

Introduction

Within Welsh Government (2017) additional learning needs transformational programme Welsh Government (2018) also developed the document ‘Support for Children and Young People with Autistic Spectrum Disorder (ASD) in educational settings’. The objective of this report is to aid practitioners along with their current experience to support children and young people with ASD with regards to delivering timely and tailored support programmes. Further to this the Code of Practice on the Delivery of Autism Services (Welsh Government, 2021) ensures that individuals provide the relevant support for autistic children and their families. The Code reflects Welsh Government’s ongoing commitment as set out in the Well-Being of Future Generations (Act) 2015 to improving the environmental, economic and cultural well-being of Wales and give every child a flying start in life.

What is Autism?

Autism is a development disability which lasts a lifetime, it affects the way in which people interact and communicate with others and the world (Rutherford *et al.* 2019). It is estimated that there are 700,000 autistic children and adults in the UK, so around one in a hundred people (National Autistic Society, 2022).

ASD is categorised as difficulties with social situations and social relationships such as seeming indifferent to others and difficulty understanding social rules, also engaging in repetitive behaviours and having limited interests (Lockwood-Estrin *et al.* 2020; Wearmouth, 2017).

According to Ghanouni *et al.* (2018) due to lack of social-emotional competence and having the inability to understand other individuals perspectives can cause children with ASD to withdraw from activities therefore limiting their interaction with their peers (Kreider *et al.* 2016).

However, according to Manikiza (2020) it is important to remember that children with ASD can also demonstrate a variety of strengths, difficulties and occasionally behaviour concerns. These behaviours can sometimes be in relation to lack of understanding of the core symptom of autism not being understood and no suitable support strategies being put in place.

Identification and Diagnosis

The earlier ASD is identified will enable children to access relevant interventions which is essential for positive outcomes (Gabbay-Dizdar *et al.* 2021). According to Zwaigenbaum *et al.* (2015) and Beyond Autism (2022) early identification is fundamental to ensure children can access specific interventions which in the long-term can enhance their outcomes and alleviate the stress that families can face prior to diagnosis. Similarly, Elder *et al.* (2017) and Autism Spectrum Disorder Foundation (2022) highlight the value of early diagnosis and evidence-based interventions which have shown significant improvements in the quality of life for children with ASD and their families, while also enabling the child to live a more normal life within society.

However, Dillenburger (2014) notes that children are deliberately being put on a ‘watch and wait’ list out of the fear of diagnosing children too early and ‘labelling’ them. Therefore, their diagnosis is being deferred although the signs are there; the rationale for this is to ensure that their diagnosis is stable and does not alter. Similarly, Marchant (2020) and Pugle (2019) highlight that early diagnosis is paramount in order to propel children onto positive trajectories, therefore diagnosing in toddlerhood is of the highest importance.

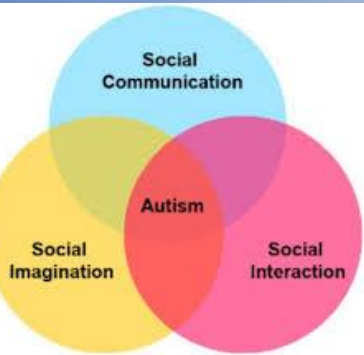
Autism Speaks (2022) stress the importance of parents/caregivers observing children to ensure they are meeting typical development milestones as these can fundamental for early diagnosis. Diagnostic manuals such as ICD-10 are the most used in the UK which presents several autism profiles such as childhood autism (National Autistic Society, 2022).

Support Strategy

Visual supports such as pictures prompts, labels, visual timetables and tactile cues are used as a strategy to support children with ASD to engage more effectively within their environment (Welsh Government, 2019).

Jordan, Roberts and Hume (2019) and Watson and DiCarlo (2016) suggest these tangible supports enable children to understand what is expected of them and support children to predict and understand their environment. Visual timetables can help children with ASD to visualise the sequence of activities that occur throughout the day and labelling objects in the environment can support children to locate materials, activities and people (Spriggs *et al.* 2017).

However, according to Wellington and Stackhouse (2011) for successful use of visual supports depends on the experience and knowledge of the practitioner for them to be effective. Hanley *et al.* (2017) and Fisher, Goodwin and Seltman, (2014) highlight that visual displays can diminish attention from the practitioner and negatively impact teaching, specifically for children with ASD, although not specifically visual support strategies.



(Source, Psychiatry-UK, 2022)

Barriers to Inclusion

Goodall (2015) states that all children have the right to inclusive education regardless of their of their additional learning need and strategies should be put in place to meet the needs of children for them to be educated alongside their naturally developing peers. O’Rourke (2015) highlights that this has positive educational outcomes for children with an additional learning need when educated within an inclusive setting.

According to Pit-ten Cate *et al.* (2018) and World Health Organisation (2011) successful implementation of inclusive education is predominantly dependant on teachers attitudes towards inclusion which is vital for success (Russell, Scriney and Smyth, 2022). However, according to Leonard and Smyth (2020) suggests that teachers had a more positive attitude towards the inclusion of children with an intellectual need than those with behavioural and emotional needs.

Jury *et al.* (2021) suggests that children with ASD are less included in mainstream education settings. Teachers attitudes towards their inclusion is a key factor predicted by the specific behavioural difficulties these children may face. Wilson and Landa (2019) state that a major barrier to effective inclusion of children with ASD is lack of adequate training. MacFarlene and Woolfson (2013) and Sharma and Nuttal (2016) highlight that teachers who undertook training had a more positive attitude and self-efficacy towards the inclusion of children with ASD.

Conclusion

ASD is a neurodevelopment disorder usually diagnosed in early childhood which is fundamental for early interventions to be put in place. Children display symptoms such as inability to deal with social situations, repetitive behaviours and engaging in independent play rather than with their peers. Early identification and diagnosis is vital to ensure support strategies can be put in place. Visual supports have been effective to help children with ASD to navigate their way through their environment with the support of pictures prompts, labels, tactile cues and visual timetables. Teachers attitudes can be a barrier to the inclusion of children with ASD in mainstream classrooms. However, teachers that undertake the relevant training had a more positive attitude and confidence towards inclusion.

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