

Supporting Children with Additional Learning Needs

No AI has been used in this assignment.

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1. Webinar script

Introduction

This poster will explore Autism Spectrum Disorder [hereafter ASD] in children, and include how it is identified and diagnosed, as well as discuss potential barriers that may impact autistic children's learning and development, and the strategies used to support them. According to Swansea Council (2024) ASD is a developmental condition that lasts for life and it influences how individuals communicate and engage with others and the environment. The National Autistic Society (no date) states that autism can affect anyone regardless of their age, gender or ethnicity and it is currently estimated that more than 1 in 100 people have autism, meaning that in the UK around 700,000 individuals are autistic. However, the actual number of people is likely to be much higher, this is because it is based on a formal diagnosis and not everyone receives one. In Wales, ASD is recognised as an Additional Learning Need, which means that children with ASD in Wales are able to get extra support within their education settings that support their learning, under the Additional Learning Needs and Education Tribunal (Wales) Act 2018 (Welsh Government, 2024). Mencap (no date) highlights that autism is classed as a 'spectrum disorder', which means that it can affect individuals in many different ways and that each person's experience of ASD is unique.

Identify and Diagnosis

Identifying and diagnosing ASD at an early age is important as it can have significant long-term benefits for children's communication, behaviour, learning and overall development. Early diagnosis also helps children access the right support and intervention for them sooner. Having this early support can help children make progress in certain developmental areas such as social interaction, communication and learning over time (National Institute of Child Health and Human Development, 2021).

Before getting a diagnosis of ASD children will tend to show signs and behaviours and developmental differences, which are normally first noticed by parents, carers, early year practitioners or health professionals (National Autistic Society, no date). There are many different signs and traits which may suggest that a child or young person has ASD, although these signs can vary from person to person. Some

children may find communication and social interaction difficult, this can include understanding other people's emotions, maintaining eye contact, or responding to others in conversations. Social environments can sometimes feel overwhelming for autistic children as well, especially in busy or unfamiliar situations. It is also common for children with ASD to prefer routines and familiarity, and some may even develop very strong interests in certain items, topics or activities (Swansea Council, 2024).

Before an autistic child can receive an ASD diagnosis, a referral needs to be made on their behalf first, either by parents, teachers, health visitors, or healthcare professionals, as long as parents have consented (Welsh Government, 2020). The National Institute for Health and Care Excellence (2017) guidance, [hereafter NICE], states that after a referral for ASD has been submitted, children should not wait longer than 3 months for their first assessment appointment with a multidisciplinary team which includes paediatricians, psychologists, and speech and language therapists. These professionals will observe and gather information about the child's communication, behaviour, social interactions, and developmental history from both their home and education setting. However, once this referral has begun, getting the actual ASD diagnosis can take up to 29 months, but support is available for individuals awaiting a diagnosis (Swansea Council, 2024). According to the National Autistic Society (no date) these professionals will use the DSM-5 and ICD-11 criteria, which is in line with NICE guidelines, when assessing whether a child shows any traits associated with ASD and if they impact their daily life. The DSM-5 is especially important as it provides professionals with a set of guidelines to help identify signs and characteristics of ASD (Cleveland Clinic, 2022). After the assessment, families are usually given feedback explaining whether the child meets the criteria for ASD, as well as a written report and information about next steps and the support available to them (Health Watch, 2025).

However, an autism diagnosis can sometimes happen later in life because health professionals may want to be certain before confirming the diagnosis. In other cases, delayed diagnosis can happen because the signs and characteristics of ASD are less recognisable or are more subtle in some children (Mencap, no date). The NHS (2022) highlights that more boys than girls are diagnosed with autism, which could be due to girls being more likely to mask their autistic traits, making their difficulties less visible.

I remember we had a little girl in nursery before who generally got on well with her peers and would happily join in with group play as well as play independently, so at first, we didn't have any concerns. She would sometimes get overwhelmed in certain situations, but at three years old this is quite typical behaviour, especially when it comes to sharing toys or managing their emotions. However, over time we started to notice that she would often copy what other children were doing during play rather than coming up with her own ideas, which in a busy nursery setting could have easily been missed, especially because she was quite sociable and seemed to fit in well. We then started to observe her more closely and got our schools ALNCO involved, who then helped to involve other professionals, which later led to the little girl being diagnosed with autism. This meant we could then put the right support in place for her to thrive, but it also shows how easily these signs could have been missed.

Barriers

Although getting a diagnosis is important in helping children access support, autistic children can still experience barriers that may affect their learning and development in an educational setting. Different models of disability have been developed to explain how disability is understood, and two of the main models used when discussing autism are the medical model and the social model (Disability in Public Health, no date). The medical model of disability views autism as a condition that is part of the individual and often focuses on their difficulties or impairments and sees these as reasons for the challenges they may experience in their everyday life (Devon County Council, no date). Whereas the social model of disability suggests that people with ASD are not disabled because of their condition alone, but from the barriers they face within society. It focuses on removing these barriers for autistic people as well as promoting independence and inclusion (Disability Nottinghamshire, no date). Both models of disability help highlight the barriers that autistic children may face and experience within education.

One key barrier to an autistic child's learning and development is communication and social interaction difficulties. Non-verbal communication can be difficult for autistic children to understand. This may include recognising facial expressions, maintaining eye contact, interpreting tone of voice, and understanding body language. This can make it harder for them to understand other people's thoughts and feelings, which

could affect their ability to form friendships, take turns, and participate in group activities, which could lead to social isolation (NHS, 2023).

Another significant barrier for autistic children is sensory processing difficulties, which refers to how the brain handles information from the senses, such as sight, sound, touch, smell and taste. Autistic children can experience these senses more strongly or more weakly than others, for example, bright lights or loud noise may feel overwhelming, whilst some sensory input may not be noticed at all. In the classroom this could make it difficult for autistic children to concentrate, feel calm or be fully engaged in their learning activities (National Autistic Society, no date). Some autistic children may also seek sensory input through movements such as jumping, fidgeting or repetitive actions, which can sometimes be misunderstood in the school setting (Child Mind Institute, 2025). Overall, these barriers can make it more difficult for autistic children to fully access learning and take part in school life without the right support in place.

Strategies

One effective strategy that can support autistic children within educational settings is the use of visual supports, which can help with communication, understanding routines, and everyday learning, and are often most effective when used consistently both at home and within educational settings (Autism Toolbox, no date). Visual supports can include visual timetables, which show daily routines and help children understand how the day will run, now and next boards, which show current and upcoming activities, and picture or symbol cards, which support communication and understanding. The pictures are usually real images used to represent routines or objects, whereas symbols are simple visual drawings used to represent actions, instructions, or feelings (Beyond Autism, no date). When used properly, visual supports can make communication clearer and more consistent for autistic children, especially when you compare it to spoken instructions that can be missed or quickly forgotten. Visual supports are not in place to make children do something but are about giving them another way to understand what will happen next or what is being asked of them, which can support autistic children's participation, independence and confidence (West Sussex County Council, 2021). However, it is important to recognise that every autistic child is different, and strategies that work for one child

may not work for another, meaning that visual supports should be personalised and adapted to suit the individual's needs (East Sussex Healthcare, 2021).

Conclusion

To conclude, early identification and support can make a real positive difference to autistic children's learning and development. Although autistic children may experience barriers in education, with the right strategies and support in place it can help them feel more included, confident, and able to participate in school life. As autism and additional learning needs are something many people will come across at some point in life, it's important that we continue creating supportive and inclusive environments that give children the tools they need to grow, succeed, and live confident lives.

2. Webinar questions and answers

Question 1. How young are we able to diagnose children with ASD?

The National Institute of Child Health and Human Development (2021) suggests that in some cases ASD can be diagnosed in children from around 2 years of age, which is often when early signs and traits begin to appear. Identifying autism at an early stage is important because it allows children to access support and interventions much sooner, which can help improve developmental areas such as communication, learning, and social development over time. Autism Speaks (no date) also highlights that some babies may begin to show signs of ASD within the first 6 months of life. However, McCarthy (2019) explains that a more reliable diagnosis is usually made from around 18 months onwards. This is because children's communication and developmental skills are more developed, which makes it easier for professionals to assess correctly.

Question 2. How can schools create a more inclusive environment for autistic children?

There is a useful document on Hwb from the Welsh Government (2019) called 'Support for children and young people with ASD in educational settings', which gives lots of practical ideas for creating more inclusive classrooms for autistic learners. Similar to what I have spoken about, it discusses the use of visual supports, but it also includes strategies such as having structured routines, using sensory circuits, and adapting the classroom environment to meet children's sensory needs. I would recommend having a little look at it, I think documents like this are helpful for teachers and school staff because they provide useful approaches that support autistic children's participation, confidence, and inclusion within school life.

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