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Hello everyone, my name is Anna, and today I'll be presenting my poster on autism spectrum disorder, or ASD. Autism is understood as a lifelong neurodevelopmental condition that affects communication, social interaction, and behaviour, as described in APA, 2013. In the UK, around one to two percent of the population are autistic (NHS, 2024), and awareness has grown significantly in recent years. Research such as Loomes et al., 2017 has helped highlight how autism can present differently across gender, ethnicity, and socio-economic groups, which is important when thinking about identification and support.

In the UK and Wales, policy frameworks like the SEND Code of Practice (DfE, 2015) and the Autism Code of Practice (Welsh Government, 2021) emphasise early identification, inclusive education, and multi-agency collaboration. These frameworks shape how practitioners, schools, and services work together. My presentation will explore how autism is identified and diagnosed, the barriers autistic children face, and the support strategies that can help them thrive in educational settings.

Early identification is crucial because it allows children to access support sooner. Some of the early signs practitioners might notice include delayed speech, limited eye contact, and repetitive behaviours. Screening tools such as the M-CHAT and the SCQ are commonly used in early years settings, and these are recommended in NICE, 2021. Teachers and early years practitioners often play a key role here, as they are usually the first to observe developmental differences. This is supported by Castro-Kemp et al., 2025, who highlight the importance of practitioner awareness and communication with families.

Formal diagnosis is guided by the DSM-5 criteria (APA, 2013), which focus on persistent differences in social communication and restricted or repetitive behaviours. In the UK, NICE (2021) recommends that diagnosis should be carried out by a multidisciplinary team, including paediatricians, psychologists, and speech and language therapists. In Wales, a national assessment pathway introduced by Autism Wales, 2025 aims for a 26 week waiting time from referral to first appointment, although this target is not always met.

Despite these frameworks, diagnosis remains complex. Girls and minority ethnic children are often underdiagnosed because their presentations can be more subtle or masked, something highlighted by Loomes et al., 2017. Long waiting lists across the UK also delay access to support, which is a major issue raised by the National Autistic Society, 2024. There is also ongoing debate about how autism should be understood. The neurodiversity paradigm, discussed by Singer, 2017, encourages us

to recognise autistic strengths such as attention to detail and innovative problem solving alongside challenges. This perspective is becoming increasingly influential in UK education.

Autistic children face a range of barriers that can affect their learning and wellbeing. In mainstream schools, sensory overload is a common challenge. Noise, lighting, and crowded classrooms can make it difficult for autistic pupils to concentrate or feel comfortable, as highlighted by Ambitious about Autism, 2025. Teachers also report difficulties balancing curriculum demands with inclusive practice, especially when class sizes are large or resources are limited. Höhle et al., 2025 found that rigid curricula and limited training can make it harder for teachers to adapt their practice.

Social barriers are also significant. Autistic pupils often experience bullying, stigma, and exclusion from peer groups. The National Autistic Society, 2024 reports high levels of bullying, and Davies, 2021 found that many autistic pupils in Wales do not feel safe in school. These experiences can have a serious impact on mental health. Research by Malik-Soni et al., 2021 shows that autistic children are at higher risk of anxiety and depression, which can further affect their engagement in school.

Families face barriers too. Long waiting times, inconsistent services, and financial strain are common challenges. The Commons Library, 2025 highlights significant regional differences in access to therapies and support. Many parents report stress navigating fragmented systems of health, education, and social care. Even after receiving a diagnosis, families often feel they are left without clear guidance, something also highlighted by the National Autistic Society, 2024.

These barriers don't exist in isolation, they interact and build on each other. Sensory overload, social exclusion, and lack of support can combine to affect academic progress, wellbeing, and long term outcomes. Inclusive education therefore requires wider changes in how schools and services work, not just individual interventions.

There are, however, a range of effective support strategies. One well established approach is TEACCH, which uses visual schedules, structured environments, and predictable routines to reduce anxiety and promote independence. Evidence from Mesibov and Shea, 2010 shows that TEACCH can improve engagement and reduce behavioural difficulties when used consistently. Structured teaching approaches like this are increasingly used in Welsh schools, supported by GOV.WALES, 2025.

Communication supports are also essential. Visual aids, social stories, and extra communication support tools help children understand routines, transitions, and expectations. These strategies are recommended in DfE, 2015. Social stories, developed by Gray, 2010, are particularly helpful for preparing children for new experiences and reducing anxiety.

Sensory supports play a key role too. Providing quiet zones, sensory breaks, or adapted classroom environments can help reduce sensory overload. The National Autistic Society, 2024 highlights how small adjustments like noise reducing headphones or flexible seating can make a significant difference.

No single strategy works for every child. The most effective approaches combine structured teaching, communication supports, and sensory adjustments, something supported by Castro-Kemp et al., 2025. It's also important to recognise autistic strengths. Many autistic pupils excel in areas such as maths, computing, or creative arts, and supporting these strengths can boost confidence and engagement. International research, such as Humphrey and Symes, 2011, also shows that peer education programmes can reduce stigma and improve inclusion.

To conclude, autism identification and diagnosis remain uneven, with delays and cultural biases affecting access to support. Autistic children face barriers across education, social environments, and family life. However, evidence based strategies such as TEACCH, communication supports, and sensory adaptations can make a significant difference when applied consistently. Ultimately, embracing neurodiversity, recognising strengths, and reducing barriers are essential for ensuring autistic children are supported not just to cope, but to thrive.

Thank you for listening, any questions?

Louise- Out of the support strategies you discussed, which do you think has the biggest impact in schools, and why?

If I had to choose one, I would say predictable structure has the biggest impact. This links closely to approaches like TEACCH, which can reduce anxiety and help children understand what's happening next. But even outside TEACCH, the general idea of making the school day more organised and visually clear is incredibly powerful.

Predictability helps because many autistic pupils feel more settled when routines are clear and changes are signposted. When anxiety is lower, pupils are more able to learn, communicate, and take part socially. It also benefits teachers, because a structured environment tends to reduce behavioural stress for the whole class.

Another reason structure is so effective is that it's easy to implement, even in schools with limited resources. Visual timetables, clear instructions, and consistent routines don't require specialist equipment just staff confidence.

Of course, structure works even better when combined with sensory adjustments and communication supports. But if I had to pick the single most impactful starting point, it would be creating a predictable, well organised environment.

Meg- You mentioned that diagnosis can be delayed or inconsistent. What do you think are the biggest reasons autistic children in the UK face long waiting times for assessment?

One of the biggest reasons is that referrals have increased much faster than services have expanded. Awareness has grown, especially with research like Loomes et al. (2017) highlighting different presentations, so more children are being referred earlier but the number of professionals available to assess them hasn't kept up.

Another factor is that the assessment process is very detailed and multidisciplinary. That level of depth is important, but it also means each assessment takes time, so teams can only see a limited number of children each month.

There's also a postcode variation. Some areas have well established pathways, while others struggle with staffing shortages or higher demand. Even though Wales has a 26 week target not all health boards can meet it consistently.

Finally, families often describe the system as disconnected, which is echoed in reports from the National Autistic Society (2024). When communication between schools, GPs, and assessment teams isn't smooth, it adds extra delays.

So overall, it's a combination of rising demand, limited capacity, the complexity of assessments, and regional differences that leads to long waiting times. Thank you

Reference List

Ambitious about Autism (2025) *Autism in education report*. London: Ambitious about Autism.

American Psychiatric Association (2013) *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: APA.

Autism Society (2025) *TEACCH visual schedule example*. Available at: <https://www.autism-society.org> (Accessed: 9 May 2026)

Autism Wales (2025) *Refreshed ASD Strategic Action Plan and Delivery Plan*. Cardiff: Welsh Government.

Career Education (2025) *Autism Spectrum Disorder infographic: communication, sensory, repetitive behaviours*. Available at: <https://www.careereducation.com> (Accessed: 9 May 2026)

Castro-Kemp, S. et al. (2025) *Identifying and supporting the needs of autistic children and young people: rapid evidence review*. London: Department for Education.

Commons Library (2025) *Autism policy and services: UK legislation and strategies*. London: House of Commons Library

Davies, S. (2021) *The Education of Autistic Pupils in Wales: Preliminary Report*. Swansea University

Department for Education (DfE) (2015) *Special educational needs and disability code of practice: 0 to 25 years*. London: DfE

Gray, C. (2010) *The new social story book*. Arlington, TX: Future Horizons.

Höhle, E. et al. (2025) 'Facilitators and barriers for inclusion of students with autism in mainstream secondary education: a mixed-method systematic review', *European Journal of Psychology of Education*, 40, article 98

Humphrey, N. & Symes, W. (2011) 'Peer interaction patterns among adolescents with autistic spectrum disorders in mainstream school settings', *Autism*, 15(4), pp. 397–419

Loomes, R., Hull, L. & Mandy, W.P.L. (2017) 'What is the male-to-female ratio in autism spectrum disorder? A systematic review and meta-analysis', *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(6), pp. 466–474

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