

Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental condition characterised by persistent differences in social communication, restricted interests, and repetitive behaviours (APA, 2013). Current UK prevalence estimates suggest that around 1–2% of the population are autistic (NHS, 2024). Recognition of autism has grown significantly in recent decades, with increasing awareness of diverse presentations across gender, ethnicity, and socio-economic groups (Loomes et al., 2017).

In the UK, statutory frameworks such as the SEND Code of Practice (DfE, 2015) and the Autism Code of Practice (Welsh Government, 2021) emphasise early identification and inclusive education. These frameworks highlight the importance of multi-agency collaboration between health, education, and social care. This poster critically evaluates how autism is identified and diagnosed, analyses barriers to learning, and explores effective support strategies within educational contexts.



identification and diagnosis

Early signs of autism often include delayed speech, limited eye contact, and repetitive behaviours. Screening tools such as the Modified Checklist for Autism in Toddlers (M-CHAT) and the Social Communication Questionnaire (SCQ) are widely used in early years settings (NICE, 2021). Teachers and early years practitioners play a crucial role in recognising developmental differences, often being the first to raise concerns with families (Castro-Kemp et al., 2025).

Formal diagnosis is guided by the DSM-5 criteria, which emphasise persistent deficits in social communication and restricted/repetitive behaviours (APA, 2013). In the UK, NICE guidelines recommend structured assessments delivered by multidisciplinary teams including paediatricians, psychologists, and speech and language therapists (NICE, 2021). Wales has introduced a national assessment pathway with a 26-week waiting time target from referral to first appointment (Autism Wales, 2025).

Diagnosis remains complex. Girls and minority ethnic children are often underdiagnosed due to subtler presentations and cultural biases in assessment tools (Loomes et al., 2017). Long waiting lists across the UK exacerbate delays, limiting timely access to support (National Autistic Society, 2024). While medical models provide clarity, they risk pathologising difference rather than recognising neurodiversity. A balanced approach requires combining medical diagnosis with educational and social perspectives to ensure holistic support.

Furthermore, debates continue around whether autism should be framed primarily as a disability or as part of human neurodiversity. The neurodiversity paradigm argues for recognition of autistic strengths, such as attention to detail and innovative problem-solving, alongside challenges (Singer, 2017). This perspective is increasingly influential in UK education policy.

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Barriers and impact

Educational



Mainstream schools often lack autism-competent staff and flexible curricula. Sensory overload from noise, lighting, and crowded classrooms can hinder learning (Ambitious about Autism, 2025). Teachers report challenges in balancing curriculum demands with inclusive practice, particularly when class sizes are large and resources limited (Höhle et al., 2025). Rigid assessment systems, such as standardised testing, can disadvantage autistic pupils who may excel in non-traditional ways. Limited access to specialist support staff further compounds difficulties.

utistic students frequently experience bullying, stigma, and exclusion from peer groups. Peer misunderstanding contributes to isolation and reduced participation (NAS, 2024). In Wales, surveys show that more than three-quarters of autistic pupils report experiencing bullying, and one in four say they do not feel safe in school (Davies, 2021).

Social exclusion impacts not only academic progress but also mental health, with autistic children at higher risk of anxiety and depression (Malik-Soni et al., 2021).

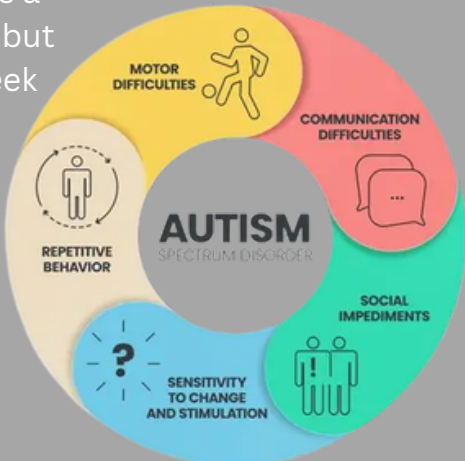
Family and Systemic Barriers

Families face long diagnostic waiting times, inconsistent service provision, and financial strain.

Access to therapies varies regionally, creating inequities (Commons Library, 2025). Parents often report stress navigating fragmented systems of health, education, and social care.

The lack of consistent post-diagnostic support is a recurring issue. Families may receive a diagnosis but little guidance on next steps, leaving them to seek information independently (NAS, 2024).

Social and Family



Career Education (2025)

Barriers compound across educational, social, and family contexts, leading to poorer academic outcomes, heightened anxiety, and reduced wellbeing. Inclusive education requires systemic reform, not just individual interventions. Policy commitments in the UK and Wales provide frameworks, but implementation gaps remain significant.

The impact of barriers is long-term: exclusion in childhood can reduce employment opportunities and independence in adulthood. Addressing barriers early is therefore essential for lifelong outcomes.

Support Strategies

The TEACCH approach uses visual schedules, structured environments, and predictable routines to reduce anxiety and promote independence. Evidence shows improved engagement and reduced behavioural difficulties when consistently applied (Mesibov & Shea, 2010). Welsh schools increasingly adopt structured teaching approaches, aligning with government guidance (GOV.WALES, 2025).

Communication Supports

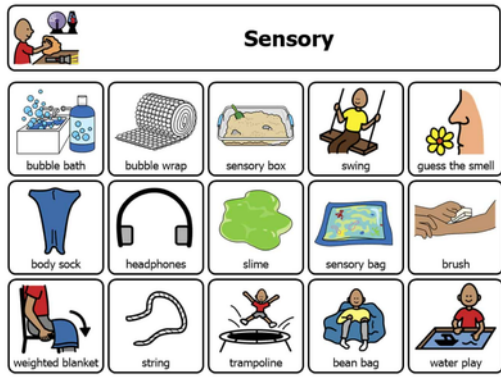
Visual aids, social stories, and augmentative communication devices enhance understanding and expression. These strategies are recommended in UK educational guidance (DfE, 2015). Social stories, in particular, help autistic children prepare for new experiences and reduce anxiety (Gray, 2010).

Sensory Supports

Provision of quiet zones, sensory breaks, and adapted classroom environments helps mitigate sensory overload (NAS, 2024). Adjustments such as noise-reducing headphones or flexible seating arrangements are simple yet effective.

No single strategy is universally effective. Personalised, multi-modal approaches combining structured teaching, communication aids, and sensory supports are most successful. Effective implementation requires staff training, parental involvement, and systemic commitment to inclusion (Castro-Kemp et al., 2025).

Importantly, strategies must recognise strengths as well as challenges, aligning with neurodiversity-affirming practice. For example, autistic pupils may excel in areas such as mathematics, computing, or creative arts when given opportunities to pursue their interests. Supporting these strengths can enhance confidence and engagement. International evidence also highlights the importance of peer education programmes, where classmates are taught about autism to reduce stigma and promote inclusion (Humphrey & Symes, 2011). Such approaches complement individual strategies by addressing the wider social environment.



Visual schedules are a core element of TEACCH, helping children anticipate transitions (Autism Society, 2025).

Conclusion

Autism identification and diagnosis remain uneven, with systemic delays and cultural biases limiting timely support. Barriers across education, healthcare, and social contexts significantly impact autistic children’s learning and wellbeing. Evidence-based strategies such as TEACCH, communication supports, and sensory adaptations demonstrate effectiveness but require consistent application within inclusive systems.

Ultimately, reforming educational policy and practice to embrace neurodiversity is essential for equitable outcomes. Recognising autistic strengths, reducing barriers, and embedding inclusive strategies across schools and services will ensure that autistic children are supported not only to cope but to thrive