

Section 1.

According to the ALNET Act (Welsh Government, 2018), Autism is identified as an additional learning need. The National Assembly for Wales (2015) reports that at least one in five learners have an identified additional learning need. The Act supports children with an identified ALN both pre and post diagnosis, by producing an Individual Development plan or an IDP. The IDP identifies key strategies that will support the individual child in a person centred approach (PCP) (Welsh Government, 2018). As article 12 in the UN conventions of the rights of the child state, (UNICEF, 1992) every child has the right to have their view heard, with consideration to this right the child's views on their education within the early years, more so in their adolescent years continuing through to age 25. The child has the right to have a say in which way they should be supported with early years provision and education (Welsh Government, 2018). Moreover, there is a clear right of appeal if there are disagreements regarding the strategies and intervention stated within the IDP, additionally, the act states that settings must have due regard to the individual child's identity, including their language, therefore reasonable steps to make adjustments to support the child in a bilingual setting should be considered (Welsh Government, 2020).

The Person centred practice is supportive of this right of the child, (Swansea Council, 2019) furthermore it has been identified as an effective strategy in early year's provisions. Parental input is also important as the parent will know how best to support their child, additionally practitioners input regarding the child likes or dislikes would also form part of the Individual development plan (Welsh Government, 2018). The information provided for an IDP will consist of high quality observations completed by practitioners, Hobart and Frankel, (2004) discuss that observations can support practitioners in identifying the individual child's preferred type of play in addition to how they play, whether the child interacts with others, or if they appear to avoid social interactions with others, observations can also support early identification of developmental delay. According to Nice guidelines, (2011) recognition of particular signs and symptoms can support practitioners to identify particular impairments or any delay in social and communication skills.

Dawson, (2008), recognises autism as a lifelong disorder, Dawson's research discusses the importance of early intervention strategies to support children with autism to overcome some of the developmental barriers. Additionally, the Autism society, (2020) state that early intervention is significantly important for the individual child with individualised strategies for the child's abilities. Wetherby, et al. (2004) discusses that ongoing research has identified that intervention strategies within the early years has a greater impact in comparison to these identified after the age of five.

However, there appear to be many forms of autism, Welsh Government, (2019) claim that one in a one hundred people are autistic, additionally there are many intervention strategies but not all strategies are one size fits all, according to Brock, et al. (2015), a child with autism can be severely disabled with significant communication difficulties, additionally another child with autism could have mild symptoms with excellent communication skills. Notably any delay in communication skills should be addressed by an appropriate referral to speech and language support, however if a child has digressed in their speech and social skills, particularly under the age of three then a referral to the neurodevelopmental team should be actioned (NICE, 2011a).

The signs and symptoms of autism are not always recognised by practitioners or parents, this is due to the diversity of this disorder, including the different variations, examples of these include, autistic disorder, Asperger, and or pathological demand avoidance (PDA). However, Yates and Le Couteur, (2009) discuss that evidence has shown that awareness of autism has increased due to the provision of early years parenting programmes. Considering the variety of these disorders, understandably symptoms can be missed, however this is of detriment to the child, having a direct impact on the individual child's development and social skills (Yingling, 2019). Moreover, aim 2 of the seven core aims require children to have access to education learning and opportunities, the seven core aims are exclusive to all children, incorporating Articles 23, 28, 29 and 32 of the rights of the child (Welsh Government, 2016: Welsh Government 2015).

Early Years practitioner's knowledge of atypical child development is recognised as an important aspect of their role, (Harvard University, 2021) however knowledge of Additional Learning Needs, specifically autism has not been recognised within higher education in regards to this role, similarly, (McLeod and Perepa, 2020) discuss that even though there are significant markers available to identify autism, for example Robins, et al. (2001) Modified Checklist of Autism in Toddlers, MCHAT scale, this tool is generally used by Health visiting practitioners at a child's 27 month development assessment, (Welsh Government, 2017). Both tools support the early identification of Autism alongside the NICE, (2011) signs and symptoms checklist.

Practitioner's knowledge of child development is essential for their role as childcare practitioners, however training is limited. Currently the ALNET, bill (Welsh Government, 2018) holds great hope with the information it provides practitioners from all aspects of early years childcare, moreover it identifies that awareness training to support practitioners have a better understanding of what should happen with the implementation of the Act. Manikiza, (2015) alongside ASD info Wales, provides a document that practitioners can use as guidance to support settings become autism aware, in addition to this, settings can become autism friendly on completion of the autism friendly award.

Autism has no preference to gender or ethnicity, Dr Chris Papadopoulos, (2016) states that families of different ethnicities face particular barriers accessing support services. As cited in Ennis-Cole, Durodoye and Harris, (2013), Helms & Cook, (1999) state,

“Culture can be defined as the values, beliefs, language, rituals, traditions, and other behaviours that are passed from one generation to another within any social group”.

Therefore, acceptance of autism within other cultures appears to be a barrier in its self. Notably, culture and religion create an identity for an individual, however, cultural differences alongside mental ill-health or autism in children creates a stigma for the child for life (Ennis-Cole, Durodoye and Harris, (2013; Papadopoulos, 2016). Furthermore, Social Care Institute of Excellence, (no date) reported that a professionals lack of understanding of the child’s culture and religion also contributes to the overall uptake or lack of uptake of intervention services, which of course impacts early intervention and diagnosis for the individual child.

According to NHS, (2019) the waiting time for an autism assessment can be quite a long period, furthermore the Centre for Disease Control and Prevention, (2020) the process of a diagnosis is usually by attending a number of appointments led by a paediatrician, evidence is gathered to support any concerns regarding a child developmental delay over a period of time. Firstly monitoring of the child’s development by parents and carers discussing any initial developmental concerns, secondly information regarding the child’s development within childcare settings, using a signs and symptoms checklist (NICE, 2013) to support the practitioner to identify any developmental concerns and lastly a developmental assessment by a paediatrician to identify the type of delay. Swansea council, (2019a) discuss that the current policy of identification of an additional learning need is the special educational needs code of practice for Wales. Teachers within school monitor children using appropriate assessments such as the foundation phase profile (Welsh Government, 2017) and the Wellcomm screening tool (GL Education, 2021) to identify any developmental or speech and language delay. Similarly, within early years settings, the aim continues to be early identification of needs, Flying Start in particular use this approach for all children within their setting (Welsh Government, 2012).

Section 2

Dr Papadopoulos, (2016) claims that a diagnosis of autism creates a stigma that attaches to the child or adult. Society may portray negative attitudes, which contribute to stereotyping due to a lack of knowledge regarding the disorder, additionally displaying negative behaviours that are discriminatory. According to National Institute For Health and Care Excellence, (NICE, 2013) children with autism encounter barriers within their everyday life, children with autism have a lifelong developmental

delay, affecting a child's social skills. As cited in Anastasiou and Kauffman, (2013) Abberley, (1987, 7) states that,

“a social theory of disability can best be developed through the use of the concept of oppression” (Abberley, 1987, 7).

According to Cambridge dictionary, (2021) oppression is described as ‘a situation in which people are governed in an unfair and cruel way and prevented from having opportunities and freedom’. Children with a diagnosis or label of autism are exposed to many barriers related to their disorder which can exacerbate unfairness in their community and school provision. Although children have equal rights as stated in the UNCRC rights of the child, (UNICEF, 1992) children with disabilities and neurodevelopmental delay are exposed to many social barriers. Social care institute for excellence, (2017) discuss that children and adults with a diagnosis of autism experience a multitude of barriers that prevent them from accessing support and services, a lack of awareness of autism specifically, alongside an understanding of how best to support an autistic child or adult.

Additionally, maintained and non-maintained early years provisions occasionally refuse admission of a child with ALN as they are unable to provide educational provision due to the complexity of the child's needs, Welsh Government (2015) state that all early years provisions should apply an special education need (SEN) policy to support identification of additional learning needs providing an equal provision for all children. Furthermore, Stobbs, (2015) discusses that the early years foundation phase should provide an inclusive approach for all children, including children with an additional learning need including autism. Provisions are in place to support the development of all children supporting children to progress and thrive within the setting.

According to Memari, (2015) children with autism experience barriers specifically relating to access to physical activities. Additionally, Memari discusses that as a result of this particular barrier children with social and behavioural impairments often become overweight or obese. Furthermore, Memari discusses that particular barriers to accessing physical activities for autistic children with social and behavioural difficulties identified by parents and carers would be a lack of transportation to take the children to specialist activities and access to safe and appropriate equipment. Additionally, feedback from the children who are autistic discussed exclusion by other children is also a barrier to the social aspect of play and physical activities. One can go as far as to say that parents can provide other aspects of play and stimulation to overcome these social barriers, however Majoko, (2015), states that it has been recognised that children within mainstream schools dislike interacting with others of similar age, preferring to interact with adults. Additionally, Majoko claims that children with autism are usually in

their own little world, rarely initiating play or discussions with others thus creating their own social barriers.

Section 3.

Diagnosis of autism for children is a long process, Sullivan, (2020) states that due to the global pandemic, the waiting list for a diagnosis of autism has exceeded four years. However, during the period of consultation between professionals, evidence is gathered from parents and professionals involved in the child's wellbeing. Children within the early years experiencing a developmental delay will require support within the setting to ensure effective strategies are delivered to enable the child to make sufficient progress to support transitions into school (Forest, *et al.* 2004)

According to Welsh Government, (no date) Flying start provisions in Wales provide early intervention programmes following the early years pathway for additional learning needs, is similar to Swansea based schools graduated response triangle, (Swansea Council, 2019b). Additionally, Welsh Government (no date) state that, these three stages of intervention and identification of needs are, early years' action, early years action plus and additional support. Additional support can be implemented if the developmental need of the child is greater than the usual provision of a 1:4 ratio. Additional support requests are considered by a multiagency team to discuss how best to support the child, evidence from the Flying Start Health Visitor's developmental check or Schedule of Growing Skills, (2021) at the child's 27-month review contributes to this request, additionally speech and language concerns are also identified at this review (Welsh Government, 2017). Early years' provisions staff to child ratios are significantly lower to meet the needs of the children (Welsh Government, 2016), additional support for the individual child if deemed necessary would contribute to these ratios. Notably school settings guidance provided by The National Education Union, (2019) recommend that classroom sizes do not exceed 20 children, of course early years' school provisions cannot provide similar ratios as recommended by Welsh Government National Minimum Standards guidance (Welsh Government, 2016), due to the continuous budget cuts for schools across Wales, however support is provided within educational settings once a statement of educational needs has been received identifying the support needed for that child. The current process for a statement of educational needs has been modified under the ALNET, (Welsh Government, 2018) Act, creating a more diverse approach for children to receive the support that is needed as a statutory document. Not only will an Individual development plan will inform practitioners how best to support the child, but additionally the aim of the plan will improve outcomes for children in a collaborative approach, including both the child and parent's views on how best to provide educational support within school supporting a person centred practice approach (Welsh Government, 2018; Swansea Council, 2019).

Overall the development of the ALNET act (Welsh Government, 2018) has identified key statutory guidance to enable practitioners in all early years' settings to provide the best opportunities for the children they care for. The UN convention of the rights of the child, disability legislation and wellbeing of future generations are all incorporated within the Act, providing an inclusive

Impending changes to ALN legislation in Wales.

Information for practitioners.

Source: (Welsh Government, 2021)

Introduction

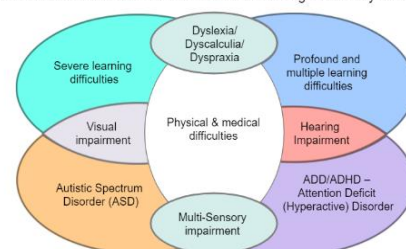
This document will set out the impending changes to early year's practitioner's current SEN practice. (Welsh Government, 2020) state that funding for the implementation of the ALN Bill has been agreed by Welsh Government with an estimated cost of £20.244 million. The bill will be implemented in Wales, September 2021, from this date forward the code will be live however it may take up to three years to be fully implemented across Wales. During this transition period early years providers and education must still comply with the Education Act (1996) with continuous regard to the SEN code of Practice for Wales, (2004) for all children. (Welsh Government, 2020).

To ensure all children, young people, parents and professionals views were heard during this reform, consultation events were held across Wales, and during October 2019 an eight week consultation period began. Additional consultations within two special schools were held to ensure there was sufficient representation of the child's voice (Welsh Government, 2021)

Welsh Government, (2020) state that the aim of the reform is to ensure that the programme is fully inclusive for all learners in early year's education and provisions across Wales. A collaborative approach will include opinions from all professionals, young children and families in the planning of their education, creating a plan that incorporates all of the child's strengths and abilities, it will identify what works best for the individual child as a person centred practice rather than a blanket approach to additional learning needs (Welsh Government, 2018). The code will give specific operational guidance for practitioners, explaining the responsibilities of the local authority, educational settings and childcare settings in regards to a child or young person with an identified additional learning need. As a statutory support framework, the bill is aimed to support children and young people aged 0-25. The support provided will be part of an early intervention and a collaborative multiagency approach that will also include advice, planning and monitoring of the support provided to the child or young person (Welsh Government, 2020).

Types of ALN

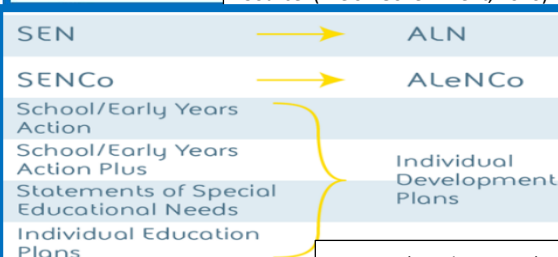
Here are some difficulties that learners with additional learning needs may have.



ALN implementation timeline



Source: (Welsh Government, 2020)



Source: (Cerebra, 2018)

The role of the ALNCo

Within Wales over 23% of learners have an identified additional learning need or ALN (Welsh Government, 2020). To support learners Welsh Government have introduced the ALNET, act (Welsh Government, 2018) to ensure all children have access to Early Years provision within Wales. To ensure this is consistent, all early years setting and schools must adhere to this act.

Therefore, the roles of practitioners and school staff will alter. The role of practitioners in response to these changes may not alter greatly, however the SENCo now the ALNCo, has significant changes to their role. According to Welsh Government, (2020), within all childcare and early years provisions an ALNCo must be recruited. This is to ensure there is a responsibility to provide support for children within the setting. However, the ALNCo must be suitably qualified with a range of experiences that will contribute to the role (Welsh Government, 2021a). Additionally, continuous personal development must also be evidenced to support the ongoing changes within practice and legislation. The ALNCo will be part of a senior leadership team, as this will provide support for the ALNCo in regard to making decisions for provision, additionally managing the purchase and distribution of resources for children with ALN (Welsh Government, 2020: Welsh Government, 2021).

Individual Development Plans (IDP's).

In comparison with the previous SEN code of practice for Wales, (Welsh Government, 2004) Children with special educational needs had access to support within school based education, however the support provided was not statutory within other educational settings and provisions. the introduction to the ALNET, Act, (Welsh Government, 2018), however is now statutory, childcare providers and early years settings must provide a child with an identified additional learning need, pre and post diagnosis with continuous support within early years settings and education following the guidance set within the act (Welsh Government 2020).

According to Welsh Government, (2020), Individual development plans (IDP's) are now a statutory unified plan that provides information to practitioners on how best to support the individual child. The plans are a collaborative working document that record strategies that have been identified by a multi-agency team including participation from the child and parent or carers. The IDP's are developed using a person centred practice model that incorporates the child's views in regards to what works best for them and their additional learning need (Swansea council, 2019). If the child is unable to express their views, then the voice of the child must be heard via observations and likes and dislikes identified at home and the setting. As statutory guidance states the IDP is a working document that

To conclude, the implementation of the ALNET, (Welsh Government, 2018) will take time to be formally practiced and implemented within Early Years settings and education. The act applies to all settings who provide education and care for children as an inclusive model. The role of the ALNCo is changing, requiring more accountability from the professional, thus to ensure the correct support is given to all children with an identified ALN. Failure to provide this will have implications for the providers via a tribunal process. IDP's should follow the child throughout their education, IDP's include feedback from a collaborative multi agency approach including the views of the child. Thus improving developmental outcomes for children using an early intervention approach.

