

## Part 1

Children indicating early signs of underdeveloped skills compared to peers of the same age, raises concerns that need to be addressed to a General Practitioner who can then assist in supporting parents through the process of a diagnosis of a child with autism spectrum disorder (ASD) (Dillenburger et al. 2014; Autism Wessex, 2017). However, parents experiencing situations where their child is not at the developmental age of peers, showing a lack language skills and not meeting milestones do not report concerns with hope that in time they will develop the same skills as peers (Ozonoff et al. 2010; Listen to your mother, 2014; Vasilopoulou and Nisbet, 2016). However, Article 2 in the United Nations of the Rights of the Child (UNCRC) states adults should always do what is in the best interest of the child, ensuring they have the best start to life, providing every opportunity for the child to reach their full potential (UNCRC, 1989, ; Early Support Wales, 2012).

Evidence states the first few years are crucial to identify a child with ASD and it is important for parents to take advantage of children showing early signs of developmental delay, to avoid the developmental age gap expanding and the build-up of stress when dealing with the situation alone (Wilson, 2003; Tehee et al. 2008; Open Society Foundations, 2013; Vasilopoulou and Nisbet, 2016; Gaplin et al. 2018). However, research states it is the lack of information available to parents that reduces their intentions to raise these concerns, increasing the stress levels in the home environment that can have negative impact on the child's development (Tehee et al. 2008; Ozonoff et al. 2010; Listen to your mother, 2014; Ted Talks, 2015; Vasilopoulou and Nisbet, 2016; Gaplin et al. 2018).

Observations are crucial for parents to identify and raise concerns of the child's underdeveloped skills and behaviours to assist general practitioners to make a diagnosis of ASD (Dillenburger et al. 2014; McPheeters et al. 2016; Autism Wessex, 2017). However, the longer parents wait to seek advice the longer it will take to make a diagnosis, where the screening and referral services for diagnosis and direct intervention programmes can take up to 12 months (Dillenburger et al. 2014; McPheeters et al. 2016; Vasilopoulou and Nisbet, 2016; Autism Wessex, 2017). During the diagnosis period of ASD several assessments are carried out that increases the anxiety levels for parents to attend a variety of appointments by different professionals however, to decrease the levels of stress multi agency services need to work together to make the process less stressful for parents and ease families through change (Tehee et al. 2008; Early Support Wales, 2012; McPheeters et al. 2016; Vasilopoulou and Nisbet, 2016;

Gaplin et al. 2018; Thompson, no date). The family is the most powerful resource when implementing interventions however, this cannot be achieved if the process is stressful, parents need to feel at ease to discuss observations and strategies to effectively deliver the programme recommended by the early intervention team (Open Society Foundations, 2013; Zwaigenbaum et al. 2015).

Early intervention services work within the home using parents as a powerful resource to encourage interventions to support the family routines, incorporating interventions into everyday activities encourages the child with ASD to develop to perform everyday tasks (Autism Wessex, 2017). Releasing tension in families through guidance and support and improves parent child relationships that they may not have experienced with previous children without ASD (Open Society Foundations, 2013; McPeters et al. 2016).

It is crucial to identify ASD as early as possible to increase the child's level of development, where evidence states the sooner the intervention is in place the greater the opportunity to minimize the barriers to learning and to an improved route to developing the child's holistic development (Open Society Foundations, 2013; Koegel et al. 2014; Listen to your mother, 2014; Zwaigenbaum et al. 2015).

Early intervention is key to success in children with ASD, ensuring the correct structure and strategies are put into place at a young age gives the best opportunities to utilise that period, where 90% of brain development takes place in the first three years where they are so absorbent to new information (Hadders-Algra, 2011; Open Society Foundations, 2013). All ASD children are born ready to learn however, without a diagnosis and support of early intervention services can have a major impact on a child's future lowering their self-esteem, raising anxiety levels that affects their mental health and wellbeing (Hadders-Algra, 2011; Koegel et al. 2014; Autism Wessex; 2017).

Early interventions contribute to increase children with ASD self-esteem by adapting to the child's ASD needs providing opportunities to develop personal and knowledge skills to ensure a positive approach towards their health and wellbeing to lead a successful future (UNCRC, 1989; Open Society Foundations, 2013; Manikiza, 2015). Vygotsky theory of development states scaffolding is an effective technique to learning, where the interventions are promoting a deeper level of understanding to meet the needs of children with ASD with guidance at the child's pace to develop learning skills (Shavarts and Bakker, 2019; French and Kennedy, 2017).

The disruptive behaviour of most children with ASD is due to the lack of communication, with support of early intervention a speech therapist can be appointed to develop communication strategies that will reduce negative behaviour being performed and improve communication (Dillenburger, 2014; French and Kennedy, 2017). However, the intervention will be more effective when implemented to children with ASD under the age of five (Hadders-Algra, 2011; McPeters et al. 2016). Research states the effectiveness of interventions to develop children's communication skills where only 10% of ASD children remained non-verbal and 25% would lose the diagnosis completely (Open Society Foundations, 2013). Children with ASD have the right to express themselves and the government is liable to deliver the right education for the child to lead a successful life (Thompson, no date: UNCRC, 1989).

Overall the early interventions are effective when implemented before the age of 5, with evidence showing a late diagnosis may affect the overall performance and wellbeing of the child (Wilson, 2003; Zwaigenbaum et al. 2016; Autism Wessex, 2017). All children with ASD have the right to live a successful future with the support of parents and multi-agency services encourages opportunities to achieve higher outcomes of development (Thompson, no date; UNCRC, 1989).

## Part 2

Practitioner's knowledge and understanding of autism spectrum disorder (ASD) can have a significant impact upon the child when providing provision in a mainstream school (Cassady, 2011; Glazzard, 2011; Lindsay et al. 2013).

Mainstream schools are inclusive by accommodating children with additional learning needs as stated in the Salamanca Statement to encourage a change in attitudes and approaches towards individuals with disabilities, ensuring all children received free and appropriate education to meet their needs (UNESCO, 1994; Disabilities Education Improvement Act, 2004; United Nations Conventions on the Rights of persons with Disabilities, 2006). However, inclusion is the quality of learning and participation and not just the learning environment, where practitioners perceptions of inclusion for children with is interpreted in different ways that impacts on the effectiveness of inclusive practice for children with ASD (Department for Education and Skills, 2004; Glazzard, 2011; Butt and Lowe, 2012; Centre for Studies on Inclusive Education, 2018; Crutchley, 2018).

Mainstream schools have the duty to ensure reasonable adjustments are in place within the classroom and through the delivery of provision to increase learning opportunities for children with ASD through appropriate teaching styles (National Archives, 2010; Manikiza, 2015; Marshal et al. 2019). However, practitioners who are not skilled in educating children with ASD are more likely to deliver provision in the same way for all children disadvantaging children with additional learning needs which can be deemed as unlawful (Equality and Human Rights Commission, 2018).

Differentiating work and lessons does not provide children with ASD equal opportunities to education but by removing the barriers that cause the restrictions allows the child to develop successfully ensuring equality and fairness for all to achieve their full potential (Wilson, 2003; Cohen, 2009; Glazzard, 2011; Devarakonda, 2013; Manikiza, 2015; French and Kennedy, 2017; UNESCO, 2000). However, research states practitioners group children according to their ability that isolates children with ASD from engaging in learning activities with peers of higher abilities, excluding them from the rest of the class that can cause the child to have low self-esteem and self-confidence (Wilson, 2003; Florian and Rouse, 2009; Milton, 2015; The National Autistic Society, 2015).

However, Vygotsky cited in Daniels (2016) disagrees emphasising the importance of children from all ages and abilities engaging in play and activities influences children's learning and development, providing opportunities to learn from the more knowledgeable other and the increased opportunity of scaffolding peers to attempt a task that they could not do alone.

Furthermore, this proposes many implications for practitioners and the child, where practitioners are unskilled to deliver the appropriate learning and care that affects their confidence and willingness to provide adequate provision to meet the needs of children with ASD (Cassady, 2011). Practitioners express their concerns of the amount of pressure they are under to effectively raise the performance of children without meeting the needs and demands of children with ASD (Cassady, 2011; Marshal et al. 2019). However, there is no exact way a classroom should be structured and how the provision should be delivered, where the social model of disability states society is the problem with the lack of knowledge and understanding of ASD (Davies et al. 2010). Both Miss Maria Montessori and Sir Johann Pestalozzi theory states education should not just be delivered to children seated at desks, but a hands-on approach is more beneficial to encourage interaction and develop the child's holistic development (Morgan, 2011; Isaacs, 2015). Classrooms should contain multi-sensory visual and tactile materials that engage and interest children with ASD providing flexible leaning with opportunity to learn fairly in society (Morgan, 2011; Isaacs, 2015; French and Kennedy, 2017). Davies et al. (2010) agrees stating resources provided for children with ASD or additional learning needs are beneficial to support and develop all children.

Practitioners face many challenges as they have lack of understanding and training to provide appropriate provision and demand training to improve personal skills where statistics state 70% of children with ASD attend mainstream schools (National Autistic Society, 2015; Lindsay et al. 2013). However, up until the new legislation of Additional Learning Needs and Education Tribunal Wales Act 2018, there has been no requirement for practitioners to receive training even though many practitioners have taught or are currently teaching a child with ASD (National Autistic Society, 2015; Espinoza, 2016; National Autistic Society (NAS), 2016). Although ASD training is not mandatory 60% of practitioners state they have not been given any training and are expected to understand, support and teach children on the autistic spectrum (Lindsay et al. 2013; Ambitious about Autism, 2016)

However, practitioners are not expected to be experts in autism but the knowledge and understanding of the impact of change for a child with ASD will be beneficial to improve

strategies to prevent the child becoming frustrated, upset and the behaviour escalating out of control (Lindsay et al. 2013; Manikiza, 2015; Espinoza, 2016). A change in classroom structure and routine can make a big difference to children with ASD's learning, effective communication is the key to prevent the circumstances arising (Lindsay et al. 2013). However, it requires the appropriate conditions and strategies to learn that leads to success (Lindsay et al. 2013; Manikiza, 2015; Wheeler, 2015).

However, without significant training there is little known about the quality of provision delivered to children with ASD by practitioners, leaving them unable to deal with complex issues that could damage a child's education (Espinoza, 2016). However, the National Autistic Society and Ambitious about Autism raised concern of the importance of including autism in the Initial Teacher Training to the government for the new legislation, to ensure new practitioners will have the knowledge and skills to provide the best care for children with autism (Early Support Wales, 2012; National Autistic Society, 2015; Ambitious about Autism, 2016).

### Part 3

Early years settings often support ASD children with social story interventions, to develop social skills and minimize challenging behaviour with support and information from parents/guardians and multi-agency professionals (Leaf et al. 2012; Wright and McCathren, 2012; Wright et al. 2016; Wahman et al. 2019).

Children with ASD have limited social skills that can impact many areas of development, affecting children's self-confidence and self-esteem when experiencing non acceptance and rejection, they become isolated from peers (Schneider and Goldstien, 2009; Mayton et al. 2013). However, to overcome these social barriers social stories are implemented in early years to help enhance social skills and challenging behaviours, by modelling the correct use of emotions and interactions in social situations (Korkina and Kern, 2010; Wright and McCathren, 2012).

Evidence revealed that children with ASD benefit from social stories within their classroom environment stating that there was decreased levels in behaviour and higher levels of interaction after implementing the intervention (Whalon et al. 2015; Wright et al. 2016). However, due to social stories being individualized to one child there is a lack of consistency to provide the same social stories for all children (Wright and McCathren, 2012; Marshal et al. 2019). The accuracy of detail in the content is the effective use of social stories that separates children from peers that becomes an isolated intervention (Wright and McCathren, 2012; Wahman et al. 2019).

However, Linthorist (2018) and Marshal et al. (2019) states it would be more beneficial to include children with ASD in a natural social environment encouraging children to communicate through play and supporting them to make and maintain friendships, reducing the risks of isolation and rejection. It is important to observe children during social interactions to increase the effectiveness of social stories, concentrating on one topic at a time (Korkina and Kern, 2010; Wright and McCathren, 2012). However, evidence states observing ASD children during play is more beneficial for increasing social skills, where practitioners can able identify areas of improvement and with the support of the practitioner, the child can be supported by social cues and recommended with appropriate responses to develop social skills that they experience every day (Karkhaneh et al. 2010; Linthorist, 2018)

There is significant evidence to suggest social stories are beneficial for assisting children with ASD to cope with various changes and behave accordingly in certain situations (Wright and

McCathren, 2012). However, the effectiveness is unpredictable, depending on the practitioner knowledge who delivers the intervention as they may have poor understanding of the outcomes and guidelines planned (Karkhaneh et al. 2010; Wahman et al. 2019). However, social stories can be so structured when included in daily classroom routines that practitioners forget the purpose they are intended for and fail to implement the intervention before the child exhibits such behaviour in a social situation (Karkhaneh et al. 2010; Linthorist, 2018).

Although there is not enough evidence to support the effective use of social stories in early years there is evidence to suggest that the interventions are mildly effective to support children's social behaviour (Karkhaneh et al. 2010; Wahman et al. 2019). Evidence states there is improvement in social behaviour however, children with ASD are still not at the same level in social skills outcome as their peers (Wright and McCathren, 2012). Furthermore, practitioners are highly recommended to support children with ASD by using social stories, to assist them in the understanding of controlling emotions and preparing children for change in routines (Schneider and Goldstien, 2009; Korkina and Kern, 2010; Wright and McCathren, 2012). Evidence does suggest that social stories alone are not enough for children with ASD however, they are an effective tool when used in combination with visual cues and interventions specifically designed for children with ASD (Wright and McCathren, 2012; Marshal et al. 2019; Wahman et al.2019).

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