Towards improving the inclusion of a student with autism and ADHD in an international school.

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Abstract

In this article, the author, Head of Learning Support in an international school, presents a study of attempts to improve the inclusion of a student with high functioning autism (HFA) and Attention Deficit Hyperactivity Disorder (ADHD). Following a request from the student for support with disclosure, the methodology involved working with the parents of the student to produce a Powerpoint presentation for students and staff to develop awareness. This was followed by a questionnaire to evaluate any impact of this enhanced knowledge. 21 teachers responded and the viewpoint of students was also sampled. Recommendations to improve understanding for staff and students and implications for further integration are discussed.

Keywords: High Functioning Autism, Asperger's Syndrome, Framework, Inclusion.

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INTRODUCING THE STUDENT

John (name changed) was an American/Vietnamese student in year 9 (aged 14-15) at the international school in Vietnam where the author was Head of Learning Support and primary EAL. John held a diagnosis of High Functioning Autism (HFA) and Attention Deficit Hyperactivity Disorder (ADHD) according to his Education Psychologist's report (EPR), 'requiring support for deficits in social communication and requiring support for restricted, repetitive behaviours', both of which are also characteristics common to Autism (ASD). He was also reported to have:

> *"a high anxiety score… indicating that he internalises much of the anxiety that he experiences and thus may get overburdened with trying to relieve this anxiety. It may also suggest a strong need for [him] to learn to discuss feelings of anxiety and to learn to cope with anxiety in a more open manner by sharing these feelings with others who can help"* (EPR).

This anxiety was expressed when he was unable to cope with aspects of school life demanding co-operation and team work, because of his autism, leading to meltdowns. In discussions, this led to his request for help in developing awareness of his difficulties in both staff and students at his school, which he felt unable to tackle himself, preferring to use his mother and Head of Learning Support as his voice.

While living in the United States of America (USA) John had received Applied Behavioural Analysis (ABA) and Speech Therapy, both of which had favourable results according to his family. He had also been treated with neuro feedback and a Gluten free/Casein free diet for several years, and had also received medication for his ADHD (Concerta), which stabilised his attention effectively. At his previous school (another international school in Vietnam), he had been admitted on condition that he had a full time co teacher (a 'shadow' teacher employed to be with him at all times on a 1 to 1 basis). However, John did not like this arrangement and it culminated in an incident which resulted in him being asked to leave the school, and several schools had refused John admittance before he was finally accepted as a student with us.

John had had some difficulty settling in to mainstream school life, finding some problems with forming and maintaining peer relationships, accessing the full academic curriculum (particularly Physical Education, Music and Drama when he was asked to participate in group or team activities) and challenging the authority of some of his teachers. Art was his favourite subject, and the Art teacher his favourite teacher. He had an area of special interest in art, where he had been developing a complex set of characters, set in a post-apocalyptic future where human-like animals have evolved following a meteor collision with earth. He posted this work on a website with accompanying 'Fan Fiction' and receiving feedback on this website was very important to him.

AIMS AND FRAMEWORK FOR INCLUSION

Recently, Pellicano and colleagues, (Pellicano, Botle and Stahmer, 2018) have discussed their concept of the current illusion of educational inclusion in relation to autism. These authors argue that autistic children are at far higher risk of being expelled from school than their peers. They also note the mismatch between formal recommendations for support, and attitudes and practices within schools themselves. They advocate the need for improved understanding of the social and learning challenges associated with autism, particularly in the noisy and challenging environment of secondary school, with regular transitions which can prove distressing for students resistant to change.

Furthermore, a major review by Bartonek and colleagues, (2018) of nearly 5000 Swedish teachers, including special needs teachers, found that only 6% were prepared to educate students with neurodevelopmental disabilities and only 14% had received education towards this, despite the fact that inclusion is compulsory in Sweden. These studies provide the justification for this study, suggesting the need for a greater awareness of the implications of autism in inclusive schools in order to ensure the best possible outcomes.

It seems that although there is broad philosophical acceptance and support for the principles of inclusion, there are very real concerns among many teachers that it is sometimes difficult to implement, particularly when they are confronted with students whose learning difficulties appear to be obscure or outside of their experience or previous training (Florian and Rousse, 2010).

Although there are indicators that the knowledge base and literature around specific learning difficulties such as Autism (ASD) and Asperger's Syndrome (AS) is expanding, many teachers do not necessarily feel empowered or supported enough to know how to ensure that their pedagogical approaches are truly inclusive or inclusive enough. Florian and Spratt (2013), noted there was currently very little guidance in the literature about how an inclusive pedagogy should be enacted in a classroom setting. Consequently, these authors have taken steps to address this through developing a tool for interrogating pedagogical approaches in light of inclusive principles.

The Framework for Inclusion seeks to measure how teachers enact inclusion in the classroom (Florian and Spratt, 2013) and synthesises the three core themes of inclusive pedagogy, briefly outlined here.

> *Active Professionalism* relates to the professional knowledge of a teacher (Florian and Black Hawkins, 2010) regarding school or wider educational policy (Florian and Spratt, 2013).

Social Justice relates to beliefs about what students can achieve, rejecting ability labelling (Florian and Rousse 2010) or what teachers believe (Florian and Black Hawkins, 2011) about their capacity to support all children (Florian and Spratt, 2013).

Learning and Teaching relates to pedagogical approaches that teachers develop based on their theory and beliefs and the personal relationships that they develop with their students (Florian and Rousse, 2010) or what teachers 'do' (Florian and Black Hawkins, 2011) in turning knowledge into action (Florian and Spratt, 2013).

The author aimed to work within this Framework to interrogate his own and the school's teaching faculties' current ethos and implementation of inclusive pedagogy and practice and how this relates to John and the success or otherwise of attempts to fully include him in the school's learning community. Secondly, to examine the level of understanding of ASD or AS in the student body, particularly John's classmates. This approach has been highly commended in the literature, in Roberts and Simpson, (2016) review of attitudes of key stakeholders, where the level of knowledge and understanding of school staff emerged as the primary issue, with everyone involved indicating the need for further training.

A key issue for John, as mentioned above, was his high levels of anxiety which could manifest in sudden anti-social outbursts. Previously, his classmates had largely been expected to accept this and to make allowances for him without having any knowledge of what led to these seemingly random outbursts. In addition, it was hard for peers to appreciate the high level of tolerance among staff for this type of behaviour, which would be considered completely unacceptable if one of them decided to behave in this way.

The issue of disclosure has been controversial, with costs as well as benefits, however, Critchley, (2016) strongly recommended on Network Autism that "Given how difficult it is to get this right and how high the risks can be of making things worse for a young person, it is vital to start with the creation of a culture of acceptance of difference within which a disclosure can happen safely" The first step in ensuring success for John was to ensure that both staff and fellow students had a better understanding of high level autism to enhance the culture of acceptance.

The National Autistic Society had produced a Resource Pack for school staff in Scotland (2012), which was used to develop a planned activity and discussion with John's class, in conjunction with his mother. This aimed to help them understand this behaviour in the context of John's ASD and the implications in terms of having a disability. The intention was that they come to recognise the positive aspects of John's personality, his daily struggle to make sense of and fit into this world, and that his disability does not define who he is.

RESEARCH QUESTION

In this article, the author investigated models for supporting students in inclusive mainstream schools. In particular, focusing on the support offered to John, with High Functioning Autism (HFA) or Asperger's Syndrome (AS) and how this has challenged the school teaching faculty and the students peer group in terms of providing an inclusive and supportive learning environment. Using the 'Framework for Inclusion' (Florian and Spratt, 2013) to develop questionnaires as a tool for interrogating inclusive practices and approaches to including all students in the school, current provision for this student was reviewed. In addition, how future plans can be developed to improve ways in which the school's ethos can become more inclusive for students who have a diagnosis of ASD or AS. Key concepts here include examining current beliefs on Inclusion, and inclusive practice.

LITERATURE REVIEW

Autism has been recognized as a condition among people working in the field of psychiatry for around 100 years. It was originally used by the psychiatrist Eugene Bleuler to describe the 'withdrawn' characteristics of young people he was working with whom he thought were schizophrenic. The term comes from a Greek word which means 'selfism' (The National Autistic Society 2013). Current figures tell us that around 25% of people with a diagnosis of ASD or AS are completely non-communicative (Feld, 2014).

Confusion about the terms Autism Spectrum Disorders (ASD) and Asperger's Syndrome (AS) stems from the work of two different psychiatrists, Leo Kanner, who was working in the USA, and Hans Asperger, who was working in Austria in the 1940's. Kanner noted that the 'fundamental disorder of the autistic individual is the limitation of their social relationships' (Stoddart, 2005, p14). He also applied the term 'autistic' to the young people who he was working with. There is no evidence to suggest that the two psychiatrists ever communicated with one another or were aware of each other's work. Some distinguish AS from ASD, noting that AS '...is characterized by individuals with, at minimum, normal intelligence and normal basic language skills' (Molloy, Vasil, 2004, p15).

Although debate continues around what are the defining characteristics of people who are diagnosed with AS, "Most researchers and clinicians... agree that... AS is part of the spectrum of autistic presentations, commonly known as Autistic Spectrum Disorders (ASD's)" (Stoddart, 2005, p15). Generally speaking, AS is associated with those who have the symptoms of what can also be called High Functioning Autism (HFA). John might therefore be described as having Asperger's Syndrome or High functioning autism.

Despite some apparent confusion in terminology, people who are diagnosed as having AS or ASD typically share 'Core Deficits'. In order for a deficit to be considered 'core' or

'primary' it must have several characteristics. It must be 'specific' (to autism), 'universal' (all people with autism must share the deficit), 'persistent', during the developmental process, and have 'precedence' (be the first thing to go wrong, which can be seen to be a primary cause leading to further 'deficit' effects later) (Schriebman, 2005).

The focus on these core deficits has been related to problems with cognition (particularly Theory of Mind (ToM), problems with feelings and emotions (and by connotation, problems with empathy (Glynn, 2013), or ability to read contextual cues (Schriebman, 2005), problems with attention and arousal, and problems with imitation.

Individuals with a diagnosis of ASD or AS are said to suffer from a 'Triad of Impairment'. These have to do with Theory of Mind, Weak Central Coherence ('part to whole', or a tendency to become absorbed by minute detail, and an inability to view the wider context of a situation (Attwood, 2007, p185)) and Executive Dysfunction (Organisation and Impulses), all of which have a negative effect on a person's ability to empathize with others and lead to problems with social interaction, communication and imagination (rigidity of thought) (Glynn 2013). Issues with social interaction for the individual on the Autism spectrum can mean that social demands can create anxiety (as quoted from John's Educational Psychologist Report, above), can lead to difficulties in reading body language or tone of voice, difficulties in maintaining friendships, and mean that the person can cause offence without being aware of it and present a generally egocentric world view (Attwood, 2007 p 127).

Issues with communication with the individual with HFA or AS can mean that they often use formal language or language that sometimes lacks expression, can have difficulties in reading tone of voice, taking things literally and a lack of understanding of implied meaning (Attwood, 2007, p127)

Rigidity of thought can lead to the individual with ASD having absorbing 'special interests', having an insistence on certain rules and routines and problems transferring one set of skills to another. (Glynn, 2013). As these characteristics or 'traits' of autistic individuals has become more widely known, more people have recognized themselves, or have been recognized to have ASD symptoms or those of AS.

This has led to what some professionals liken to an 'epidemic' situation of people recognizing the traits of autism in their children and in many cases, people much older who have always felt that they were somehow different, but were unsure why. Each new set of diagnostic statistics reflect this, suggesting that more and more people are being recognized as displaying characteristics associated with ASD or AS (Molloy, Vasil, 2004, p14). One set of figures suggest that 1 in 68 young people in the USA are on the autistic spectrum (Autism Speaks, 2004).

This supposed epidemic status has led to growing pressure to find a cause for ASD. In the 1960's it was commonly thought to be connected with 'cold womb' mothers and no treatment was offered or prescribed. Currently, it is thought to be caused by a mixture of genetic and social factors (Cohen, 2011).

The search for a cause has also been matched by a search for a cure. Current discourse suggests that there is no cure, but that ASD is a lifelong condition. Where early identification and intervention occurs however, young people with ASD can be taught many of the social skills that others absorb naturally (Humphrey and Parkinson, 2007). As was noted in John's Education Psychologists Report, his family reported some success with Applied Behavioural Analysis and Speech Therapy.

ASD OR AS AND INCLUSIVE PRACTICE AND PEDAGOGY

ASD or AS must always have existed, so that throughout history, people with ASD or AS have lived in an environment with little understanding of their condition or the challenges that they faced (Cohen, 2011). As diagnosis and awareness of ASD or AS increases, pressure on support service providers has increased accordingly (Newschaffer, Falb et al., 2005). To confuse the issue further AS, or Asperger's syndrome was removed from the Diagnostic and Statistical manual of Mental Disorders (DSMV, 2013) with ASD and AS now under a single diagnostic band, which can range from extremely low to extremely high IQ levels. However, Asperger's syndrome is still a useful shorthand in practice for those with high abilities not usually identified in autism.

A key challenge to implementing inclusive practices in education for young people with ASD or AS then, is the recognition that each person on the spectrum is an individual and thus there are no one set of practices that can be implemented in order to successfully include students with ASD in mainstream education. As Temple Grandin points out, 'The problem with autism is that you have a spectrum that goes from Einstein to someone who has no language' (Grandin, 2012).

Ayer's (2013) states that implementing effective inclusive practices in education is a 'journey' rather than a 'destination', in other words, an ongoing process which requires constant re-examination and re-evaluation as each student enters a school and the school's ethos adapts, so the student must also try to adapt to attempt to reach some point of equilibrium where he or she becomes as much as possible a 'normal' (for want of a better expression) member of the school community.

Ayers also distinguishes between a 'social' and a 'medical' approach to supporting students with additional support needs. The social model, focusing on the learning environment and how it can be adapted to accommodate individual needs is contrasted with the 'medical' model, which locates issues with adaptation to within the individual and being caused by their needs, requiring the support of external agencies, medicines

and staff. Ayers ultimately comes to the conclusion that the way forward lies somewhere in between for cases of severe additional support needs, which seems also to be the case in John and the school's journey towards inclusion. For example, his Educational Psychologist Report has been an invaluable point of reference for when things have not been going well with him. Similarly, on occasions where he neglects to take his medication and where the school have not been aware of this, his behaviour has appeared suddenly aggressive, without apparent cause leading him into situations where people have seriously questioned the appropriateness of his attending inclusive schooling.

Clements (2000) points out that: 'Making judgments about others' behaviour is not an objective, scientific diagnosis, it is a social judgement' (p32) he goes on to argue that where behaviour is judged to be problematic, that it is also important to examine the quality of the relationships around the individual and to consider whether this might influence the decisions being made (p34).

A key area of concern in including John in school life has been a lack of information sharing about his condition and its implications for his ability to form adequate relationships. For example, as noted above, John has an area of special interest with regards to Art and creating a fictional post-apocalyptic world. Moreover, as was also noted, his Educational Psychologist report points to high levels of anxiety. Konstantareas (writing in Stoddart, 2005) notes that where '...teachers are poorly aware of the Special Needs and characteristics of the child's behaviour... [an educational setting]... may be responsible for either triggering anxiety and depression or exacerbating these problems if they exist' (p55).

Attwood (2007) notes that the area of special interest in the person with ASD or AS can serve several functions. These include overcoming anxiety, a source of pleasure, an attempt to achieve coherence (and thus counter the characteristic 'weak central coherence typical of people with ASD or AS, understanding the physical world, the creation of an alternative world, the creation of a sense of identity, to occupy time, facilitate conversation and indicate intelligence (pp182 – 188). Two of these functions were examined in relationship to John's interest in art.

OVERCOMING ANXIETY

John often became more absorbed in his art work and writing when he was under stress for example, approaching exam dates, or where he was expected to take part in group activities such as sport, music or drama, or when something external threatened his sense of security. For example, Vietnam had experienced widespread anti-Chinese protests, leading to an older peer of John's speculating about the possibility of World War 3 approaching. At times like these he often used his 'time out' facility and could be found in the library or Art classroom furiously writing or drawing (Attwood, 2007, p182).

A SOURCE OF PLEASURE

The area of special interest can,

> *"...provide a means of personal validation and personal growth... result in genuine friendships, and can be a form of compensation to boost self- esteem, especially if the person has little success in the social and interpersonal aspects of life"* (Attwood, 2007, p184).

Although John had limited positive peer relationships, his art is a point of contact with some students (in particular John's 'buddy', a year 12 student, who made a point of checking in with him a couple of times a week to see how he was doing). He was always willing to talk at length about what he was working on, which could be a useful means of distraction from unpleasant things that happened in or outside school. Attwood states that where (as a clinician) he is having difficulty establishing rapport with someone with a diagnosis of ASD or AS, moving on to a discussion of an area of special interest can "visibly relax, showing enthusiasm, as well as delight" (Attwood, 2007, p190).

John obviously used his area of special interest to positive effect when he was experiencing anxiety at school. This pointed to a challenge however: if John's absorption in his area of special interest was so manifest in school, this suggested there were many aspects of John's school life which create anxiety. This meant he was spending more time absorbed in this interest than in following his time table. One teacher interviewed by Dixon (2004) noted that:

> *"for many complex reasons... what comes across to many young people is that they are not valued equally, that they do not count as much as those who are more successful in the terms defined by the school... 'they feel second class', and when that happens 'they become second class, it's a self-fulfilling prophecy''* (p176).

When John had a 'Meltdown' (Lipsky et al., 2009), he stated in tears, that all he wanted was to be normal, and to be treated as normal, and that he has no friends. Working on these feelings forms the focus of this research and case study report.

METHOD

Participants

1) John's teachers and 2) John's peer group.

Teachers

A power point presentation (see appendix 1 for a summary) was developed and

delivered by the author for 10 minutes at a regular faculty meeting, followed by a question and answer session with several parents of students with a diagnosis of ASD or AS at the school. A survey questionnaire was designed which incorporated some aspects of the Framework for Inclusion as a tool to evaluate the extent to which inclusive practices and pedagogies were being enacted to support John's learning, and what impact, if any, this session had had on ideas about ASD or AS.

Teachers were invited to provide their names, so that they would have an opportunity to outline any area of concern for follow up.

21 teachers returned questionnaires, which were scored on a scale of 1-10 with 10 indicating highest score.

RESULTS AND FINDINGS

The results from the questionnaire showed that teachers felt more able to understand the needs of students with autism after the workshop. Those who had originally indicated very low levels of understanding had increased their knowledge ratings after participating in the discussion.
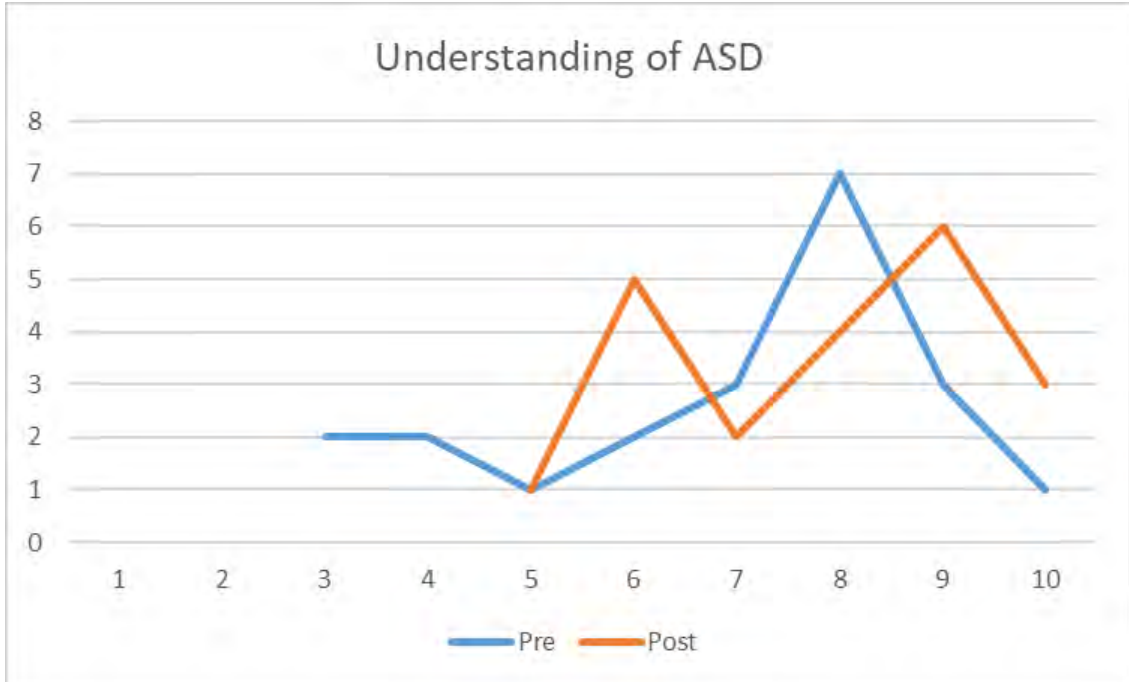

Figure 1. understanding and ability to include students with ASD pre and post discussion.

This suggests, quantitatively speaking, that the knowledge base regarding the needs of students with a diagnosis of ASD or AS among staff was marginally increased following the workshop/discussion. As the workshop/discussion only lasted around 40 minutes in total, it is not surprising that more striking gains were not evident. It was clear that staff had some measure of understanding prior to the discussion, but this had been enhanced and staff now felt more confident in including students with ASD or AS.

Additional optional comments addressed specific concerns that staff had with autistic students.

These included the following statements:

'Is it right for an autistic student to be doing International Baccalaureate (IB) classes?'

'No IEP provided to staff for autistic students'.

'Share IEP's with staff'.

'There needs to be a database on IEP needs to be released. There needs to be fortnightly/monthly meetings'

'As long as these students can be managed appropriately – for example one/two students per class so they don't distract teachers from other students. Balance of class needs to be distributed'.

'I would like to see more information about these students'.

'Yes [students receive adequate support via Learning Support Department] *however, I have never seen an IEP for either of my ASD students'.*

'Feel in Specialist Subjects some aspects need more Support than others'.

These comments point to a clear area of development for the author's own practice: namely the developing of and the sharing of information within clear and detailed IEP's.

Particularly illuminating is the point that there should be fortnightly or monthly meetings to discuss how effectively students are being supported and any issues that need to be addressed. This is an excellent idea which reflects the principles of what Sachs (2000) calls 'Activist Professionalism'.
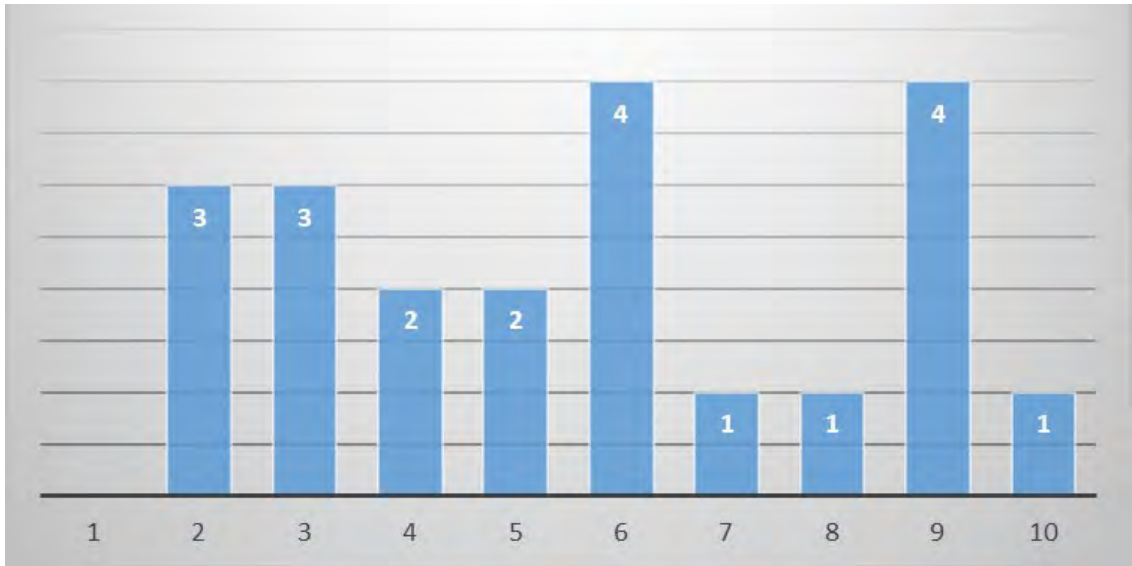
Figure 2. Response to on a scale of 1-10. "Do you believe that the school offers adequate support to staff and students in order to ensure that all students with a diagnosis of Autism/Asperger's Syndrome can make progress?"
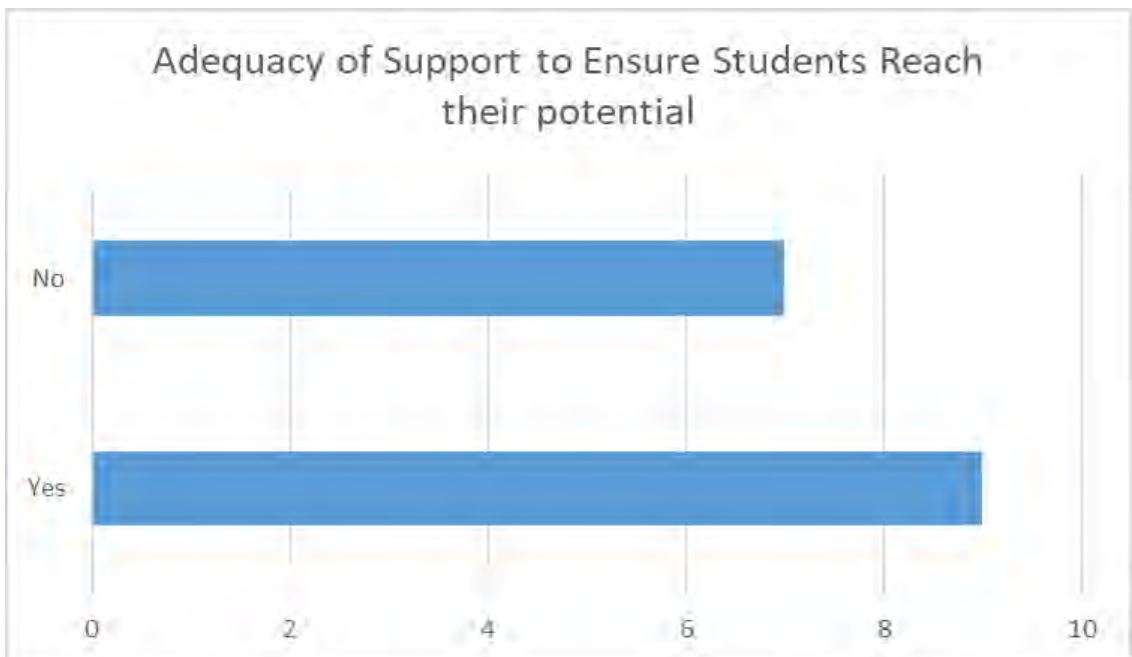

Figure 3. Response to "Do you feel sufficiently supported to ensure that all students who attend your classes can achieve their potential? (Y/N)"

Staff were also asked whether the support currently provided was adequate to ensure students reach their potential. It can be seen from the figure below, that results were mixed, with 7 of the staff noting that support was not yet adequate.

Staff were then asked to indicate from the list below, which resources would be useful to them in helping all students to achieve their potential, ranking them on a scale of 0-10. Staff were allowed to select as many resources as they wished from the list presented. These included more discussions, knowledge of individual background, added support and peer education. The resources suggested are grouped by colour, as indicated in the key, and the number of staff selecting each resource is indicated by the height of the bar on the chart. It can be seen from the graph below that further information on individuals with difficulties would be clearly the most effective, with 9 staff participants rating this very highly, and a further 4 rating this highly.
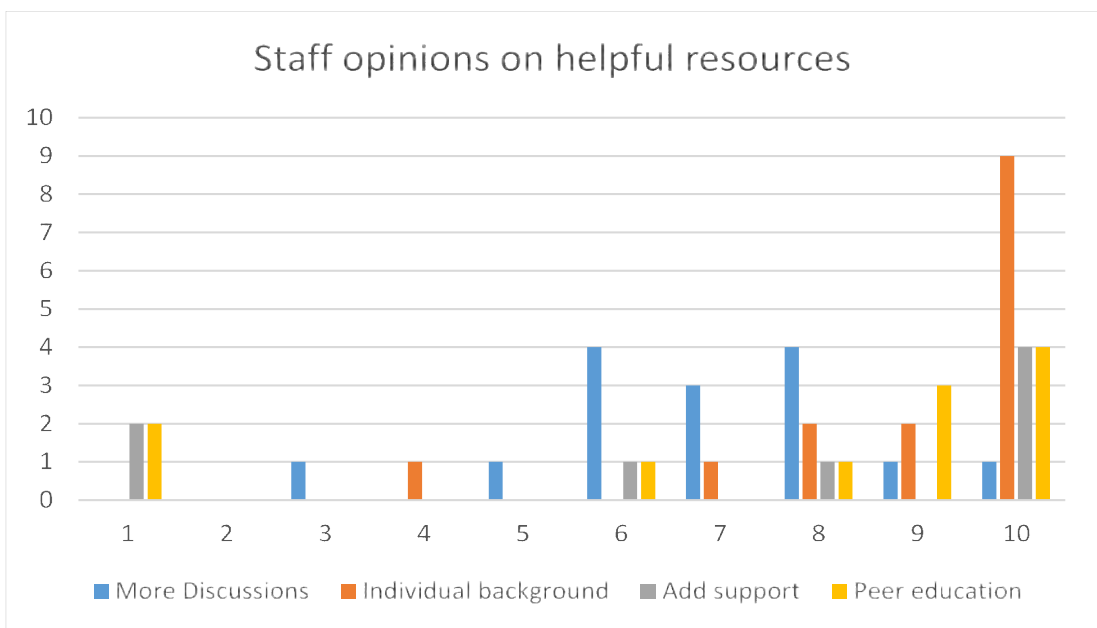

Figure 4. How effective would each of the resources be in ensuring all students meet their potential.

Again, the indications seem clearly to indicate that some staff do not feel sufficiently empowered to enact the principles of inclusive pedagogy due to a lack of information about individual students. However, this does not indicate that they are unwilling to try, given the appropriate information. On a personal, professional level, this again points to a clear area for development within the Support for Learning Department.

Interestingly, peer education does not seem to be a top priority among staff, by contrast with the (albeit limited) response from the students (discussed below).

Finally, staff were asked a general question, on attitudes to inclusion generally, with the majority supporting the concept of inclusion in terms of the progress of the class overall. Only 14 staff members answered this question. However, this may point to a problem with the design of the questionnaire. It was distributed on 2 sides of one sheet of paper. Several staff members left the back of the sheet completely blank, and some staff overlooked the other side.
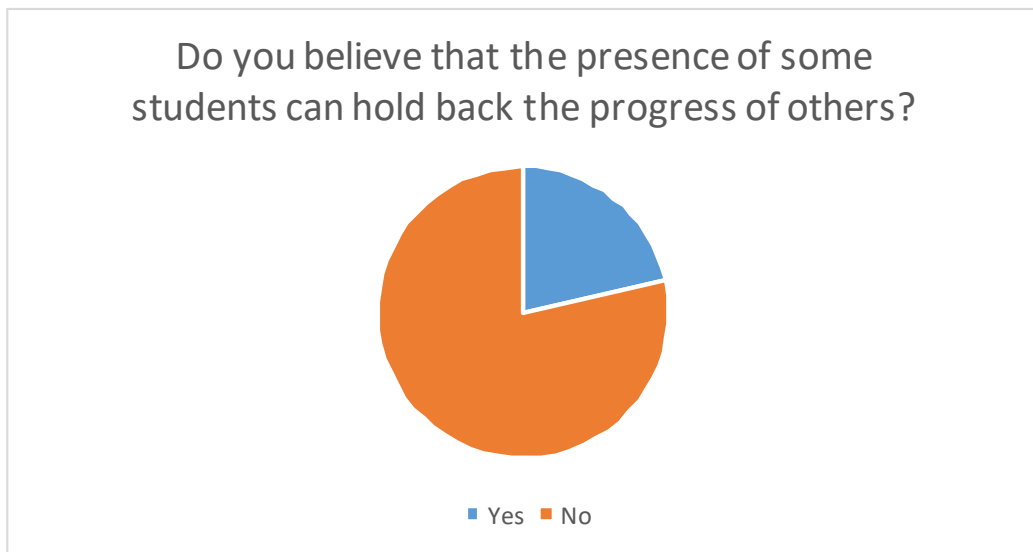

Figure 5. Does inclusion of special needs hold back progress for others

A number of interesting Additional optional comments were provided:

'Having Special Needs students in class enhances the learning of others in at least 2 important ways.
*   1) Everyone learns about the gifts/challenges of Special Needs Students,*
*   2) Others can consolidate their learning and empathy by teaching Special Needs*
*   students'*

'Yes, when proper support is not provided'

'Yes, because we do not have support'

'Can affect social dynamics of a class/group'

'Not if sufficient support in class and out of class is available'

While it is heartening to see that over 75% of respondents agree with this core belief embedded within the Framework of Inclusion, work obviously needs to be done in terms of providing support, information and discussion about how to include students without holding back the progress of others.

All teachers who responded (13) used formative assessment to support children's learning.

Grouping was undertaken based on ability (1 respondent) how learners support each other (5 respondents) with 3 respondents noting other criteria for grouping, including social interaction and academic capability.
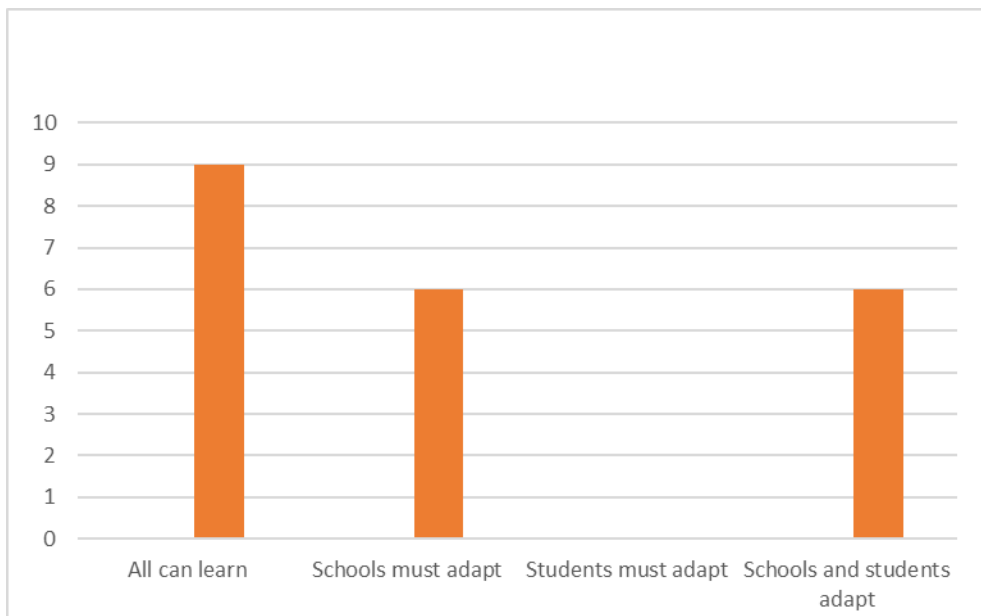

Figure 6. Staff understanding of principles of inclusion.

Additional comments included the following:

> *'Schools need to support and teach children inclusive behaviour'*

> *'Use different grouping at different times for different purposes'*

Responses from the peer group.

For John's peer group a lesson plan was designed based on The National Autistic Society (Scotland)'s Resource Pack for Schools, 2012, (pp. 27-35). This is also included in the appendices.

The first question asked them as a group was whether any of them had heard of ASD or AS. None of them had heard of either of the terms or the associated concepts. The sample population was John's registration group. John's mother attended this session in order to give a more personal perspective than the more general discussion about ASD or AS.

Again, this was followed up by a questionnaire, designed to evaluate how much the students had learned about ASD or AS. In this case, the students were offered anonymity, to allow them to be open in their comments, because it would be unfair to put them under pressure to be accountable for any concerns that they may have wished to express. This might explain the poor response: only 3 students tackled the questionnaire.

PRESENTATION OF RESULTS/FINDINGS

After the presentation, 2 out of 3 students who responded knew more than previously about ASD/AS, all agreed that it would have been helpful to have the discussion earlier in the year, and that the school should participate in Autism awareness week in April. All agreed that in future all students in the class should be made aware of any new students staring with ASD/AS.
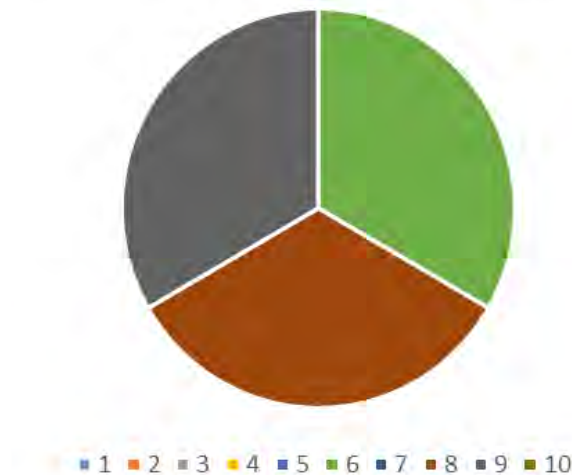
Figure 7. Suggestions from students on awareness.

Information during lessons
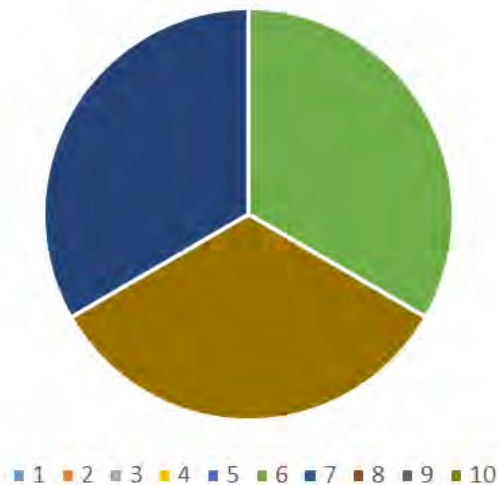

■ 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ 6 ■ 7 ■ 8 ■ 9 ■ 10

Figure 8. Usefulness of information during lessons

From the figures above, it may be seen that the strongest response was to the suggestion of information being provided in lessons. This would be very immediate and could be useful in dealing with day to day incidents.

Students were encouraged to suggest one thing that you can do to help people with autism enjoy coming to school.

> *'being more friendly with them'*

Although it is disappointing that only 3 students chose to fill in the form, some positive conclusions can be drawn from these results. The most obvious one is implied in the one response quoted above. Even if only one student can look beyond the manifestations of John's ASD/ AS in his behaviour and make even a small effort to be politely friendly with him, this will be beneficial to him.

Also, all three felt that the discussion would have been more useful if it had been held earlier in the year, which confirms that the approach has been useful. Moreover, they all responded positively to the idea of celebrating 'Autism Awareness Month' next April, which is something that is planned for future organisation. Varied responses on how it should be celebrated would be considered in the future.

CONCLUSIONS, IMPLICATIONS, RECOMMENDATIONS

Following this intervention to improve staff and student understanding of autism, it became clear that although staff had some concepts in relation to this condition, they continued to need further knowledge with a number of significant implications to inform future practice. The results indicated that a third of the staff felt that they could not support autism adequately. These results are in line with the findings in the literature, suggesting that although there is a recognition of the need for full inclusion, this is harder to obtain in practice despite good intentions on all sides (Bartonek et al., 2018, Pellicano et al., 2018, Florian and Spratt, 2013).

First, there is an ongoing challenge in the lack of understanding about ASD and AS in this school. A missed opportunity was 'Autism Awareness Month' which is celebrated in the United States in April. A whole school approach involving assemblies, role play and questionnaires would be appropriate for the future.

Also, earlier action may be needed when a student with additional support needs has difficulty settling in to school and they are presenting behaviour that their peers find challenging. Obviously, each case needs to be considered on its own merits, but the feedback from John's peers indicates that an open discussion of the type held would have been more useful earlier in the year. This is definitely something that will be considered in the future if faced with a similar situation.

Thinking more critically about practice and performance in relation to the Framework for Inclusion, work obviously needed to be done to develop meaningful and useful IEP's and ensuring that all teachers have access to these.

Future plans include holding review meetings and updating IEP's before putting them in a shared folder where staff can access them, and asking the Head of Secondary to have time slots to outline their content during staff faculty meetings.

Moreover, a proactive approach would be more constructive when considering the admission of such students in the future. In other words, class teachers should be given advance warning about the nature of a new student's needs so that they can be prepared for the impact on their classes and they can consider, discuss and consult on which pedagogical approaches may or may not be appropriate for this student.

Similarly, where a student has obvious social difficulties, his or her peer group should be consulted too. However, this is not a clear-cut issue, and the ethical implications of this in terms of data protection would need to be considered. Of course, this cannot happen without the full consent of the student's parents and generally speaking, the student should be consulted too, as John was here. These ethical implications would be a valid

area for further research. Another area for further research would be on ways to work with the student on how his behaviour can appear to others and how this can be modified by focusing on learning social skills. A key area of further research would be to follow-up on this case study and any impact it has had on John's future well-being.

There are a number of limitations in this study which should be addressed in further research. A preliminary questionnaire could have been developed to assess knowledge at the start of the study, material presented could have been followed up with further sessions, and the questionnaire could have been more complex in design. Nevertheless, the study has produced some useful pointers which could be used elsewhere to the integration of students with a range of difficulties.

In conclusion, this study forms a useful starting point in ensuring the fuller inclusion of students with AS, in terms of the need for greater awareness for both staff and peer groups of the condition and associated difficulties. A similar approach could usefully be employed in schools internationally, with informed consent.

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APPENDIX

Follow up questionnaire given to staff:

Rating Scale - 0=lowest, 10=highest

Previous to the workshop/discussion rate how well you felt you understood the needs of students with a diagnosis of Autism/Asperger's Syndrome:

Please circle one:

0	1	2	3	4	5	6	7	8	9	10

Do you feel in a better position to include students with a diagnosis of Autism/Asperger's syndrome following the discussion?

Please circle one:

0	1	2	3	4	5	6	7	8	9	10

Do you believe that the school offers adequate support to staff and students in order to ensure that all students with a diagnosis of Autism/Asperger's Syndrome can make progress?

Please circle one:

0	1	2	3	4	5	6	7	8	9	10

Additional comments (optional):

Do you feel that conditions in school can be changed to make sure that all students with a diagnosis of Autism/Asperger's Syndrome can make better progress? (Y/N)

Do you feel sufficiently supported to ensure that all students who attend your classes can achieve their potential? (Y/N)

If no, please rate on a scale of 0 to 10 what type of resources would help to achieve this (circle one for each suggested resource):

More discussions of the type that took place on at the workshop/discussion

0	1	2	3	4	5	6	7	8	9	10

More background information regarding individual students with a diagnosis of Autism/ Asperger's Syndrome

0	1	2	3	4	5	6	7	8	9	10

Additional support in class (support staff)

0	1	2	3	4	5	6	7	8	9	10

Peer education (students take part in a discussion/workshop similar to the one you attended.

0	1	2	3	4	5	6	7	8	9	10

Other (please specify):

INCLUSION (GENERAL)

Do you think that the presence of some students (for example, those with a record of additional support needs) can hold back the progress of others? (Y/N)

Additional comments (optional):

Do you use formative assessment to support children's learning? (Y/N)

Do you group children according to (please circle one):

What they can achieve (ability).

How learners can support one another.

Other (specify below if you like):

Which of the following statements more clearly matches your understanding of the principles of inclusion in education?

- ☐ *All children can learn.*
- ☐ *Schools should adapt to the needs of students.*
- ☐ *Students should adapt to the requirements of the school.*
- ☐ *A combination of all three statements above.*
- ☐ *Other (please specify)*

PEER EDUCATION LESSON OUTLINE/AUTISM

Quick brainstorm: What are social skills?   - Mind Map
Teacher elicits: the ability to make and maintain positive relationships/friendships.

What is a disability?   (Elicit examples?)

Teacher defines: It means that you are unable to do certain things because of circumstances you cannot control.

How should people with a disability be treated?

Teacher elicits: We should respect and help them where we can.

Teacher:
- Asperger's syndrome or autism is a disability.
- People with this condition have problems with learning social skills.

The reason for this is that people with this particular disability have problems learning certain things that you have all learned easily when you were younger.

Examples:
- Not saying rude things
- Being able to make friends
- Listening politely when you are not really interested in something
- Being able to take part in games with other people
- Being able to understand how other people might feel/how what you say to them might make them feel (this is called 'empathy')
- Understanding jokes
- Being able to adjust to changes that you have not made yourself (eg, having to change school)
- Controlling your body language

Understanding how to not take things personally (examples?)

- *Some people with autism never learn to talk*
- *Others, like John, are very intelligent in some ways, but have problems learning the types of skills we have mentioned above.*
- *We understand that sometimes it can appear that John reacts to things that people say to him in a way that you may not expect.*
- *We also understand that he may say things that you would not expect, and perhaps find to be rude.*

- *We hope that you understand that although John tries very hard to learn the 'Social Skills' that we have talked about, that it is very difficult for him to do this, and probably always will be.*
- *This does not mean that he does not want to be your friend. He very much does. It is just that he does not understand how to make that happen.*
- *How can we make that happen (not just students, but staff and John himself)?*

Question for discussion/X to take over:

STUDENT QUESTIONNAIRE (FOLLOW UP FROM PEER EDUCATIONS SESSION

Do you feel that you know more about autism and Asperger's Syndrome now than you did before Friday's discussion?

     Yes / No   (Please circle one)

Do you think that it would have been helpful to have this discussion earlier in the year?

     Yes / No   (Please circle one)

April was Autism Awareness Month. Do you think that the school should do more to celebrate Autism Awareness Month?

     Yes / No   (Please circle one)

If you answered yes, please rate on a scale of 0 (not helpful) to 10 (very helpful) how helpful you think the following things would be:

A whole school assembly

0	1	2	3	4	5	6	7	8	9	10

Information about autism being given to the students (for example during lesson time)

0	1	2	3	4	5	6	7	8	9	10

Posters about autism and autism awareness

0	1	2	3	4	5	6	7	8	9	10

If a new student with autism is admitted to the school, do you think the other students in his new class should be made aware of what autism is?

Yes / No   (Please circle one)

(Optional)

If you like, please write down one thing you think that you can do to help people with autism enjoy coming to school.

(Optional)

Please write down any suggestions that you may have for the school to support people with autism