

Portfolio

a.) According to Zwaigenbaum et al. (2015a), early identification it is essential for children with Autism Spectrum Disorder (ASD) as it shortens the time that it takes for them to be formally diagnosed and allows them access to specialised interventions, such as behavioural or other psychological and educational interventions, speech and language therapy or occupational therapy, that support the optimisation of long-term outcomes. However, with consideration to Article 3 within the United Nations Convention on the Rights of the Child (UNCRC), Spectrum (no date) and Reichow and Wolery (2009) state that it is vital to work towards what is best for individual children's needs, adding that although early intervention can improve a some areas of deficit within children with ASD, the nature of autism varies amongst different children, adding that practitioners should consider that not all interventions or programs will support all children with ASD and their families.

Autism Spectrum Disorder Foundation (2019) notes that research suggests that providing children within ASD with early intervention can improve their social skills, overall development and outcomes if they are supported at key developmental stages and receive the appropriate education that suits their needs. Reichow and Wolery (2009) similarly state that, within a study on children with ASD, it was identified that early identification can be effective for individual children's development. However, Wilkinson (2010) and Dingfelder and Mandell (2011) suggest that, as early interventions have such an impact on future outcomes, it is important to note that if a child is not responding to a specific intervention, this must be identified early so that additional or different intervention and support can commence. Therefore, linking back to Article 3 of the UNCRC, Towle (2013) suggests that in order to work towards what is best for each child, practitioners must continuously monitor children's progress through interventions and adapt or change them, if necessary.

Dillenburger (2014) states that many healthcare professionals are hesitant to diagnose children with ASD early out of fear of labelling them, meaning that many children are not receiving early intervention. Moriuchi et al. (2017) note that some parents notice characteristics of ASD within 12 months of their child's life, although are told by healthcare professionals not to be concerned about common features, such as isolative behaviour or delayed language development. However, Koegel et al. (2014) argue that the number of children being diagnosed with ASD is continuously rising, leading to increasing attention to assessment methods and intervention issues. Elder et al. (2017) believe that children can be diagnosed with ASD by

even recognising subtle signs, such as lack of social understanding or language deficits and that, by the age of 2 years old or sometimes earlier, a reliable diagnosis can usually be made. Furthermore, Centres for Disease Control and Prevention (2017) state that despite the accessibility of reliable methods for early diagnosis, the average age that children with ASD receive a diagnosis is currently among children aged 4 and 5, meaning that intervention does not begin until after that. Thus, Zwaigenbaum et al. (2015) adds that there is a great need to minimise the time that it takes for diagnosis for children with ASD and that doing so would reduce the gap that can support improving long-term results linked to adaptive, cognitive, language and social behaviours.

Williams et al. (2008), The Alliance for Inclusive Education (2018) and Stevenson (2015) believe that, linking to Article 3 of the UNCRC, whether a child is diagnosed or not, they have a legal right to be provided with the appropriate support, adding that practitioners must work towards what is best for the children regardless of diagnosis (Welsh Government, 2011). Furthermore, formally diagnosed or not, Dawson et al. (2010) and National Institute of Child Health and Human Development (2017) state that recent studies show that some children that have received early intervention no longer meet the ASD diagnostic criteria when they are older, adding that ASD traits become much less prominent and for some children, almost disappear altogether. National Institute of Child Health and Human Development (2017), Cavanaugh and Rademacher (2014) and Towle (2013) add that, in order for young children with ASD to reach their full potential, skills needed to support this can be taught early by providing them with the appropriate early intervention.

With specific reference to Article 12 of the UNCRC in accordance to Welsh Government (2011), Autism Toolbox (2009) states that children with ASD have as much right to a voice as other children, including when making decisions that might affect them. Other legislation similarly supports autistic children's right to a voice, such as the Autistic Spectrum Disorder (ASD) strategic action plan for Wales (2008) and Equality Act (2010) (Welsh Government, 2011a; House of Commons, 2010). However, Autism Toolbox (2009) and Gordon et al. (2011) suggest that for children with ASD, to have their voice heard, it may require creating or modifying methods of communication that can be time consuming to develop. Furthermore, Scottish Government (2011) adds that this can create a barrier for children with ASD to participate in decision and choice making as it can be more difficult for them to make decisions for themselves, for example, if they are non-verbal. Vail (2018) argues that, although not all

children will progress to verbal communication, with the appropriate early intervention, all autistic children can have the ability to communicate in some way.

Herbert (2014) discusses the difficulty that many parents and practitioners have in being the voice of children with autism. Adding that, particularly amongst parents, their parenting styles, perspectives about autism and their opinions on how children with ASD learn best, are just some aspects that influence their decisions when choosing which intervention to provide for their child. Elder et al. (2017), Shyu et al. (2010) and Herbert (2014) similarly conclude that there is immense pressure on parents and practitioners in being the child's voice and choosing the appropriate early intervention to suit individual autistic children, as each child has different and individual needs, thus may not all benefit from the same intervention.

Lindsay et al. (2016) note the importance of using both policy and practice in supporting the identification of individual needs of children with ASD, rather than through diagnostic categorising, so that individuals have more accurate support. Evans (2011) adds the importance of practitioners engaging and collaborating with parents or carers when make decisions regarding young children with ASD, including children that are non-verbal, to try and provide them with the best early intervention to support their individual needs and outcomes. However, National Autistic Society (2017a) and Autism Spectrum Disorder Foundation (2019) questions how adults know what is best for individual children with ASD when considering early intervention, adding that both practitioners and parents should undertake training on understanding ASD in order to implement decisions regarding interventions for individual children, if the children cannot express their choices themselves.

b.) According to National Autistic Society (2017), most children with ASD find social-communication skills difficult, such as interacting with others, responding to others, initiating interactions and forming relationships. Peterson et al. (2016) note that autistic children's ability to form friendships and peer social skills depends on their language ability. However, Vicker (2009) states that even children with ASD that can speak fluently are not free of social-communication barriers. Despite increasing focus on inclusion within education, Locke et al. (2012) state that for children with ASD, they are less included within their classroom social structures than other children due to social-communication difficulties. Kasari et al. (2011) add that this can significantly affect the social and emotional wellbeing of children with ASD, as they form fewer friendships, lack self-confidence and esteem, and are less socially accepted and included within the social structure of the classroom in comparison to their peers.

Chang et al. (2016) state that early social-communication skills are a significant predictor of prosocial behaviour and peer engagement, however, tends to be a deficit amongst many children with autism. Must et al. (2015) note that the social-communication difficulties of children with ASD can make it more difficult for them to participate in activities with peers. For example, some children find it difficult to see other people's perspectives, thus tend to interpret perspectives from their own points of view, which can impact social interaction and understanding perspective in narratives (Must et al., 2015). Obrusnikova and Miccinello (2012) add that this lack of social-communication skills can make it hard for children with ASD to multitask, such as talking or listening while undertaking an activity. However, Fitzpatrick et al. (2017) state that despite this difficulty, the role of the practitioner is important in the social development of children with ASD, particularly to promote friendships within the setting by providing social and play opportunities as much as possible for young children.

Linking to what Fitzpatrick et al. (2017) suggest about the importance of practitioner's roles in supporting the social development of children with ASD within settings, Kishida and Kemp (2009) argue that practitioners can sometimes impede on friendship forming and general social interactions. Adding that studies suggest that children with ASD are more likely to interact with adults rather than peers within settings, thus hindering their opportunities to form friendships with peers (Kishida and Kemp, 2009). Chang et al. (2016) also speculate that when an adult is shadowing a child with ASD, other children can sometimes be more hesitant to play with the child being shadowed, as they either find the adult stigmatising or want to play or socialise away from adults, again, creating a barrier in forming positive social relationships for children with ASD.

Bottema-Beutel et al. (2018) note that play and interacting is a crucial part of children's development and ability to form positive social relationships with others. However, Ambitious about Autism (2018) suggests that, although play and interaction is part of the curriculum, this social aspect can be challenging for children with ASD. For example, within the Foundation Phase, children are often expected to use their imagination and role play (Welsh Government, 2015a). Ambitious about Autism (2018) and Leach (2009) argue that for children with ASD, this can be difficult as many have little understanding of the world. This being said, Copple and Bredekamp (2009) state that it is through play that children with ASD develop understanding of their surroundings and the world, adding that through object play, even children that are minimally verbal can express their knowledge and interact with others.

Considering social interactions through play, McDuffie and Yoder (2010) and Siller and Sigman (2008) similarly state that children with ASD typically participate in play that is functional or exploratory in nature. However, Bottema-Beutel et al. (2018) suggest that social-communication skills during play such as toy play, may be difficult for children with ASD, due to limiting skills that can allow them to partake in language-rich play and social interactions. Adamson et al. (2009) add that children with ASD are less likely to jointly engage with toys and other children, whereby attention shifts between the toy and the other child in order for them to manage the interaction. Bottema-Beutel et al. (2014) state that this lack of joint attention can impact on young children's social-communication development as they do not engage and interact with others in order to form positive relationships and friendships.

Leach (2009) states that lack of joint attention and social interaction with others can negatively impact children with ASD throughout their lives as it can make it more challenging to develop positive social skills. Chang et al. (2016) add that they are less likely to engage in prosocial and helpful behaviours. For example, when sharing an experience or object with another child, if the child with ASD is not using language or gestures for joint attention, they may find it more challenging to initiate and maintain social interactions with peers as they get older (Chang et al., 2016). Hollingsworth and Buysse (2009) add that, to initiate an interaction, children typically engage in games or activities with peers, which can begin potential friendships. Adamson et al. (2009), Chamberlain et al. (2007) and Kasari et al. (2011) similarly state that this can be particularly challenging for children with ASD, as they do not always know how to share, take turns and comment appropriately through joint attention during activities or games, which also links to Piaget's theory, whereby cognitive development, play and experience, is believed to support the develop of interaction and social-communication skills (Larsen, 2014).

This being said, Kishida and Kemp (2009) note that children with ASD that initiate more joint attention when they are younger, participate in greater levels of social interaction and play as they get older.

c.) Boyle et al. (2011) and Rispoli et al. (2011) note that with a rising number of children with ASD, this has led to many children receiving school-based support from one-to-one teaching assistants. Linking to Articles 23 and 28 of the UNCRC, children with ASD have a right to support and education that allows them the opportunity to lead full and independent lives (Welsh Government, 2011). Therefore, with consideration to Vygotsky's theory, Radford et al. (2015) state that one-to-one teaching assistants can be seen as the more knowledgeable other for an autistic child and can scaffold learning to promote and support their independence. However, Webster and Blatchford (2015) argue that one-to-one teaching assistants can somewhat hinder an autistic child's independence in some cases as they can rely too much on the one-to-one support rather than developing their independent skills.

Azad et al. (2015) state that one-to-one practitioners have a responsibility to intervene with appropriate support as early as possible when needs are identified, in order to support positive development. Fisher and Pleasants (2012), Koegel et al. (2014a) and Brock and Carter (2015) similarly state that one-to-one practitioners have a duty to focus on each child's individual development, care and learning needs in order to help them to overcome challenges and barriers by responding to these quickly. Considering the Additional Learning Needs and Education Tribunal (Wales) Act 2018, one-to-one assistants will now have to work in accordance with each child's Individual Development Plan, which will outline their responsibilities for delivering individual elements of support (Additional Learning Needs and Education Tribunal (Wales) Act 2018, 2018). However, Glazzard (2011) questions to what extent one-to-one teaching assistants support individual children by stating that some practitioners are not fully committed to the role, thus making it difficult to embrace their responsibilities for the child. Radford et al. (2015) add that the quality of support offered to children with ASD is dependent on practitioners training and whether they provide the individual child with the appropriate strategies to engage them.

According to Roncagila (2012) and Webster et al. (2012), children with ASD often need specialised or individualised support that require the practitioners that support them to be knowledgeable, specially and highly trained about autism. Peer and Reid (2012), Hulme and Snowling (2009) and Dillenburger et al. (2016) state that having one-to-one practitioners that are highly knowledgeable and trained to support children with ASD are more effective as they have the ability to deliver support and interventions to suit individual children and understand some of the needs of autistic children. However, Mandell et al. (2013) suggest that, from a study, it was uncovered that there are significant differences in the levels of training amongst

support staff, raising the question as to whether all one-to-one support assistants have the relevant training to support their individual children fully. Wilson and Landa (2019) and Hodge (2015) add that if practitioners have not been specifically trained to support the learning and development of children with ASD, such as social, cognitive or language development, this can hamper their ability to implement interventions and strategies appropriately.

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