

AI Statement

I confirm that I have not presented any AI generated text as my own work. I confirm I have copies of my drafts, notes and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.

Poster script and reference list

Introduction

Good afternoon, everyone. Thank you for joining this webinar which will look at supporting children with additional needs. Various topics will be discussed in depth such as Autism spectrum disorder, Dyslexia and Attention deficit hyperactivity disorder. We will be looking at the barriers children with additional needs face and strategies that can be used to overcome these barriers. My name is Lauren Beynon and I will be discussing Autism spectrum disorder. Can everyone introduce their self and their topic.

Main

What is Autism Spectrum disorder and how is Autism Spectrum Disorder identified and diagnosed?

Autism Spectrum Disorder is a neurological condition which means that the brain functions and thinks differently. It is referred to as a spectrum as there can be a range of different traits (NHS,2022). Autism is commonly identified in the early years by parents, practitioners, or medical professionals. The awareness of parents and practitioners of Autism spectrum disorder is important as they are often the first to identify developmental delays and behaviours associated with autism and they are an essential part of the referral process (MacLeod and Perepa,2020). They will have identified that the child demonstrates different behaviours, differences in social skills and sensory processing (National Institute for Health and Care Excellence, 2017). However, this approach relies heavily on individual perspective which often leads to inconsistencies especially in children who do not show stereotypical autistic traits which is common for girls with Autism (Loomes, Hull and Mandy,2017). To begin the process of achieving a diagnosis, a referral letter will need to be completed by a GP or a professional in healthcare or education setting. Once this is received the autism team can begin the process of the autism diagnostic assessment (National Autistic Society, 2026) However, research shows the current referral and diagnosis system within the NHS are not meeting children's needs. Crane et al (2018) emphasises that parents and carers are unsatisfied with delays and inconsistencies which are impacting the wellbeing of families. Rutherford et al (2016) supports this view as they suggest the diagnostic process can be unorganised involving multiple professionals which can lead to delays. This research conveys that there is a visible gap between policy and practice within the UK.

Barriers of Autism Spectrum Disorder

Two of the biggest barriers for children with Autism spectrum disorder are delays in recognition by professionals and lengthy delays for diagnosis and tailored support. Early autistic traits can be masked or unrecognised by health and education professionals. Research emphasises that a lack of understanding of Autism Spectrum Disorder by professionals plays a key role in delays in the diagnostic process and access to support

(Russell *et al.*,2022). This can impact children as it delays the access to early support and intervention such as speech and language and support with behaviour. Chen (2023) suggests this can greatly impact children's wellbeing and development as research suggests slower language development, social and cognitive development. Additionally, Miller (2022) supports this view and suggests that a delay in diagnosis can also impact children as it can lead to behavioural and emotional challenges caused by frustration as their needs are not being met. However, in contrast, families are still experiencing long waiting times even when traits are identified, this is often because there is such a high demand for diagnosis and support (Russell *et al.*,2019). This directly affects children and their families as Hodges, Fealko and Soares (2020) suggest that families experience a high level of stress and anxiety due to an uncertainty about their child's future and lack of support. Moreover, Mandy (2022) also emphasises the stress and isolation families feel when waiting for a diagnosis. In addition, Levy and Hyman (2017) also suggest that early intervention directly affects children as delays in identification and diagnosis can reduce the impact of the intervention when accessed. However, in contrast to this, Lord *et al.* (2020) suggests that long waiting times for diagnosis can ensure the diagnosis is accurate and can prevent over diagnosis or misdiagnosis. Additionally, Charman *et al.* (2018) suggest that this time period can be beneficial to children and their families as they become more informed and can try different strategies at home, building resilience and independence. Therefore, despite this, the research shown demonstrates that a delay in diagnosis and support is more detrimental than beneficial.

Visual Aids

A strategy that is used to support children with Autism Spectrum disorder is the use of visual aids. Visual aids help support children who are non-verbal to communicate their needs and gain understanding. Visual aids can include visual timetables and a picture exchange communication system (PECS) (Autism parenting magazine,n.d).

PECS is a communication system used to support non-verbal children or children that have difficulty speaking. Children use picture cards to ask questions, ask for items and express their needs and emotions. There are 6 stages when using PECS:

- 1. – Simple exchange for an item.

The child will request an item using the picture card and the item is immediately given. This demonstrates to the child the benefits of communication and begins to increase independence.

- 2. Increasing the distance between the child.

This will increase independence and build resilience as the child should be able to communicate in different environments and settings.

●3. Choosing two or more pictures.

The aim of stage 3 is for the learner to be able to choose between multiple pictures and discriminate between them.

●4. Building simple sentences.

The child will begin to put multiple pictures and words to create sentences such as 'I want more bubbles'.

●5. Answering questions.

The practitioner will answer ask questions such as what do you want and the child should be able to answer using sentences they've built.

●6. Talking about their surroundings.

Children may start to use PECS to communicate the things they can see, hear and what they have.

(Autism support, 2024).

There are many benefits of using PECS to support children with ASD. Froli *et al* (2022) suggests that it encourages communication and is effective as most autistic children are visual learners and the system can support children both at home and at school. Additionally, research also shows the use of PECS can have a positive effect on children's social skills and reduce challenging behaviours caused by frustration and lack of communication (White *et al*, 2021). Furthermore, studies show that the use of PECS can increase children's confidence and support engagement (Khowaja *et al.*, 2022).

However, in contrast to this PECS can have challenges and limitations. Ganz *et al* (2023) suggests that although it develops children's ability to request items it is not always beneficial for extending sentences or back and forth communication. Additionally, recent studies show the effectiveness of PECS depends on the child's social and cognitive ability and also depends on how much it is used, therefore it may not be effective for all children with ASD (Koudys *et al.*, 2023). Furthermore, another limitation of PECS is that it is adult led which may reduce a child's ability to communicate spontaneously and independently (White *et al.*, 2021). Similarly, PECS is only effective if there is consistency both at school and at home which can put added pressure on families and professionals making it difficult to maintain consistency (Froli *et al*, 2022).

Conclusion

To conclude, it is essential that practitioners support children with additional learning needs as it is essential for children's wellbeing, supporting inclusion and equality. This allows all children to feel safe, valued and included in settings (UNESCO,1994). Additionally, when practitioners support children with additional learning needs it can also support social development and overall confidence as they feel included and can build positive relationships with other children (Department for Education, 2015).

Do you have any questions?

Jordyn: Other than PECS, what other strategies have you found useful working with children with autism?

I have found that Attention Autism also known as bucket time is an excellent tool for children with autism as promotes concentration, communication skills in a fun and engaging way. The tool can be used by practitioners and families and has been very successful (Attention Autsim Ltd,2025).

Nicola: How can schools and practitioners continue to support children with Autism?

They can support children by working closely with the ALNCO through the process of diagnosis and following the child's individual development plan. Staff can also ensure they have regular training on additional learning needs to develop their knowledge strategies. Practitioners can also create positive relationships with the parents and children; this is important as working in partnership can support children's needs and development. Furthermore, practitioners must adapt their teaching and environment to support children with additional learning needs (Ambitious about Autism,2022),

Question to Jordyn – That was very informative Jordyn. What would you say are the earliest indicators of dyslexia in children?

Question to Nicola – Do you think schools can do more to support children with ADHD?

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