families to obtain suitable resources, therapies, and accommodations, which can greatly enhance their overall quality of life. A diagnosis also helps people with ASD negotiate their own strengths and problems and gain a deeper understanding of who they are. However, Fernal, (2013) points out that for many people with an early diagnosis of autism, there is little evidence that any of the various "early intervention" programmes can alter the long-term natural outcome. A thorough assessment procedure that considers a number of variables, such as developmental history, behavioural observations, and standardised tests, is required to diagnose ASD. Welsh. Gov, (2021) tells us that determining that a person may need an autism diagnosis, a sequence of events or steps is known as an autism referral pathway. In education Torfaen (N.D) describes a personal centered plan (PCP) as a set of methods and instruments built around a common set of values that can be used to plan with, as opposed to for, children and young people. In education a PCP is usually called before the process begins for a Nero-developmental (ND) referral. Advice and information, (2023) suggests that following on from the evaluation on the referral the child's family and the ALNCO of the school will have a meeting with the team to discuss the child's disorder and the plans going forward for the child. Innovations, (2022) states that Seeking support is the first thing to do after receiving an official diagnosis of autism for your child. The type of therapy your child receives will depend on their age.

Conclusion

In conclusion, the exploration of Autism spectrum disorder (ASD) reveals a complex environment encompassing diagnosis, interventions, and barriers. As we explore into the complexities of ASD, it becomes apparent that early diagnosis is pivotal for timely intervention and support. Understanding the difficulties of ASD empowers families and educators to provide tailored resources and therapies that can significantly improve the quality of life for individuals with ASD. However, despite the importance of early intervention, it's crucial to acknowledge the limitations of current intervention programs and the challenges in altering long-term outcomes. In navigating the complexities of ASD, it's priority to adopt a holistic approach that addresses diagnosis, intervention strategies, and social barriers. By fostering understanding, providing targeted support, and promoting inclusivity, we can create a more supportive environment for individuals with ASD, enabling them to thrive and reach their full potential.

One significant barrier they have is social cue interpretation and understanding. Social cues like body language, tone of speech, and facial expressions inhibits their ability to comprehend social situations accurately. Foundation (2023). Children with ASD could also engage in repeated behaviours that make it difficult for them to have equal discussions. Furthermore, practitioners may experience issues in the classroom due to verbal outbursts and resistant behaviour displayed by children with ASD, and their typical peers may react negatively as well (Mody and Belliveau, 2013). This can make it difficult for children with ASD to make friendships. children with ASD may experience challenges in developing friendships due to poor social interaction skills fundamental in the disorder, highlighting another barrier to social integration (Daugherty, 2018). This can make the child feel alone and sometimes anxious. Jaffell (2022) states that children with ASD in education has increased over the last few years and that practitioners need to adapt to meet the needs of each individual child. Even though the new curriculum for Wales states that they want all practitioners to see each child as unique this is not happening. Boyle et al (2022) states that research has repeatedly demonstrated that inadequate professional development stops interventions for children with ASD from being implemented successfully in general education settings. Parents can also be a potential barrier for children with ASD even though they play a crucial role in the child's development. Being a parent to a child with ASD can be a very stressful and tiring Boshoff et al, (2016). Some parents do not understand the social challenges that their child could gain having ASD and without appreciating their child's needs and abilities this could cause upset and frustration for both parents and child. Galpin et al, (2017) states that families of children with ASD experience elevated levels of stress and that there is insufficient evidence to tell us that the support they receive is beneficial to their lives. Providing complete care for this complex neurobehavioral and developmental illness poses significant barriers for support professionals.

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INTRODUCTION

This evening, I will be discussing with you the additional learning need autism spectrum disorder also known as ASD. I have chosen this ALN to discuss as recently I have received Autism awareness training due to a child I work with being diagnosed with this disorder and as Autism Wales (N.D), suggests this will give me a better understanding of the diagnosis. Mencap (N.D) claims that Similar to a learning handicap, autism is a permanent condition. Many individuals still refer to ASD by its original title, autism. Cleveland Clinic, (2020) and Sharma, Gonda and Tarazi, (2018) describes autism spectrum disorder (ASD) as a neurodevelopmental illness that is usually identified in Early childhood. However, some individuals may not be diagnosed till later in life. Since ASD is a continuum, some people with the disorder may present mild symptoms and lead independent lives, while others may have more severe difficulties that call for ongoing care and support. (Brainwave N.D).

Zacky 2017 and Gehret 2020, states there are five different types of AS disorders including Aspergers syndrome. Previously Aspergers syndrome was not recognised as an Autism even though it is a developmental disorder. However, Autism speaks (2021), suggests that although there are many different AS disorder's they effect each person differently, and there are distinct sets and challenges for each person with these disorders. Loomes, Hull and Mandy, 2017 points out that ASD is more significant in boys than there is in girls. Zeliadt, 2018 states that diagnostic bias is one issue that may be significant: many studies indicate that girls are diagnosed with autism later in life than boys, implying that it is more difficult to identify the disorder in females. Identifying and diagnosing ASD poses various challenges, yet it also offers significant benefits. However, these come with potential barriers, which, if not addressed, can have a profound impact on affected individuals, especially children.

STRATEGY

For children with autism spectrum disorder (ASD), visual aids are essential to their education and development. These tools, which support the clear and organised communication of information, can include images, charts, films, and other graphic representations (Taurozzi, 2016). Visuals are very crucial for children with ASD for a number of reasons. Kidder and McDonald (2015), defines visual aids as crucial ques that give information about a child's daily activities, routine, or expectations. By creating consistency and organisation in their daily activities, visual aids are characterised as a visual intervention that improves the independence of children with ASD (Wong *et al.* 2015). Curtin and Long (N.D), tells us that based on the literature review and the research study's findings, it is clear that visual timetables are thought to be an effective intervention for children with ASD. However,there are also known disadvantages and limitations of utilising visual plans in the classroom. Two main obstacles are the shortage of professional development opportunities for educators and the time and consistency required to create and implement visual schedules.

Diagnosis

Brentani et al., (2013) tells us that an early diagnosis of Autism Spectrum Disorder (ASD) is crucial for several reasons, primarily for early intervention and support. Koegel et al., (2013) agrees that early intervention should be recognised. Understanding Autism Spectrum Disorder (ASD) enables children and their families to obtain suitable resources, therapies, which can greatly enhance their overall quality of life. A diagnosis also helps children with ASD negotiate their own strengths and problems and gain a deeper understanding of who they are. However, Fernal, (2013) points out that for many children with an early diagnosis of autism, there is little evidence that any of the various "early intervention" programmes can alter the long-term natural outcome.

A thorough assessment procedure that considers a number of variables, such as developmental history, behavioural observations, and standardised tests, is required to diagnose ASD. Welsh. Gov, (2021) tells us that if a child requires an autism diagnosis, a sequence of events or steps that need to be carried out is known as an autism referral pathway. NICE best practice guidelines serve as the foundation for national referral routes. The purpose of these is to guarantee that the child is viewed by the appropriate individuals at the appropriate moment.

Cardiff and Vale University health board N.D states A child must exhibit severe issues within social interaction and communication, as well as confined and repetitive behaviours, hobbies, or activities, in order to be diagnosed with ASD. In education Torfaen (N.D) describes a personal centered plan (PCP) as a set of methods and instruments built around a common set of values that can be used to plan with, as opposed to for, children and young people. In education a PCP is usually called before the process begins for a Neuro-developmental (ND) referral. Even though teaching Practitioners can refer they cannot determine whether a child has ASD or not. When the PCP is complete then the referral can be made to the ND team. Autism Wales (N.D) states that all referrals made by practitioners must have parental consent. Live (2016), tells us that once a referral has been made it will go through a number of checks when it is received to make sure there is enough data for it to be processed. Advice and information, (2023) suggests that following on from the evaluation on the referral the child's family and the ALNCO of the school will have a meeting with the team to discuss the child's disorder and the plans going forward for the child. Innovations, (2022) states that Seeking professional support is the first thing to do after receiving an official diagnosis of autism for your child. The type of therapy the child receives will depend on their age.

Barriers

Considered through an understanding of the social model of disability, children diagnosed with autism spectrum disorder (ASD) frequently experience complex social barriers in an inclusive setting (Allen and Yau, 2019). One significant barrier they have is social cue interpretation and understanding. Social cues like body language, tone of speech, and facial expressions inhibits their ability to comprehend social situations accurately. Foundation (2023). Children with ASD could also engage in repeated behaviours that make it difficult for them to have equal discussions. Furthermore, practitioners may experience issues in the classroom due to verbal outbursts and resistant behaviour displayed by children with ASD, and their typical peers may react negatively as well (Mody and Belliveau, 2013). This can make it difficult for children with ASD to make friendships.

children with ASD may experience challenges in developing friendships due to poor social interaction skills fundamental in the disorder, highlighting another barrier to social integration (Daughrity, 2018). This can make the child feel alone and sometimes anxious. Jaffell (2022) states that children with ASD in education has increased over the last few years and that practitioners need to adapt to meet the needs of each individual child. Even though the new curriculum for Wales states that they want all practitioners to see each child as unique this is not happening. Boyle et al (2022) states that research has repeatedly demonstrated that inadequate professional development stops interventions for children with ASD from being implemented successfully in general education settings. Hasson et al (2022) points out that after lots of research it is believed that all the evidence pointed to a severe lack of educational assistance for schools and a mainstream education system that was inadequately resourced and poorly planned to enable the inclusion of children with ASD.

Parents can also be a potential barrier for children with ASD even though they play a crucial role in the child's development. Being a parent to a child with ASD can be a very stressful and tiring Boshoff et al, (2016). Some parents do not understand the social challenges that their child could gain having ASD and without appreciating their child's needs and abilities this could cause upset and frustration for both parents and child. Galpin et al, (2017) states that families of children with ASD experience elevated levels of stress and that there is insufficient evidence to tell us that the support they receive is beneficial to their lives. Providing complete care for this complex neurobehavioral and developmental illness poses significant barriers for support professionals. Although current research does not fully explain why this problem persists, parents of children with ASD report lower levels of satisfaction with their care, and their children are at considerably higher risk of having unmet healthcare needs Russell and McCloskey, (2016). Although there are many types of professionals to support ASD there is a slow process in order to receive the correct support.

Conclusion

In conclusion, the exploration of Autism spectrum disorder (ASD) reveals a complex environment encompassing diagnosis, interventions, and barriers. As we explore into the complexities of ASD, it becomes apparent that early diagnosis is pivotal for timely intervention and support. Understanding the difficulties of ASD empowers families and educators to provide tailored resources and therapies that can significantly improve the quality of life for individuals with ASD. However, despite the importance of early intervention, it's crucial to acknowledge the limitations of current intervention programs and the challenges in altering long-term outcomes. In navigating the complexities of ASD, it's priority to adopt a holistic approach that addresses diagnosis, intervention strategies, and social barriers. By fostering understanding, providing targeted support, and promoting inclusivity, we can create a more supportive environment for individuals with ASD, enabling them to thrive and reach their full potential. I have enjoyed discussing this with you today and have learnt so much more about the disorder that I can take into my practice. Thank you for listening have you got any questions?