



**THE EXPERIENCES OF PARENTS AND
TEACHERS OF CHILDREN WITH AUTISM
SPECTRUM DISORDER IN SCHOOLS IN
QUEENSLAND, AUSTRALIA**

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Abstract

Autism Spectrum Disorder (ASD) is a lifelong neuro-developmental disorder that typically involves global impairments in social skills and in verbal and non-verbal communication, as well as the presence of stereotyped patterns of behaviours and interests (Hall, 2012). Hence, the education of young people with ASD in school settings can be challenging. In recent times, greater understandings of teaching and learning practices has provided increased efficacy, however, there remain considerable arenas where there are wide gaps in the field. This study set out to make a contribution to one aspect by undertaking a qualitative exploration of the experiences of parents with children with ASD, and of the students' teachers in educational settings in order to determine what quality teaching looks and feels like for parents of children with ASD.

The inquiry has grown out of the personal experiences of the researcher who has witnessed a disconnection in her home nation of Bangladesh between current empirical knowledge about ASD and its implementation in Bangladeshi schools and early childhood settings. This prompted the researcher to question whether this was related to the unique context of Bangladesh, which is characterised by instances of extreme poverty and cultural nuances that affect inclusion, or if this is a shared phenomenon with Australia.

The study provides new knowledge in the field of autism research as it sets out to explore the experiences of teachers and parents of children with autism aged 6-12 years in an Australian setting. Furthermore, the research is informed by the researchers identity as a child psychologist, in the context of education settings, bringing a unique perspective to the educational relationship between child, parent and teacher that is under exploration.

The theoretical lens applied to this research is eclectic, being drawn from the theoretical frames of: social justice, child rights theory, inclusive education theory, and southern theory. It is framed in a qualitative methodological paradigm with data derived from in-depth interviews conducted with a purposeful sample of six parents of children who have been diagnosed with ASD, along with two teachers who work with the children in school settings. Data were collected through extensive home and classroom observations and face-to-face interviews with parents. These data were supported by a standardised diagnosis questionnaire. Content analysis enabled themes to be explicated from the data in order to consider the research questions. Two main findings emerged from the themes:

- Parents in this study experience the same sort of anxieties as parents reported in the literature
 - Parents can accurately describe their child's learning and behavioural characteristics when compared with an objective measure such as the Social Communication Questionnaire (SCQ)
 - Parents are able to understand children with ASD and to provide schools with valuable information about them however are often not invited to provide this information
 - Parents are satisfied with the inclusive practices available for their children, but some parents prefer other environments and/or do not think their child is being academically challenged

- Teachers in this study experienced difficult situation to manage the child with ASD in inclusive setting
 - Teachers were able to manage the classroom activities and communicate with the home
 - Teachers expressed high satisfaction when working with the child with ASD in inclusive class. They describe the changes of the child with their past stages of learnings.
 - Teachers in this study display inclusive practices, but there is greater scope for their practice to be truly inclusive.

It is expected that findings from this study might be used to inform educational systems and individual schools about the experiences of parents of children with ASD as the children engage in schooling, as well as the teachers. Furthermore, the findings contribute to the field of ASD studies by expanding understandings of how inclusive education influences the development and learning of these children. The insight gained from this research has the potential to be applied to better support children with autism in all education settings. The findings assist in raising awareness and understanding of the benefits for students that accrue with schooling and the role teachers and parents play in assisting children with ASD to achieve early academic and social outcomes. Furthermore, the research findings also have the potential to contribute to building home-school partnerships.

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List of Abbreviations

ABC: Autism Behaviour Checklist

ACARA: Australian Curriculum Assessment and Reporting Authority

ADI-R: Autism Diagnostic Interview-Revised

ADOS-G: Autism Diagnostic Observation Schedule –G

ASD: Autism Spectrum Disorder

AQ: Autism Queensland

BOS: Behaviour Observation Scale

BSID: Bayley Scales of Infant Development

BSMMU: Bangabandhu Sheikh Mujib Medical University

BPF: Bangladesh Protibondhi Foundation

BRAC: Bangladesh Rural Advancement Committee

C2C: Child-to-Child

CBM: Curriculum-Based Measurement

CCD: Council of Canadians with Disabilities

CDD: Centre for Disability in Development

CII: Community Initiatives in Inclusion

CRP: Centre for the Rehabilitation of the Paralysed

DAM: Dhaka Ahsania Mission

DISCO: Diagnostic Interview for Social and Communication Disorders

DREM: Disability Rights in Education Model

DSM-III: Diagnostic Statistical Manual-III

DSM-5: Diagnostic and Statistical Manual of Mental Disorders –5

EAP: Education Adjustment Profiles

ECDP: Early Childhood Development Program

EU: European Union

ICT: Information Communication Technology

IEP: Individual Education Plans

IER: Institute of Education and Research

IQ: Intelligence Quotient

MoPME: Ministry of Primary and Mass Education

PAL: Planning design for All Learners

PBS: Positive Behaviour Support

PDD-NOS: Pervasive Developmental Disorder - Not Otherwise Specified

PEDP II: Bangladesh Primary Education Developmental Plan II

PEDP III: Primary Education Developmental Plan III

PEI: Prince Edward Island

QSRLS: Queensland School Reform Longitudinal Study

SCQ: Social Communication Questionnaire

UCEP: Underprivileged Children's Education Program

UDL: Universal Design for Learning

U. K: United Kingdom

UNESCO: United Nations Educational, Scientific and Cultural Organisation

UNICEF: United Nations International Children's Emergency Fund

USA: United States of America

WISC-R: Wechsler Intelligence Scale for Children – Revised

Key definition of terms

It is acknowledged that definitions suit the purposes for which they are applied and it is possible to problematise definitions. Hence, for the purposes of this study, the following definitions are used:

Autism spectrum disorder. Autism Spectrum Disorder (ASD) is a lifelong neuro-developmental disorder that involves global impairments in social skills and in verbal and non-verbal communication, as well as the presence of repetitive behaviours and restricted interests. However, this definition is always open to contest, especially in terms of the disability studies movement. I use the definitions I am familiar with as a practicing psychologist, but I am also well aware that these definitions can be contested.

Inclusive education. Inclusive education is a concept that allows students with special needs to be placed and receive instruction in the mainstream classes and being taught by mainstream teachers.

Inclusive school. Inclusive school recognise and respond to the diverse needs of their students, accommodating both different styles and rates of learning and ensuring quality education to all through appropriate curriculum, organisational arrangements, teaching strategies, resource use and partnerships with their communities.

Neuro-typical. Neurotypical is a term which refers to the people in the world who do not have autism (Attwood, 1998).

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Statement of Original Authorship

The work contained in this thesis has not been previously submitted to meet requirements for an award at this or any other higher education institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made.

Signature: _____

Date: _____

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Chapter 1: Introduction

This chapter serves as an introduction to this thesis and sets the scene that provides the impetus for this study. Children with ASD can continue the education even though the disability may adversely affect their educational performance. They can study in regular school or special school. It depends on their level of severity of symptoms of ASD. If the symptoms are less then they can attend in regular classroom and if the symptoms are severe then they have to attend special classes (deBoer, 2009).

The issues with schools in Bangladesh and the experiences of them have led the researcher to undertake this inquiry. The practical experiences of the researcher from her country motivated her to conduct this study. The researcher conceived the research idea from the questions of parents and from her process of trying to enroll students in their local school. In her work role, she constantly struggled to find a balance between the school's ideas about children and the actual developmental level of the child. Often, principals refused to enroll a child with a mild level of developmental problems even though the education system stated that a child with mild developmental problems could go to regular school with special assistance. Her goal is to always place a child in a regular school with neuro-typical children. If the developmental age of the child were really severe, in that case, she would refer the child to the special school.

The purpose in undertaking this research is to *explore* the teaching style in Australia. Her expectation is that someone, somewhere, must be successful in providing inclusive education for children with ASD. Also, her expectation is that quality teaching for children with ASD must exist and she has chosen to investigate schools in Queensland, Australia for this purpose. Australian schools are governed

by human rights legislation and compliance standards (Australian Human Rights Commission, 2005) that should address the needs of children with ASD, both in inclusive settings, and in special schools. Queensland's education system, prior to the introduction of *NAPLAN* and the *Australian Curriculum*, was also considered to be a world class standard (Darling-Hammond, 2010). In such an education system, the researcher speculates, that during the regular class of schooling, especially within environments where children with ASD are accepted and remain a focus, then children with ASD will have ample opportunity to interact and learn with their neuro-typical peers. These experiences at school, therefore, should have positive outcomes in terms of an increase in the overall level of functioning of these children and a decrease in the level of the severity of ASD symptoms. This exploratory study is grounded within a qualitative theoretical framework with the following research questions for this study.

The Research Questions

The purpose of this study was to investigate the experiences of the parents and teachers of children with ASD (aged 6 to 12 years) who are working with these children in schools in Queensland, Australia. The study was guided by the following research questions:

1. Explore the experiences of parents with child/ren with autism in inclusive class
 - can the parents describe the characteristics of children with ASD in the classroom
 - how do parents support their child's learning at school during class
 - what is the parents' satisfaction with the inclusive practice

2. Explore the experiences of teachers working in inclusive class
 - How do teachers manage the classroom activities and maintain communication with the home

- What is the satisfaction of the teachers working in inclusive class
- What is the perception of teachers towards inclusive education

To strengthen this study, a theoretical perspective was employed that drew from the following well-established theories: social justice theory; child rights theory; and inclusive education theory. A qualitative methodological approach was used with the elements of interview, classroom observation, and a questionnaire to explore the experiences of parents and teachers.

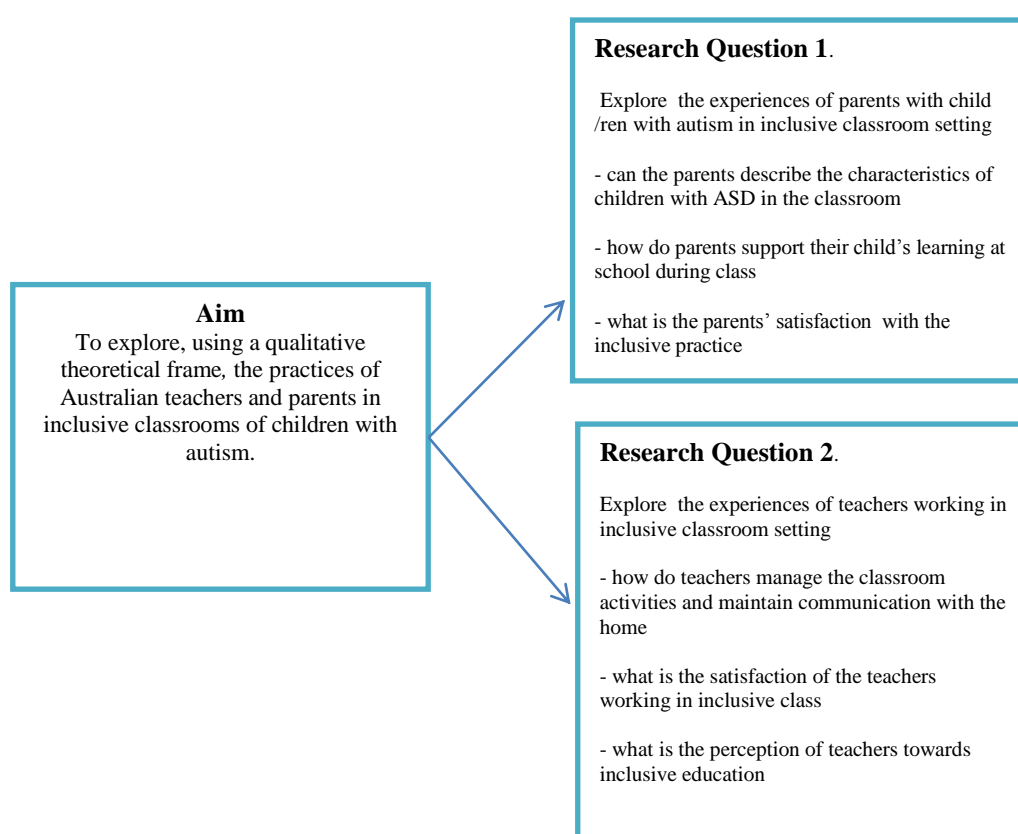


Figure 1.1 Research flow chart - Aim and Research Question

Significance and Scope

This research is important because it explores parents and teachers experiences in working with young people settings in Australian schools. Gaining in inclusive a greater understanding of the Australian context connects with the continuing rise of the importance of the *OECD*'s push to make schooling more effective through international standards and audits of achievement (Sellar & Lingard, 2015).

Different nation states have sought to find better ways to achieve better standards of service delivery. However, this research has found a gap in the understanding that all countries are grappling with the question of the best education for children with disabilities and in this case for children with ASD.

Thesis Outline

In Chapter 2, the personal statement of this study is detailed. The theories employed in this study and hence outlined in Chapter 3 are the theory of social justice, child rights theory, and inclusive education theory. The thesis then turns to Chapter 4, which provides a critical analysis of the literature relevant to this research. Here the description of ASD is presented along with the etiology of the disorder, characteristics, and its prevalence. Also in this chapter, the education of children with ASD is discussed. Finally, the concept of inclusive education, models, and benefits of inclusive education, and how it is implemented in different countries of the world will be discussed.

Chapter 5 of the thesis outlines the methodological frameworks that guide this study. The methods section includes research design, research questions, procedure of data collection, participants, settings of the research, instruments used in this research, analysis of the data, and ethics of the research. In this chapter the reader will thus gain the details of the research process. After completing the data collection and analysis, the data are presented in Chapter 6 entitled findings. The findings of the thesis are then described based on the different themes generated from the data. For each theme, selected quotes from the parents and teachers are presented in order to represent the theme being portrayed. Chapter 7 provides a discussion of the findings within the context of the research questions. Finally, Chapter 8, draws the thesis to a conclusion with a section series of recommendations from the study.

Chapter 2: Personal Statement

This chapter provides a background to my personal motivation to conduct this research. I share my experience through a discussion of the Bangladesh school system. Following this, I provide an insight into my experiences of schooling in Bangladesh and my role as a practicing child psychologist in relation to children with Autism Spectrum Disorder (ASD). This is outlined so that the context of the study and research problem can be understood. This chapter also outlines why I am exploring the system from my identity as a child psychologist rather than trying to understand the system from the point of view of a practicing teacher.

Background and Context

The Bangladesh education system and children with autism.

This section provides a description of Bangladesh's school system, policies, and attitudes in relation to children with autism. This contextual information is important as it outlines the system that the researcher is familiar with in Bangladesh and the problems with the Bangladesh system that have prompted this research.

Bangladesh is a nation with a population of 160 million people (Bangladesh Bureau of Statistics, 2012). Bangladesh came into existence in 1971 and is a democratic country currently governed as the *People's Republic of Bangladesh*. The Bangladesh education system is similar to the Australian education system in that the school years are divided into early childhood education (3-5 years, play group/nursery/non-formal), primary level education (6-10 years), junior secondary education (11-13 years), secondary education (14-15 years), and higher secondary

education (16+ years). In Bangladesh, mainstream schools are managed by the *Ministry of Education* and the *Ministry of Primary and Mass Education* and special education schools are managed by the *Ministry of Social Welfare*. All children in Bangladesh are entitled to free compulsory education up to the level of secondary education as supported by Article 17 of the Bangladesh constitution (The National Constitution of Bangladesh, 1972). Consequently, the State of Bangladesh is required to adopt effective measures for the purpose of establishing a uniform, mass-oriented and universal system of education thereby extending free and compulsory education to all children.

Current education policy in Bangladesh. The education policy of the *Bangladesh Ministry of Education* (2010) recognised inclusive education as a strategy to ensure education for all. Both the *Bangladesh Primary Education Developmental Plan II* (PEDP II) and the *Primary Education Developmental Plan III* (PEDP III) are policies that have recognised inclusive education as a strategy (Bangladesh Ministry of Education, 2010). These policies focused on and encouraged the enrolment of children with disabilities in the mainstream education environment. Each of the plans/policies outlined the view that children have a right to be included in mainstream classrooms on an equal basis with other children, wherever possible. Children with severe and profound disabilities who cannot be educated in mainstream schools are to be accommodated in special schools. In Bangladesh, all children in special schools are monitored by the *Ministry of Social Welfare of Bangladesh*, rather than by the *Ministry of Education*. However, policy implementation for children with disabilities is anomalous in Bangladesh as many children with ASD who should attend mainstream schools do not do so (Munir & Zaman, 2009). The next paragraphs explain this phenomenon.

Children with ASD in Bangladesh can be found within both mainstream and special schooling environments. It is estimated that the total number of people with ASD in Bangladesh is 1.4 million, of whom approximately 300,000 are children. The *Bangladesh Ministry of Health* provides the statistics of ASD in Bangladesh and according to recent data, at least 10% of people have some form of disability, of which 1% (0.67%) are recognised as having ASD (Disability News Asia, 2012). Not all of these children with ASD are included in the mainstream schooling system of Bangladesh. Aboud (2006) observes that teachers do not feel competent to teach these children. One reason for this lack of competency is the lack of training received by teachers (Ahmed, 2015; Aboud, 2006). Aboud (2006) found in his study in relation to ASD in Bangladesh that many of the early year's teachers had a Grade 10 education and only ten days of training to teach. Their supervisors had a Grade 12 education and 45 days of teacher training. In addition, the parents of typical children in Bangladesh do not want any child with special needs in their child's class specially sitting next to a child with disability in the classroom (Ahmed, 2015). Parents are concerned that their child will learn negative behaviours from their peers with disabilities (Bywater, Ali, Fazil, Wallace & Singh, 2003). Because parents and teachers are not comfortable teaching children with ASD, often school administrations do not want any child with disability in their school to affect the reputation of their school. However, Article 28 of the Bangladesh Constitution emphasises the equal rights of all citizens to society's benefits (The National Constitution of Bangladesh, 1972). The education of children with ASD in Bangladesh is thus somewhat patchy.

Challenges with the Bangladesh education system. A number of problems have emerged with Bangladesh's education system. These problems are

well documented elsewhere (see for example Streatfield & Karar, 2008; Ardt et al., 2005; Alam, Khalifa, & Shahjamal, 2009) and include the effects of poverty; the distance of travel that families are located from what they perceive to be desirable schools; a shortage of trained professionals; and, cultural factors. Each of these problems have impacted on the capacity to achieve inclusive education in the Bangladesh context. Poverty or lack of money is a major issue as some families are unable to support children to attend school to receive an education (Ahmed, 2015). Further, a child has little chance of continuing their studies if they have a form of disability and belong to a family of low socio-economic status. A child with a disability from a rich family has the option to go to school, receive better facilities, and engage an additional teacher at school and at home.

Another problem is the distance of schools from the child's home. Parents have a tendency to select well-known schools if they can afford them. Parents of children with ASD put in a great deal of effort to research schools and are willing to travel long distances for the child to attend a prestigious school. Sometimes it takes more than an hour to reach the school due to traffic congestion. This poses problems for children with ASD. By contrast, in Australia, the system allows each child the option to go to the nearest school based on their residence. Schools in Australia must accept those children from the catchment area and can offer remaining places to those from other suburbs. If parents in Australia want to admit their child to a particular school then they can choose to relocate near the school.

In addition, a lack of necessary facilities in the classroom or school in Bangladesh is another persistent problem. Not every school is accessible for students with disabilities. Students in many schools do not have facilities such as a ramp, a disabled toilet, additional teacher aide, or specialist teachers in the classroom.

Students with a disability such as ASD also require specific teaching and learning materials. Curriculum is very demanding, centrally designed, and not flexible in Bangladesh. Moore, Akhted and Aboud (2008) found that generally in Bangladesh “teachers are paraprofessionals with minimal training and education; learning materials such as books and blocks are limited and class sizes are large” (p. 119).

To accommodate the diverse learning needs of all children, the curriculum should be flexible and this is not the case in Bangladesh. The teachers can make adaptations to the curriculum to enhance the learning of different learners, but do not feel competent to do so (Aboud, 2006). Moreover, teacher training on inclusive education in Bangladesh is needed to handle these specific groups of children (Ahmed, 2015; Ahuja & Ibrahim, 2006).

In addition to the problems in the education system, cultural factors also influence the non-acceptance of children with ASD in mainstream schools. Generally people in Bangladesh lack awareness towards this specific group of children and often demonstrate prejudice (Hosain, Atkinson & Underwood, 2002; Islam, 2008). Specifically, it is typical that people from the extended family and society believe that the child may not be capable of benefitting from education, so they do not allow the child to attend school. In some cases, the family do not feel that this is doing an injustice to the child. In addition, sometimes parents are reluctant to acknowledge that they have a child with a disability. In this way, social prejudice or stigma has affected the child’s education and may have contributed to the parent’s hesitation to send their child to school. In some cases, children have attended school and dropped out from their education before the end of compulsory schooling (Ahmed, Ahmed, Khan & Ahmed, 2007). Sometimes other children make some comments to the child with special needs or the child with special needs struggles to adjust to the school

system or the teacher does not feel confident to handle the child. As a result, the parents change the school or withdraw the child from the school system. Other times the negative attitude of parents is itself a barrier for the child with autism and their schooling. The grandparents may blame the mother for the problem. Furthermore, the parents do not want to waste their money for the betterment of that child.

This section has described Bangladesh and its schooling system especially in relation to children with a disability. The next section describes my role within this system leading to an understanding of the reasons to undertake this research.

My experiences with the Bangladesh school system. The experiences derive from the role as a Child and Counselling Psychologist in the Paediatrics Department at *Bangabandhu Sheikh Mujib Medical University* (BSMMU) hospital in Bangladesh from 2002-2005. I worked as a member of multidisciplinary teams with paediatricians, psychologists, developmental therapists, and speech and occupational therapists. I have a Masters in Psychology specifically in Child Psychology, a Diploma in Counselling, and three months training on Community Initiatives in Inclusion (CII) from the *Spastic [sic] Society of India*, Mumbai. It is in the role of child psychologist that I engaged with the education system in Bangladesh. I am a counsellor for children with ASD, their parents and teachers. I work with children who have disabilities, specifically those with autism. This is where my interest emerged in conducting this research. Corcoran and Finney (2014, p. 1) found in their study of schools in United Kingdom that when “discussing contributions from psychology in/to educational practices like school-based mental health promotion, it is peculiar that psychologists (of an educational or clinical kind) or education- oriented sociologists, both not often based in schools or classrooms, dominate the topic”. On the contrary in Bangladesh, I have experienced resistance

when referring students to mainstream schools in Bangladesh. It is not unusual that principals of mainstream schools reject children with disabilities from enrolling despite the fact that the professional judgement suggested that these children are capable of being included into an inclusive classroom setting.

My judgement about children with ASD follows a standard practice of diagnosis and referral of students to schools. First, I attend to children who are referred by a doctor, paediatrician, school principal, or sometimes from my earlier patients. After receiving the referral, I talk with the parents and take a history of the child. When the history is taken from the parents, I then interview the child.

Depending on the history, I use a number and variety of psychometric scales to assess the child. The instruments used include the *Bayley Scales of Infant Development* (BSID, Birth to 42 months), *Wechsler Intelligence Scale for Children – Revised* (WISC-R, 6 to 16 years), *Autism Diagnostic Observation Schedule –G* (ADOS-G, for children with Autism), and the *Stanford-Binet Intelligence Scale* (2-9 years). Each of these scales consists of play materials, toys, and questionnaires. During the assessment period, the child's activity is also observed and noted. The tests and observations are always undertaken to investigate the strengths of the child, so that I can work with these strengths to develop the child. I aim to provide the school with a three month intervention plan that will help both the child and their teacher manage the transition to the school. When the assessment is finished the parents also receive an intervention report. The diagnosis and report takes an average of ninety minutes per child. Following this, I counsel the parents. In Bangladesh the concept of Intelligence Quotient (IQ) is used. If I find the level of IQ is below average for a child, then parental counselling is particularly necessary. I give detailed

information to the parents on how they should manage and interact with the child, what the parents' expectations should be, and how much they should expect from the child¹.

To conduct my study, southern theory had an impact on my thinking. The following section will describe this theory and then consider the contributions of the global north and the global south.

Southern theory. The element of this theory is divided into a discussion of countries in the global north and those countries in the global south. I found the gap in the literature, around the two distinct halves of the global whole, occurs when the global south is ignored in relation to ideas and practices. In her text, *Southern Theory: The global dynamics of knowledge in social science*, Connell (2007) argued for better recognition of social theory from societies outside of the dominant European and North American metropole. Stubbs (2008) defined southern theory as ...

...[T]he terms 'North' and 'South' are used instead of 'developed' and 'developing' to refer to broad global differences in economic and political power. 'Countries of the North' refers to economically richer countries (e.g. Western Europe, North America, Australia [and] New Zealand, members of the G8, and many OECD countries). These more neutral terms are used because 'developing' and 'under-developed' are derogatory; they ignore the high levels of cultural richness and development existing in poorer countries. The 'South' refers to countries in Asia, Africa and the Middle East, Eastern Europe and Central and South America that are substantially economically

¹ This is the data collection method I have used in this study. I engaged a different diagnostic tool, but the process and outcome was the same.

poorer. However, it is also recognised that poverty exists within all countries, and so the meaning is not strictly geographical. These terms [themselves] are a generalisation, because in reality there is a vast diversity of culture and context globally. Nevertheless, there is a major imbalance of power and economic resources in the world, which needs to be acknowledged (p.8).

Whilst Bangladesh, as a member of Connell's and Stubbs' global south, has not comprehensively achieved full inclusion for children with disabilities, the nation's efforts need not be marginalised or intellectually discredited. The global south, which includes the 'southern' social experience and the theories of Australia's Indigenous peoples, Latin America, India, Africa, Islam and other post-colonial societies could provide sources of important and vital contributions to knowledge.

Globally, there have been changes made to the education of children with disabilities that inform the south and the north. *The Salamanca Statement and Framework for Action on Special Needs Education* by the United Nations Scientific and Cultural Organisation (UNESCO, 1994) for instance, was an influential document worldwide concerning the concept of inclusive education (Ainscow, 2007; Miles & Ahuja, 2007; Thomas & Vaughan, 2004). 300 participants attended the program to approve the Salamanca Statement at the 1994. In that World Conference on Special Needs Education they lobbied for a unified system of education. Incorporation of inclusive education into traditional education systems is an initiative for reaching the *Millennium Development Goal of Basic Education for All Children* (UNESCO, 2010). UNESCO developed several resource guides or tools for inclusive education programs in schools. These resources have been disseminated and used in over 80 countries in order to address this goal. For this reason, it was important to have a participant population who were born within the global south.

The global north. Each nation state interpreted the legislation that derived from UNESCO and the OECD. In the United States of America (USA), for example, inclusive education has been enshrined firstly through the passage of laws, then through the closure of separate institutions for the disabled, and currently to changes to the curriculum in order to cater for diversity in classrooms. Legislation began in the USA with the passage of *Public Law 94-142 (1975)*, the *Education for Handicapped Student Act*. Under this Act, all students with disabilities became entitled to receive a public education. The amendments of Public Law 1990 and 1997 urged that inclusive schooling, which every child is eligible to receive, ought to provide free and appropriate opportunities for students to learn in the least restrictive environment.

Further, in the USA, the movement for closure of institutions for people with disabilities began in 1970s (Chenoweth, 2000; Mansell, 2005; Partners in Policymaking, 2005). This movement was so that individuals with a disability were no longer isolated from communities. State governments funded the movement to support individuals with disabilities within the community and to shift attitudes toward individuals with disabilities. Advocacy groups such as those in nearby Canada also formed to promote individuals with disabilities as active and contributing members to society (Council of Canadians with Disabilities, CCD, 2001). The general education curriculum was solidified by the USA with the *No Child Left Behind Act-2001* (Applequist, 2007). In addition, free education was provided to all children in public schools in the USA, including children with disabilities in the least restrictive environment. As a result, many children with disabilities were educated in the mainstream classroom with their peers without disabilities. Recently, performance of students with disabilities has been tied to the standards based agenda described variously as a panacea for the disabled (Elliot,

Braden & White, 2001) or as a major threat (Ainscow, Booth & Dyson, 2006; Higgins, Macarthur & Morton, 2008).

In Great Britain, for example, the connection between standards and the core curriculum was evident in the government's *Green Paper Excellence for All Children* (United Kingdom [U.K.] Department of Education and Employment, 1997) and the latest school improvement initiative improving the *Quality of Education for All* (Ainscow, 2007).

Beginning in the 1990s, inclusive practice in the European educational system had taken the form of philosophical guides through legislation, policies, and practices. The education of students with disabilities was discussed under the theme of protecting human rights and fundamental freedoms (O'Hanlon, 1995). In current practice in the European Union (hereafter EU), inclusive education falls under an initiative to reduce barriers and to safeguard protective measures for people with disabilities so that they may access all aspects of social life (European Commission, 2003). EU countries worked toward inclusive education by giving teachers varying degrees of support in terms of supplementary staff, materials, and equipment (European Commission, 2002). However, depending on the organisational models of education for students with disabilities, European countries can be divided into three categories: one-track countries (develop policy and practices geared towards the integration of almost all pupils within mainstream education); two-track countries (two distinct systems, a general education system and a special education system that operate under separate legislation); and multi-track (a continuum of services is available and based on their needs, students with disabilities may receive schooling in general education schools, specialised schools, and inter-school exchange programs and activities).

Canadian law and policy makers have realised the necessity for inclusive practices over the last four decades (Aunos & Feldman, 2002). *The Charter of Rights and Freedoms* (Section 15) provided equal status to individuals with disabilities in 1982 (Canadian Association for Community Living, 2005) through the statement ‘[E]very individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability’ (p. 80). A social justice agenda in that country provided the opportunity for individuals with intellectual disabilities to be able to return to their communities. As a consequence, children with sensory, physical, and learning disabilities are included in neighbourhood schools and in classes with their peers. Each province and territory in Canada, as in Australia, has their own definition and strategy for inclusive schooling (Forlin, Chambers, Loreman, Deppeler, & Sharma, 2013). Prince Edward Island (PEI) for example, the smallest province in Canada has the smallest literacy gap between children with and without disabilities (Statistics Canada, 2007) because all of the PEI’s elementary schools are fully inclusive.

Turning to a non-Anglo-Saxon member of the global north, people with a disability in Russia were considered invisible and official recognitions of them were rare (Thomson, 2002). People with disabilities have been excluded from the social and political life of their communities and isolated from the mainstream community. Changes have occurred again through disability work by non-government organisations and through the introduction of an inclusive education. Russian law on education does not forbid children with disabilities studying at regular schools and researchers point to inclusive education as being one of the priorities of the state’s educational policy in Russia (Iarskaia- Smirnova & Loshakova, 2004; Iarskaia-

Smirnova & Romanov 2007).

The global south. There is emerging literature about law and policy makers' attempts at inclusion of individuals with disability in the global south. For example, there is emerging literature in Arabic countries and the eastern global south (Abbeduto, Seltzer, Shattuck, Krauss, Orsmond & Murphy, 2004; Al-Farsi, Al-Sharbati, Al-Farsi, Al-Shafae, Brooks & Waly, 2011; Al-Salehi, Al-Hifthy & Ghaziuddin, 2009; Alshaiban, 2012; Amr, Raddad, El-Mehesh, Bakr, Sallam, & Amin, 2012), but there is little in relation to the Indian and Bangladesh nations. What literature is available tends to be in relation to medical reports and reports that are instituted by health organisations (Daisy, Mohammad & Alam, 2010; Rahman, 2010; Islam, Parveen, Parvin & Begum, 2011).

In more detail, in South Africa, inclusive education is based on social principles of distributive justice and parents often have a choice *in theory* of a special school, a full-service, and/or an ordinary school for their child with a disability. In addition to that individual learners have opportunities of equal distribution of material and social goods and inclusive (and full-service school) classrooms (Hay & Beyers, 2011).

In Bangladesh, inclusive education is still in a beginning phase. Ahsan and Burnip (2007) undertook a study of inclusion in Bangladesh and found that there were some misguided beliefs about disabilities, namely negative attitudes of parents, family members, teachers, and peers towards children with disabilities and a lack of accessible facilities. Burnip found inadequate teacher training; limited curriculum modification and simplification; absence of alternative communicative approaches; a traditional evaluation system; inadequate teaching materials; absence of disability screening and assessment tools; lack of government initiatives; absence of inter-

ministerial coordination; and above all, a lack of adequate funding that constitute barriers to regular education for the children with disabilities (Directorate of Primary Education & CSID, 2002) in Bangladesh.

In Bangladesh, the *Ministry of Social Welfare* department is responsible for children with disabilities. The Ministry, however, uses negative terminology such as *handicapped, deaf and dumb, children with physical and mental problems* instead of positive terms such as *challenged, children with difficulties in hearing and speech, children who are physically and mentally challenged* (Ahuja & Ibrahim, 2006).

For this reason, children with disabilities are considered as an object of charity or welfare and not as those who have human rights and rights to an education. Bangladesh endorsed *The Convention on the Rights of the Child* (United Nations Human Rights, 1989) emphasising the educational rights of all children without discrimination; the *Dakar Framework* (UNESCO, 2000) and the *E-9 Ministerial Review Meeting* (2000). One of the main goals of education in Bangladesh now is to include all children in mainstream education even though they may have special needs. Bangladesh is also a signatory to the *South Asian Islamabad Declaration on Education for all* (2003). Based on the above commitments, the government of Bangladesh has undertaken several initiatives (action plans, national policy for children, and primary education program) to ensure education for all.

Components of the *PEDP-II* plan called for improvements in support of equitable access to quality schooling utilising special needs education by continuing a stipend program for families in poverty, providing grants for children with disabilities, and developing pedagogical support for children with special learning needs at the school level. *PEDP-II* has the potential to provide required impetus to inclusive education practices, but it is limited in having no comprehensive policy and action plan regarding the education of the children with disabilities.

To achieve the goals of EFA, different service delivery models have been implemented by different organisations. One of these models is implemented by the *Bangladesh Protibondhi Foundation* (BPF), which has long been running schools for different categories of children with disability, but has always believed in every child's right to be part of mainstream life irrespective of the characteristics. With this belief, and to ensure the educational rights of all children having access to education, the BPF reversed the inclusive process by enrolling all children without disability into the six special schools. The BPF organises schools in the rural areas and one is located close to the urban slum. The BPF also provides non-formal education from pre-school to Grade 5 and started an inclusive school named "Kalyani" at Mirpur, in Dhaka city. The BPF is a non-government, not for profit, voluntary organisation. The BPF mainly assess, diagnose, educate, and rehabilitate children and adults with disability: specifically intellectual disability, cerebral palsy, speech and communication disorders, and attention deficit hyperactive disorder. All of these children attend the BPF school along with other children from the catchment area. In this school, the authority arranged ramps and walking rails for the children who have difficulties with mobility. In the classroom, those children who use wheelchairs sit near the door.

Most of the teachers who are working in this school have completed a Masters' degree in psychology and a Bachelor's degree in special education. The teachers aim to maintain a friendly relationship with the students. The teachers arrange the seating arrangement based on the needs of the students. For example, children with learning difficulties sit in the first row so that the teacher can look after them properly. Children sit on benches and share common working tables. The teachers use the blackboard to conduct lessons. Teachers also give responsibilities to the children, interact with them, and ask questions of the students to promote active participation

in the class.

The BPF follows the *National Curriculum for Primary Level – 2012* (National Curriculum of the Text Book Board, 2012). The features of the BPF's inclusive model are a child-centered approach, peer teaching, supported placement, a family-focused approach, a community preschool program initiative, staff in-service education, parent–teacher partnership, and networking with mainstream school teachers. The BPF has achieved much, albeit in an environment of considerable poverty (Hunt, 2008; Alexander, 2008; World Bank, 2009; Sabates, Hossain & Lewin, 2010). Other non-government organisations are also working in this area. *Dhaka Ahsania Mission (DAM)* and the *Underprivileged Children's Education Program (UCEP)* are some examples. The UCEP organises education for children coming from different social groups. At present, 24000 working children are receiving education and skill training through 30 general schools, 3 technical schools, and 7 para trade centres in different cities. The UCEP has started its journey to inclusive education and have the facility from the preparatory year to Grade 8. The school currently has 708 children, those of whom are admitted based on a child survey conducted in the catchment area within a two-kilometre area of the school.

They include children from 'Bihari' families, children with physical and intellectual disabilities, from working children. Bihari families are a considerable number of non-Bengali citizens in Bangladesh who speak Urdu and came from Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan of India moved to East Pakistan, which later became Bangladesh (Farzana, 2008). Boys mainly work as domestic helpers, porters in the market place, assistants to shop keepers, carrying water to different houses where there is a shortage of water in the area, and barbers to make some small earnings to maintain their family. Girls are involved in paper-

packet making, stitching, and embroidery and work for three to four hours in a day. When the girls attend school they experience relief from the hard work and most of the children attend the inclusive environment in the classroom. The children with disability and their families including the community and peers accept inclusive education. The learners and the teaching staff are reported to maintain healthy relationships within this school (Gronlund, Lim & Larrison, 2010).

It can be seen that Bangladesh, as a member of the global south, has a number of policies and practices in place that manage the inclusion of children with a disability, but many of these are provided by non-government organisations. It seems clear that the policies are there from the government, but practice is lacking. So there are large gaps between theory and practice and the country faces a challenge with the actual implementation of inclusive education (Ahuja & Ibrahim, 2006; Ali, Mustapha & Jelas, 2006).

Inclusive education is an approach to improve the education system by limiting and removing barriers to learning and acknowledging individual children's needs and potential. The goal of this approach is to make significant impact on the educational opportunities on those: 1) who attend school but who, for different reasons, do not achieve adequately; and those 2) who are not attending school, but who could attend if families, communities, schools and education systems were more responsive to their requirements.

Ahuja and Ibrahim (2006) further outline six characteristics of inclusion in Bangladesh:

- “all children who are left out or excluded from school
- children with disability;
- children who do not speak the language of the classroom;

- children who are at risk of dropping out because they are sick, hungry, or not achieving well;
- girls and boys who should be in school but are not, (e.g. children who work at home, in the fields or who have paying jobs to help their families survive) and
- children who may be enrolled in school, but may feel excluded from learning in the classroom (e.g. the ones who sit at the back of the room, and who may soon leave the classroom altogether (dropout) because they are not from the same community (p.6)”).

So to summarise, in Bangladesh, inclusive education aims to create the kind of learning environment where all kinds of children can learn.

To provide intervention and education properly, teacher training on inclusive education is needed in Bangladesh (Ahuja & Ibrahim, 2006). Training must be planned systematically on a short-term and long-term basis. There are some organisations that are providing training to the teachers and they include: *Department of Special Education, Institute of Education & Research (IER), Dhaka University; Teachers Training College, National Centre for Special Education, Dhaka; Centre for Disability in Development (CDD), Savar, Dhaka; Bangladesh Institute of Special Education; Bangladesh Foundation for the Disabled; Bangladesh Protibondhi Foundation (BPF); Centre for the Rehabilitation of the Paralysed (CRP)*. The *Institute of Education and Research (IER)* of Dhaka University offers a training course in special education for people who are working in this field. The CRP provided training for the primary teachers in their inclusive school. CRP runs an inclusive school on the Savar campus. The children with special needs are included with the neuro-typical children who come from the local area and also the children of staff members. Often though, parents of neuro-typical children do not want to have a

child with disability in their child's classroom. These parents are anxious that their child might learn the wrong behaviour from the child who has a disability. So the inclusive school mostly includes the children from low socio economic status, so that the parents of poor children do not raise voices like the parents of the typical children who have a high socio-economic status.

Whilst it is clear that a lot of work is happening in Bangladesh, there remains a need to change the attitudes of teachers, head teachers, and the school management committee members towards educating children with disabilities in mainstream education (Ahmed, 2015; Ahuja & Ibrahim, 2006). In Bangladesh, core groups have been established to work with teachers and monitor inclusive education in Bangladesh. The inclusive education core group consists of the *United Nations Educational, Scientific and Cultural Organisation (UNESCO)*, *Ministry of Primary and Mass Education (MoPME)*, *Save the Children*, *United Nations International Children's Emergency Fund (UNICEF)*, *Underprivileged Children's Educational Programs (UCEP)*, *Bangladesh Protibondhi Foundation (BPF)*, and *Bangladesh Rural Advancement Committee (BRAC)*. Of particular importance is the innovative work of the BPF. As noted earlier in this chapter, however, there are issues related to culture and poverty that affect the adequate take-up of the agenda in this nation.

Australia is both part of the global north and global south. In terms of a global north perspective, the inclusion debate has been similarly addressed as in the United States, the United Kingdom, and Canada. In 2001, for example, an adapted report from the *National Research Council of Australia Committee on Educational Interventions for Children* commented that a strong national priority is to develop interventions for children with ASD immediately after diagnosis. To cope with this, school authorities were encouraged to adopt pre-packaged programs and a one-size-fits-all-children-with-ASD approach for these children. As a consequence, a number

of students with ASD are enrolled in inclusive classes through this early intervention process (Keane, Aldridge, Costley, & Clark, 2012).

All of these issues strengthen my motivation to conduct this study. My aim was for this study to explore the experiences of parents and teachers with children with autism regarding their educational settings. The next chapter will describe the literature pertaining to autism reviewed for the research in more detail.

Chapter 3: Literature Review

This current study draws upon the literature fields of ASD and inclusive education. It investigates both ASD and inclusive education from the perspective of researchers. There is considerable literature in relation to ASD in different countries all over the world. Chief theorists over the years in this area include Kanner (1943), Wing and Gould (1979), and Simpson and Myles (2008). Each of these theorists have researched ASD in different ways. The first section of the literature review turns to these theorists and their articulation of the term 'ASD'. This is then followed by a discussion of the prevalence of ASD worldwide and the educational approaches more generally.

Autism Spectrum Disorder (ASD)

As a practicing psychologist, the researcher has privileged definitions that are provided by the DSM-5 (DSM-5 is the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition that is used for psychiatric diagnosis), however, following the provided definitions, acknowledgement is also given to other definitions. The definition used in this thesis for ASD is that it is a lifelong neuro-developmental disorder that involves global impairments in social skills and in verbal and non-verbal communication, as well as the presence of stereotyped patterns of behaviours and interests (Fombonne, 2003; Hall, 2012; Yeargin-Allsopp et al., 2003). The disability is often accompanied by other classifications such as concepts of *twice exceptionality* (intellectually gifted children who have some form of disability or special needs) and *co morbidity* (the presence of one or more additional disorders co-occurring with a primary disease or disorder). Previously, the category of ASD included pervasive developmental disorders such as Asperger's Syndrome, Rett's

Disorder, and Childhood Disintegrative Disorder (Phetrasuwan, Miles, Mesibov, & Robinson, 2009). There has been a significant change, however, in diagnostic criteria listed in the *Diagnostic and Statistical Manual of Mental Disorders –5* (American Psychiatric Association, 2013). There were initially five ASD, each of which had a unique diagnosis namely Autistic Disorder or classic autism, Asperger's Disorder, Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS), Rett's Syndrome, and Childhood Disintegrative Disorder. In the latest revision of the DSM however, these disorders do not exist as separate diagnoses on the autism spectrum. Instead, with the exception of Rett's Syndrome, they have been subsumed into the diagnosis of ASD. Rett's Syndrome became its own entity and is no longer part of the autism spectrum.

In more detail, the *DSM-IV* originally contained three core areas for diagnosis such as language challenges, social deficits, and stereotyped or repetitive behaviours. Language difficulties and communication difficulties, for example, are often observed very early in any child's life, in addition to those who are later diagnosed with ASD (Foreman, 2014). Children with ASD do communicate, but they communicate less frequently and more narrowly than other children of the same age. Communication is almost always about an object or thing or about the behaviour of others rather than their own behaviour. Given that literacy specialists argue that language is always a social construction, in the new *DSM-5* communication and social deficits and fixed or repetitive behaviours are used as two core areas. This is because the authors of the *DSM-5* found that it was difficult to separate communication deficits and social deficits since these two areas overlapped significantly.

Communication is often used for social purposes and communication deficits can dramatically affect social performance. This newer definition began to

acknowledge the arguments of the disability studies movement in that we have come to know and understand difference from and within social activity. Previously, a language delay was a significant factor in the diagnosis of classic autism. However, now individuals with ASD might not have a language delay in order to receive that diagnosis. The new version of the DSM does not include language delay as a criterion for diagnosis. This is because language delays could occur for many reasons and are not consistent across the ASD spectrum and so should not be required for diagnosis.

Further, in the *Diagnostic and Statistical Manual of Mental Disorders –5 (DSM-5)*, ASD is defined as the persistent impairment in reciprocal social communication and social interaction, and restricted and repetitive patterns of behaviour, interests, or activities (American Psychiatric Association, 2013). ASD are seen in males four times more than females (Haq & Le Couteur, 2004; Lord & Bishop, 2010; Phetrasuwan et al., 2009).

70 years ago Dr. Leo Kanner identified a disorder and named it *Early Infantile Autism* (Corsello, 2005). Kanner made some errors in diagnosis though and he concluded that children with autism did not have physical differences to other children. “Today it is recognised that autism is an organic disorder (present at birth) and may be associated with other medical and physical conditions” (Heflin & Alaimo, 2007, p.49). Kanner also presumed that the condition only occurred in families of high socio-economic status as these were the children he saw, whereas today ASD is considered to be prevalent in families of any and all socio-economic status. He also thought that there was little effect from underlying levels of intelligence and presumed that the eleven children he observed all had normal abilities. Now we know that many children with ASD can also have intellectual impairments.

After Kanner, the disorder's aetiology was further explicated by psychiatrists through the use of diagnostic manuals. The first mention of the disorder was in the *Diagnostic Statistical Manual-III* (DSM III), Volume 3. This volume listed Infantile Autism as a severe disorder of social and communication development. The *American Psychiatric Association* in DSM –IV (1994) broadened the diagnostic boundaries to include the more severe form of ASD (Autistic Disorder) and also to recognise milder subtypes, such as Asperger's Disorder and Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS). Today, the definition of ASD has changed again and that definition has excluded Asperger's Syndrome and Pervasive Developmental Disorders Not Otherwise Specified (PDD-NOS) from the definition. This removal was based on an argument that there were no statistically significant evidenced based studies that supported each of these diagnoses as being part of the ASD category.

Many researchers and theorists describe the cause and characteristics of ASD. The impact of ASD varied across a spectrum of impairment and within the children themselves. Children and adults with ASD typically have difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities. The disorder of autism spectrum makes it hard for individuals to communicate with others and relate to the outside world. Each person who is diagnosed with ASD is unique and they may not function or behave communicatively exactly like others diagnosed at the same level. Some children may also have repetitive behaviour impairments but satisfactory language and learning capabilities, whilst others may lack abilities in both verbal communication and in nonverbal communication (Carpenter & emerald, 2009). However, all people with ASD have difficulty with non-verbal communication. Thus, it is essential to hold a nuanced view of any guides and criteria when working with children with ASD.

Aetiology of ASD. ASD is said to cause qualitative impairments in communication and social interaction and restricted and repetitive patterns of behaviour, interests, or activities with impairments in one of these areas during the first three years of life (Corsello, 2005). This developmental disorder significantly affects some parts of the central nervous system (Greenspan, 2006) resulting in deficits related to language, communication, and thought processing (Volkmar & Pauls, 2003) together with deficits in other functions such as imagination (Fukumoto et al., 2008). Verbal and non-verbal information processing systems are also affected by ASD (Dodd, 2004).

A triad of impairments changes to a dyad of impairments. Up until recently, ASD was considered to be concerned with a triad of impairments. The *DSM -5* (APA, 2013) however has now limited the diagnosis to two diagnostic criteria: (1) social and communication impairment, and (2) restricted and repetitive interests and behaviours. That is, the two communication criteria mentioned in the triad have been collapsed into one criterion called the Social and Communication Domain. Repetitive and restricted interests are now termed Restricted and Repetitive Interests and Behaviours. Most of the literature on ASD, however, currently described the disorder as having three main symptoms: communication impairments, limited imagination and repetitive behaviours, and impairments in social interactions. Indeed, Wing and Gould (1979) oriented the term “triad of impairment” and gave an overview of the history of ASD.

ASD is currently conceptualised as a dyad of impairments. Each component of the dyad will now be outlined.

Communication and social deficits. Communication impairment is the inappropriate integration of language abilities into social interaction. A

communication impairment affects both verbal and non-verbal communication (Cashin, & Barker, 2009; Dodd, 2004). Individuals with ASD may not communicate effectively and interact appropriately with others and with the environment. They may not be able to continue a long conversation or take part in everyday discussion (Boucher, 2009). They may utilise a monotonous tone of voice and their speech rhythms are often not considered typical. Individuals with ASD have a pronounced communication deficit. Communication deficits range along a continuum from limited comprehension and no functional language to literal understanding of language and reasonable conversation skills (Janzen, 1999). Individuals with ASD may have no speech or very limited speech and may lack typical communicative gestures. Some individuals with ASD never develop speech. Those who are “non-verbal” may also have difficulty in developing or understanding other forms of communication such as singing, gestures, or pointing. Other individuals may not use speech, but communicate their needs non-verbally. They may speak in complete sentences, but be unable to initiate or maintain a conversation. Sometimes individuals with ASD may have difficulties in attending to situations, processing information, and formulating appropriate responses using whatever language they have.

Social interaction focuses on relations and interactions with other people. Social interaction includes how a person shares tasks with others and takes turns. According to Wing (1996), social behaviours of individuals with autistic spectrum disorders are quite different. These social behaviours can be categorised into four different groups: the aloof group (act as if other people are not present), the passive group (allow social approaches, but they do not instigate social interaction), the “active but odd” group (repeatedly express their own concerns), and the overly formal, “stilted group” (individuals who are extremely well-mannered and

ceremonial who follow the rules of interaction). Impairments in social interaction also include a lack of social-emotional reciprocity, difficulty with friendship, social avoidance, and withdrawal (Boutot & Myles, 2011; Lord & Bishop, 2010).

Restricted and repetitive interests and behaviours. Individuals with ASD are said to demonstrate restricted and repetitive interests and behaviours. They struggle to follow and maintain routines. If any change occurs in their routine, they may be resistant to that change. Individuals with ASD also have related features like sensory sensitivities, impaired cognitive functioning, and visual learning. In addition, individuals with ASD have impairments in emotional expression, joint attention, and understanding the mood and behaviours of others. Consequently, these individuals struggle to relate to the experience of others and to respond appropriately (Wing, 1996).

Simpson and Myles (2008) proposed a model of the autism spectrum (see Figure 3.1), in which they include cognition, personality, and sensory motor aspects in addition to the component of dyad of impairments. Other psychological and development disorders like Asperger syndrome, Childhood Disintegrative Disorder, Rett's Disorder, and Pervasive Developmental Disorder are also included in this model. All the components of this model are interlinked and explain in more detail how the disability affects individuals.

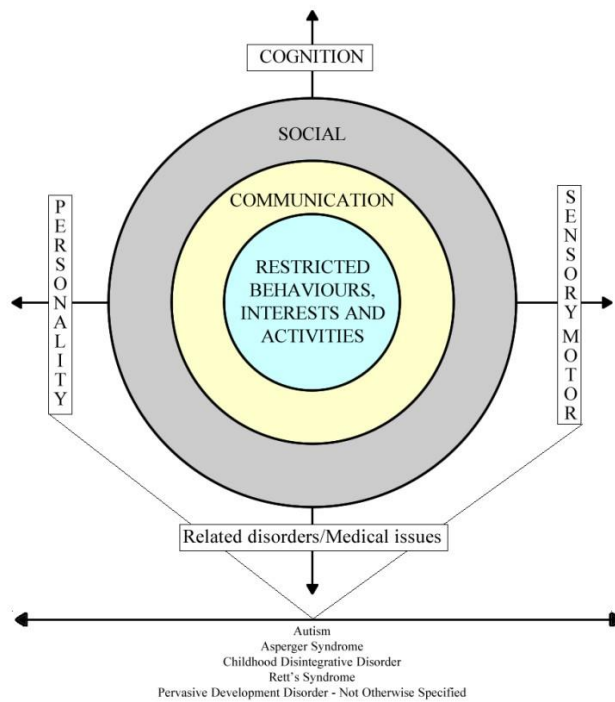


Figure 3.1 Model of the autism spectrum (Simpson & Myles, 2008, p.5)

The core features of ASD vary depending on the severity. Growth and development of an individual with ASD may change over time. For example, an individual may have a severe social impairment, a moderate impairment in both expressive and comprehension skills, and a mild degree of impairment in terms of repetitive behaviours and restricted interests (Dodd, 2004). Impairments in these three areas continue throughout life; however the intensity may be reduced across the life span of an individual. It is therefore imperative to consider the nuance of presentation when discussing children with ASD. The chapter now provides a discussion of the statistics of prevalence of ASD worldwide.

Prevalence Statistics of Children with ASD in the World

Prevalence accounts for how often something occurs. Heflin and Alaimo (2007) observed that the “prevalence rates documented in international studies published between 1966 and 1997 show an increase in the prevalence of autism (not the full spectrum)” (p.70). When the complete spectrum is considered, then

prevalence rates in a population jump from 10 every 10,000 people to 27.5 per 10,000. This clearly shows that ASD is “the third most commonly diagnosed developmental disorder” (Heflin & Alaimo, 2007, p.70). However, this statistic could have more to do with the prevalence of *diagnosis* rather than the prevalence of illness.

The reported number of children with ASD according to country of origin is increasing noticeably day by day in the USA, UK, and Australia (Elsabbagh et al., 2012; Fombonne, 2003; Matson & Kozlowski, 2011). Recent estimates in the USA suggest that these rates have risen up to as high as 110 per 10,000 individuals (Nicholas, Carpenter, King, Jenner, & Charles, 2009; Rutter, Le Couteur, & Lord, 2003; Young, Brewer, & Pattison, 2003). In Canada, the rate is slightly lower in comparison to the USA, which is approximately 74 per 10,000 individuals (French, Bertone, Hyde, & Fombonne, 2013).

Britain has experienced reported prevalence rates as high as 20 per 10,000 children (Boutot & Myles, 2011; Lord & Bishop, 2010). In a study conducted in South Thames (United Kingdom), a prevalence rate of 38.9 per 10,000 children was highlighted. Cashin and Barker (2009) estimated a cumulative incidence of ASD in ten countries (the United States of America, Canada, the United Kingdom, West Germany, Japan, France, Sweden, Norway, Finland, and Israel) at 27.2 per 10,000 individuals.

In Australia, during 2003 to 2004, the reported prevalence rate was 9.6–40.8 per 10,000 in children 6–12 years old (Williams, MacDermott, Ridley, Glasson, & Wray, 2008). In 2007, the estimated prevalence rate for ASD increased to 62.5 per 10,000 in children of age 6 to 12 years old (Williams et al., 2008). In 2009 across Australia, a total of 53,500 children and young people aged 0-19 years were reported to have ASD (Australian Bureau of Statistics, 2011). In June 2011, the *Australian*

Bureau of Statistics reported the incidence level of ASD as 103 per 100000 children, for those in the 0-4 years old bracket and 29 per 10,000 children in the 5-14 years old bracket. Clearly, based on these prevalence figures, educators must adapt education curriculum, pedagogy, and assessment to cater for these individuals. The next section of this chapter discusses education for children with ASD.

It is important to note here that there are other ways to label and consider the phenomenon of ASD. Providing a label such as ASD may delimit and restrict the person who is given the label. Instead, Garrick, Winter, Sani, and Buxton (2015) feel that individuals can often only become what is available for them to become. Said another way, language helps create the possibilities for becoming and also the possibilities for un/becoming (Butler, 1990). We perform language and are also affected by language. When applied to ASD, the literature can be based on the *DSM-5* or the sociological disability studies movement and that by creating the new classification of ASD,

Kanner and Asperger participate[d] in the endless reshaping of the map of psychological disorders, which rise and fall historically, as much in response to cultural and social pressures as to any neutral, scientific observation. Today, autism may appear a secure, natural category, but it is as historically and culturally contingent as neurasthenia, hysteria, and fugue-science based and neutral medical categories of a previous era-and may someday share their fate (Straus, 2010, p.536).

Children with ASD and their Education

Children with ASD have rights to an education even though the disability may adversely affect their educational performance. Options for schooling available for children with ASD have included education in a regular and/or special school and/or home schooling. Schooling options for each child have depended on a number of

factors including the severity of symptoms of ASD. Children with ASD vary from the less competent to the more competent in social settings. Most children with ASD participate in inclusive education classrooms, yet there is a portion of children who require entry to a special school (deBoer, 2009). In an inclusive school, children with ASD are taught by a classroom teacher and also assisted by a special education teacher (Ali, Mustapha & Jelas, 2006). Based on their severity of disabilities, children with ASD have to face significant challenges in their education (Myles, Simpson, & deBoer, 2008). Children with ASD, no matter how severe their symptoms are, have a right to an education. They have also a right for inclusion in society.

The diagnosis process itself often further affects the education of children with ASD. After the diagnosis, parents are often depressed and in shock (Honey, Hastings & McConachie 2005). In addition, the families of children with ASD often experience more stress than families of children with other disabilities and families of children without a disability (Honey, Hastings & McConachie 2005). The parents of children with ASD are often unable to find a suitable program for their child. In the early years of life, children with ASD can attend an early intervention program to get services and interventions. However, as they get older they have to attend an inclusive class or *Early Childhood Development Program* (ECDP) depending on the severity of their symptoms. If they have a mild form of ASD then they can go to an inclusive classroom with other neuro-typical children. This research is interested in these children and in those a little older in primary schools. Sometimes in an inclusive class, children along the spectrum have to go to *ECDP* only for two days if they have some other difficulties. The *ECDP* teacher might work individually with the child according to his/her problem areas while the child is also attending an inclusive class.

Though the reported number of children with ASD is substantially increasing all over the world, the increased numbers of children on the autism spectrum still imposes extra burden on the existing public education system. More children with this disorder are attending regular school (Keane, Aldridge, Costley, & Clark, 2012; McCullough, 2014). Regular schools and teachers are being challenged by the number of young children with ASD presenting in the classroom. In Queensland, for example in 2011, it was estimated that 61,439 students were enrolled in an inclusive program at government and non-government schools across Queensland (Australian Bureau of Statistics, 2012). Based on this predicted prevalence rate, more than 150 students attended mainstream classes in this Australian state (Queensland) whom would be expected to have ASD.

The main focus for this research is on an inclusive classroom through inclusive education, however because of the nature of the sample some attention is paid to special education placements. The chapter now turns to a discussion of inclusive education.

Inclusive education. Inclusive education has been defined and redefined over a long period of time in order to come to its present form. Inclusive education is defined for the purpose of this research as the teaching of students with disabilities in the same classroom setting as other students. This practice was first called *mainstreaming*, subsequently *integration*, and then its present form as *inclusion* (Odom, 2000). The practice of combining children with and without disabilities regardless of any perceived difference, disability, or other social, emotional, cultural or linguistic difference in the same classroom setting focuses on providing services to all students in the regular classroom, rather than pulling students out of the regular classroom to receive special services (Florian, 2008; Higgins, Macarthur & Morton,

2008; Macartney & Morton, 2013). Philosophically, inclusion is to receive and to value everyone regardless of differences in schools, neighbourhoods, and community contexts (Renzaglia et al., 2003). Further, Booth, Nes, and Strømstad (2003) describe inclusion as consciously and actively introducing values based on equity, entitlement, community, participation, and respect towards diversity. In addition, inclusion is about reducing inequality in the economy, society, and to barriers to learning.

Inclusion aims to have teachers and learners comfortable with diversity (Ahuja & Ibrahim, 2006) and develops various ways for students to interact with each other (Morcom & MacCallum, 2012). Inclusion aims to eliminate social exclusion (Ainscow, 2004) that is a response to attitudes about race, class, and culture. Inclusion is a philosophy and has its roots in social justice that all students should attend mainstream settings for their education (Kemple, 2004). Students with special needs have the right to an education in an inclusive class (Ali, Mustapha & Jelas, 2006).

Inclusion is about the least restrictive environment. In order to maintain the least restrictive environment and to provide support to students with special needs in class, the schools need to train more mainstream teachers to handle an inclusive situation (Ali, Mustapha & Jelas, 2006). Sometimes though, teachers are not trained, but are forced to work with children with disabilities (Vaughn, et al., 1996). Foreman (2014) observes that an inclusive approach to children with ASD is to use a wide range of teaching strategies that facilitate communication regularly throughout the school day.

Inclusion is about the use of *Universal Design for Learning* (UDL). *UDL* is one approach which uses a planning design for all learners (PAL) procedure. The principles of *UDL* provide an outline to design a curriculum that focuses on the

diverse needs of all learners (Meo, 2008). In the procedure of UDL, there are 4-step processes to design curriculum including instructional goals that provide appropriate challenges for all students; flexible and various methods which will support and challenge all learners; flexible and varied materials with the advantage of the digital media such as multimedia software, video recorders, tape recorders, and the internet; and assessment that is sufficiently flexible to provide accurate information about students' understanding and knowledge. After setting goals of the curriculum and materials, then UDL can be applied and used in the lesson. For a purpose such as this, Garrick (2014) provides a lesson plan design that incorporates *UDL* for all students within an inclusive setting that helps make it easier for the classroom teacher to design and deliver education that differentiates on an *all, most, and some* basis.

When a curriculum is designed universally, it includes all kinds of students and especially those who do *not* have special needs. All of the students benefit from the flexible learning environment. According to Meo (2008), a *UDL* curriculum is characterised in the following ways:

1. “multiple or flexible representations of information and concepts (the *what* of learning),
2. multiple or flexible options in expression and performance (the *how* of learning).

In addition, according to Rose and Meyer (2002), *UDL* curriculum is multiple or flexible ways to engage learners in the curriculum (the *why* of learning).

Models/elements of inclusive education. Inclusive schools respond to children as individuals and change the organisation to suit this. According to deBoer (2009), there are eight components of an inclusive education program model. Based

on these components, the role, responsibilities, and practices of inclusive education are constructed. The components are: administrative leadership, fund allocation, commitment of the team, training and support for students and personnel, allocation of resources and space, accommodations and instructional method, regular evaluation of inclusion procedures, and parental involvement. Most countries worldwide follow all of these strategies.

In addition to these, inclusive education is based on effective research-based pedagogies (EADSNE, 2001; Florian, 2007; Friend & Bursuck, 2002). Researchers have established four effective pedagogies in inclusive education that have been demonstrated as effective for students with disabilities. These pedagogies are peer tutoring, Curriculum-Based Measurement (CBM), strategy teaching, and Positive Behaviour Support (PBS). The four pedagogies will now be described.

Peer tutoring. Peer tutoring is known to be an effective inclusive strategy. Peer tutoring, also known as peer teaching or class-wide peer tutoring, includes structured activities in pairs so that students engage in frequent interactions with each other (Beattie et al., 2006; Dion, Fuchs, & Fuchs, 2007). This involves the paired students taking turns to introduce academic skills (e.g., multiplication facts and sight words) and to coach each other for comprehension. A number of studies have acknowledged the effectiveness and strength of peer tutoring as well as the limitations of this pedagogy. Dion et al. (2007) and Rose (2008) confirmed that peer tutoring is an effective pedagogy that leads to improved learning outcomes for a large number of students, including students with disabilities. Peer tutoring enhances the reading development of achieving students as well as children diagnosed with learning disabilities in inclusive classrooms in Grades 2-6 (Fuchs & Fuchs, 2001). Researchers have drawn attention to the effectiveness of peer tutoring in maximising effective teaching time and in clarifying goals and procedures with which teachers

prepare lessons, increasing instructional support, increasing opportunities to respond, and subsequent positive classroom management (Fuchs & Fuchs, 2001).

Curriculum-Based Measurement (CBM), Curriculum-Based Measurement (CBM) is a simple and efficient system that was developed to assist special education teachers in tracking students' growth in basic skills. There are three characteristics of this system, namely frequent samplings from the curriculum materials to assess students' academic performance in achieving long term goals and also frequent monitoring and graphical depiction of progress. This process assists students and teachers in realising progress towards a long-term goal and allows teachers to make sound instructional decisions (Stecker, Fuchs, & Fuchs, 2005).

In a study by Lembke, Deno, and Hall (2003), the researchers used CBM to connect early writing proficiency with early reading development (Fuchs, Fuchs, & Compton, 2004). The CBM system has been shown to have adequate documentation for progress monitoring and decision making with increased accountability on teachers' beliefs concerning this measurement system (Foegen, Espin, Allinder, & Markell, 2001), with subsequent implications for practice.

Strategy teaching. Strategy teaching involves different procedures that permit the students to learn in different ways (Beattie et al., 2006). Teachers and students use a comprehensive list of strategies that can help them rehearse, remember, and elaborate on academic content. Teachers and students also use strategies for self-management and attention orientation. In 2002, the effectiveness of a six-step strategy instruction on solving mathematical word problems that required third-grade students to find half of a number was investigated (Owen & Fuchs, 2002). The method of strategy teaching was found to be successful. Another study examined the effects of a strategic writing program for students with and without learning disabilities in inclusive fifth-grade classes through a quasi-experimental comparison

group design (Bui, Schumaker, & Deshler, 2006). In the experiment, students of the three selected classes received methodical instruction on a mnemonic device and several strategies on how to identify the purpose, audience, and topic of their writing, and plans to complete their writing based on sentence and paragraph formation, and error monitoring. Two comparison classes, however, received traditional writing instruction. Results indicated that the students with and without disabilities in the experimental group made significant gains from pre-test to post-test on several writing measures.

Positive Behaviour Support (PBS). Positive behaviour support is dealing with negative behaviour. Previously, punishment was the primary and sometimes the only means of addressing negative behaviours in school cultures (Gartin & Murdick, 2001). Through inclusive practices in education the focus is on supporting the children by making changes in the school environment and teaching students new or alternative positive behaviours (Soodak, 2003). Bensimon (2005) provides a useful framework to check whether the institution is succeeding in these sorts of endeavours. Positive Behaviour Support (PBS) is one kind of positive intervention. PBS is defined as the extensive array of systemic and individualised strategies to achieve important social and learning outcomes while preventing problem behaviour. The key attributes of PBS have included pro activity, data-based decision making, and a problem-solving orientation (Turnbull et al., 2002). PBS is established through four principles: (1) behaviour serves a function or a purpose for the individual, (2) intervention should be instructional and contain preventive interventions, (3) intervention should be based on the needs of the individual or of a group of students and (4) interventions need to be comprehensive and aim towards long-term outcomes (Bauer & Kroeger, 2004). PBS promotes positive peer behaviour, social competencies, and appropriate role models for students who have problems with

behavioural adaptation in a class environment. Effective PBS-based classrooms are characterised by well-designed physical environments, clearly articulated rules and routines, appropriate effective instruction, rewards for positive behaviours, and consistent consequences to deter problem behaviour (Hieneman, Dunlap, & Kincaid, 2005).

General studies re inclusive pedagogy. Furthermore, Alton-Lee (2003) condensed effective pedagogies in inclusive environments to ten pedagogies. The first characteristics of effective pedagogies for children with disabilities is that quality teaching is focused on student achievement (including social outcomes) and facilitates high standards of student outcomes for heterogeneous groups of students. The second characteristic is that the pedagogical practices enable classes and other learning groupings to work as caring, inclusive, and cohesive learning communities. Quality pedagogical practices create an environment, which works as a learning community to address diversity. In the third characteristic, effective links between school and other cultural contexts in which students are socialised are reinforced in order to facilitate learning. The students can make a link between their past experiences with the new experiences. The fourth characteristic of effective pedagogy in inclusive classrooms is that quality teaching is responsive to student learning processes. The teacher should have knowledge about the students' learning processes and creativity in facilitating the learning process. The fifth characteristic places emphasis on the opportunity for effective and sufficient learning. To do this, the curriculum should have a link with reality so that students apply the learning in their practical life. The sixth characteristic of quality teaching is that its multiple task contexts are supportive of learning cycles. These task cycles actually enable students to engage in and complete learning processes so that what is learned is remembered. The seventh characteristic is the effective alignment of curriculum goals and

resources including Information Communication Technology (ICT) usage, task design, and teaching and school practices. The eighth characteristic is that pedagogy scaffolds and provides appropriate feedback on students' task engagement. Students are encouraged after getting effective, specific, positive and responsive feedback. Feedback must be neither too infrequent so that a student does not receive appropriate feedback nor too frequent so that the learning process is subverted. The ninth characteristic of quality teaching is that pedagogy promotes learning orientations, student self-regulation, metacognitive strategies, and thoughtful student discourse. Finally, the tenth characteristic of quality teaching is that it engages the teachers and students constructively in goal-oriented assessment. If the teacher and students have a clear idea about the learning outcomes then learning will happen properly.

Contemporary with Alton-Lee (2003), Heiman (2004) described four different models of inclusion: (a) *in-and-out*, (b) *two-teachers*, (c) *full inclusion* and (d) *rejection of inclusion*. Using Heiman's model, teachers believe that students with disabilities benefit from two worlds: in the regular classroom the special instruction they need and they can interact with their peers in regular settings. In the *two teacher* model, two teachers teach in the same classroom. One teacher focuses on the students with disabilities as they may have training in special education. The next model is full inclusion where most people believe that inclusion can be used in the regular classroom as an appropriate model. The view is that all students will benefit from this model. The final model is *rejected inclusion* where the thought is that the students with disabilities need to study in a separate class with special programs and students will make progress according to their level. This model is similar to that observed in Malaysia. But most cases of teachers from the Heiman's (2004) study support the use of hybrid models such as *two-teachers* and *in-and-out* approaches.

The *QSRLS* (Lingard, Mills & Hayes, 2000; Queensland Department of Education, 2001) research is also helpful in terms of inclusion. The model divides quality pedagogy into four main categories and 20 components, each of which are designed to improve the standard of a teacher's ability to provide class work that is of high intellectual quality, respectful of students' contexts, connects students' life worlds, and provides a safe and supportive environment. Besides effective research based pedagogies of inclusive education, McDonnell (2003) provides the *Disability Rights in Education Model* (DREM). In this model, McDonnell categorises educational systems in two different structural levels: (1) deep structures of theories, values, assumptions, and beliefs, and (2) surface structures of day-to-day practices in the organisation and operation of schools. DREM is based on the philosophy of inclusive education providing a multi-level framework for evaluating educational inclusion of students with disabilities at local/school, national, and international levels. This model provides a tool for use by educational policy makers, educators, community members, and organisations for disabled people. DREM describes the dynamic interrelationship of outcomes, resources, contexts, and inputs levelling individual outcomes specified according to content area. Outcomes in this model represent the products by which to evaluate whether or not a programme is responsive to disability rights and social justice (Peter, Johnstone, & Ferguson, 2005).

Each of these models has an effect on this study and regardless of the model is used, the child with a disability must be at the heart of the model and accepted as an active participant in their learning (Macartney & Morton, 2013). The *QSRLS* (Lingard et al., 2000) research into effective pedagogy, however, formed the key reflective tool for this study.

In addition, all school professionals (i.e., general education teachers, special education teachers, speech therapists, and administrators) must combine their diverse

expertise to generate creative solutions for meeting students' needs whether small or great (Villa & Thousand, 2003). To include children with ASD in regular settings, schools must have professional collaboration and resources such as educational assistants, pathologists and therapists, specialised equipment, and professional development. In addition, professional collaboration in schools is widely emphasised by international scholars (e.g., Dettmer, P., Knackendoffel, A., & Thurston, L. P., 2013; Meijer, 2001; Thomas et al., 1998). Ali, Mustapha and Jelas (2006) found that collaboration is needed between the special education teacher and the regular teacher for an inclusive school to be successful.

The literature review also extensively highlighted the role of parents in the collaborative process (Salazar, 2012; deBoer, 2009; Rock, 2000). Parents have an important role to play in shaping the education of their children with ASD. In their research it was found that the parents strongly agreed that they have a right to involvement in their child's education. Berthelsen & Walker (2008) also undertook research on parental involvement and found that parents want to be involved in their child's education through activities at school. Teachers also indicated that almost two-thirds of the parents were involved in their child's education. Hanni (2010) identified that parental involvement has been shown to be an important part of a student's life. In that study, it was found that the amount of parent participation improved a child's social and psychomotor skills, creating a positive effect on student's academic and social success. In addition, Machen, Wilson, and Notar (2005) reported that engaging parents in an active role in the school curriculum could open alternative opportunities for children to succeed academically. However, Pomerantz (2007) emphasised that more involvement by parents is not always better for children with ASD.

Finally, the literature review also argued that curriculum should be the main

focus of inclusive education. In Australia, the *Australian Curriculum Assessment and Reporting Authority (ACARA)* has an impact on the curriculum for an inclusive classroom. This curriculum began with the Early Years Learning Framework (Australian Government Department of Education, Employment and Workplace Relations, 2009) that provided the foundation for the child's success at school developing the following: (a) positive approach to learning, (b) independence and confidence, (c) thinking and problem-solving skills, (d) language skills, (e) early literacy and numeracy, (f) ethical behaviour, and (g) physical abilities, including motor skills. To achieve this goal, children have to attend and succeed in different activities in their classroom arranged by the class teacher. There are usually some schedules followed in the classrooms including opening circle, small group activities, snack time, free choice, outdoor play and weekly physical or occupational therapy activities in the gym.

Benefits of inclusive education. Inclusive education is beneficial for children with ASD and also for children without this disorder (Fisher, Roach & Frey, 2002; Ahuja & Ibrahim, 2006; Scruggs, Mastoprieri & McDuffie, 2007). Students, teachers, professionals, and finally the parents are meant to benefit from inclusive education.

Within an inclusive environment, children with ASD interact with neuro-typical children and they each learn from their peers (Crisman, 2008). Here neuro-typical children could be considered role models and vice versa. In inclusive classes, children with ASD develop by initiating and responding to communications from other children. The children with ASD are provided with the opportunity to learn social, behavioural, play, and communication skills from their typically developing peers. They can achieve academic success and learn to function and work in a typical environment through the realistic life experiences they have in a general education

environment. The children with ASD learn to understand the natural consequences of actions, both positive and negative. They have the opportunities to develop friendships with neuro-typical peers. Feedback from others and imitation of what children see and hear generally shape their development into more complex and culturally appropriate responses.

In the classes, students with ASD benefit from different types of practices, for example, applied behaviour analysis, cognitive learning strategies, direct instruction, incidental teaching, joint action routine, visual schedules and visual supports, augmentative communication systems, pivotal response training, social stories, structured teaching, sensory integration strategies, and individual education plans (Myles, Simpson, & deBoer, 2008).

deBoer (2009) argued that inclusive classrooms are not only beneficial for children with disabilities, but they also help children without disabilities to learn to accept human diversity. Interacting with peers is an important component of the socialisation of all young children and eventually becomes a major influence in their lives. The peers of children with ASD learn about and become comfortable with children and people with disabilities by gaining a more realistic educational experience alongside their peers with disabilities. They will be able to use their strengths in assisting a child with ASD, which may build self-esteem and leadership qualities.

Staffs in an inclusive classroom are able to serve more students. However, some teachers are unwilling to work with children with differential needs because of the extra workload (Ahuja & Ibrahim, 2006). However, the general education staff learn a variety of teaching modalities and teaching techniques to use with all children. They gain experience working with children with ASD and other disabilities and a better understanding of the development of a child (deBoer, 2009).

In some cases, they can learn from collaboration in a team approach with other special education teachers or professionals for their further development.

Finally according to deBoer (2009), the family of the child with ASD will feel less isolated from the rest of their community if they can send their child to an inclusive education classroom. They may develop relationships with families of typically developing children who could provide them with meaningful support. The parents may allow their child to become more independent to gain a better outlook on their child's future.

Families have new hope for their children to grow up like every other child receiving a good education, making friends, participating in school clubs, attending the school prom, and making mistakes or succeeding just like their non-disabled peers (deBoer, 2009). In some cases, mothers of children with disabilities organise training sessions and support for other parents. They discuss the rights of their children to an inclusive education. They learn about the problems facing other parents and they maintain contact with the teachers and administrators of a school. In this way the parents support their child's inclusive education.

However, sometimes parents can be a barrier to inclusive practice. Researchers signify that parents place a higher value on specialised curriculum rather than the opportunities for social interaction. Moreover, parents often feel more comfortable with specialised settings that provide a sheltered environment and individualised attention for their children (Palmer, Borthwick-Duffy, Widaman & Best, 1998). This current research aims to explore these ideas.

Researchers also argue that teachers learn to have positive attitudes towards children with ASD and their education and inclusion in public school programmes (Ahmed, 2015; Al-Shammari, 2006; Avramidis & Norwich, 2002; Park & Chitiyo,

2011). Horrocks et al. (2008) found that the principal's attitude also grew to be positive towards including children with ASD in regular classrooms. In a similar study related to the principal's role in Queensland schools in catering for indigenous students, a similar finding was evident in Principals as Literacy Leaders with Indigenous Communities Project (PALLIC) (Lovett & Fluckiger, 2014). However, there is a need to train existing academic supervisors and head teachers to support schools for inclusion (Ahuja & Ibrahim, 2006). In addition to the principal, female teachers are found to have more favourable attitudes towards children with ASD than male teachers (Park & Chitiyo, 2011; Chambres et al. 2008).

Further, in a study of American and Korean teachers' perception of children with disabilities, most of the teachers of both these countries believed that inclusive classrooms provided a naturalistic setting which simulated real social environments, where diverse populations characterised by various differences based on culture, race, gender and people labelled with disabilities coexist. In this research, teachers of both countries constructed the inclusive classroom as a setting that was similar to the real world. Educating all students in an inclusive classroom setting is considered an important part of preparing students to become citizens in society. In Kim's (2008) research, interviewed Korean teachers emphasised the value of granting all students the freedom to interact as naturally as possible, particularly in social dimensions, without any teacher interference. However, the American teachers interviewed placed more importance on curricular structure and the teacher's role in achieving educational goals (Kim, 2008).

In another study designed to determine the attitudes towards inclusion in different categories of teachers, 93 student teachers were surveyed and found that they were influenced by disability categories. Teachers expressed more positive attitudes towards the inclusion of students with intellectual disabilities than the

inclusion of students with behavioural and emotional problems (Hastings & Oakford, 2003). On the other hand, general education teachers in different years of their professional development used their competence and confidence in addressing the needs of students with disabilities (Lombardi & Hunka, 2001). From the analysis, it was found that as student teachers progressed through their professional development, they valued hands-on experiences more than information presented to them via lectures and readings.

Park and Chitiyo (2011) did not find any difference between the attitude of general education teachers and special education teachers to the inclusion of students with disabilities. In another study, 16 general education and 12 special education teachers were interviewed about their perceptions, attitudes, beliefs, and experiences relevant to inclusion. More than 42% of the total respondents described inclusion as an issue of placement, whereas 39% emphasised the need for appropriate supports so that students with disabilities may be educated in general education classrooms alongside peers. More than 17% saw inclusion as a practice that depended upon the severity of students' disabilities. Regarding co-teaching, 46% of participants in the same study agreed that this was an advantage while 21% stated co-teaching to be troublesome (Snyder, Garriott, & Aylor, 2001). These researchers illuminated teachers' perception, understanding, and implementing parameters of inclusive education policies.

In Canada, teachers have a positive attitude towards inclusive education practices, but continue to search for more knowledge and support (Stanovich & Jordan, 2004). Teaching in Canadian schools can be challenging yet rewarding for teachers due to the diversity of students. Teachers have children with learning disabilities, behavioural challenges, intellectual disabilities, physical disabilities and children from other countries in their classrooms. Including all children in

classrooms teaches children acceptance and openness to diversity (Killoran, 2002). Teachers are required to be more flexible based on their classroom's needs. Researchers have suggested that teaching in inclusive environments develops professional accomplishment as the teachers learn best teaching. Teachers have to use innovative strategies in their daily routine to foster inclusion (Stanovich & Jordan, 2004).

Finally, a child's peers learn from inclusion. In a survey among Grade 9 students in Ontario, researchers found that the majority of students had positive attitudes towards their classmates with disabilities (McDougall, DeWit, King, Miller & Killip, 2004). In another study, results showed that students in heterogeneous-ability classes performed better than students in homogeneous-ability classes (Willms, 2002). It is a teacher's responsibility to initiate innovative pedagogy with enhanced student performance in inclusive practices.

Now that inclusion has been defined, the context and models have been described, and also the benefits for children with ASD have been described, the next section will examine the gap in the literature where this present research has been designed to contribute to the paucity of knowledge.

Gaps found in ASD and Inclusive Education Literature

Theoretical and model related gaps found in the literature have been reviewed for this research.

First, the literature review focused on the current definition of ASD and the difference between the *DSM-IV* and *DSM-5* classification about ASD. This study will be one of the first sets of studies that use this newer definition. This research will add to the literature base in this regard especially as the findings relate to how ASD is manifested in individuals involved in this study.

Second, this thesis uses a theoretical framework based on recognitive justice. The study identified the use of recognitive justice in Queensland schools and also showed where recognitive justice is not being used. There is a gap in the literature in this regard in terms of the Asian sub-continent and in particular in Bangladesh where the model of inclusion tends to be distributive rather than recognitive.

Third, the number of individuals is increasing. Although all countries argued that they have inclusive practices in place for children with ASD, the policy environment is different according to each country's situation. So the findings of this study have the potential to assist to point to ways to promote inclusion, both to policy makers and to the general population and to learn new and valuable advocacy tools. Through the publication of the findings of this study, researchers in the field in Australia may also learn something of the difficulties faced by other educators in the world.

The last part of the literature review summarised the benefits and experiences of children with ASD, parents and teachers that can be achieved by inclusive education. All of the benefits are gained through the attitudes and support of the parents and teachers. However, to date, there has been limited research on the experience of the children with ASD, their parents, and teachers in education settings in Australia from a parent's perspective. This research will explore how children with ASD, their parents, and teachers are experiencing attending the classrooms in Australia.

Research Questions, Aims, and Objectives

As a reminder, the aim of this research was to discover what participants believed quality teaching looks and feels like for children with ASD in Queensland's inclusive classrooms. Informed by the theoretical framework and the literature

review, the following research questions will drive this exploration:

1. Explore the experiences of parents with child/ren with autism in inclusive class
 - can the parents describe the characteristics of children with ASD in the classroom
 - how do parents support their child's learning at school during class
 - what is the parents' satisfaction with the inclusive practice

2. Explore the experiences of teachers working in inclusive class
 - How do teachers manage the classroom activities and maintain communication with the home
 - What is the satisfaction of the teachers working in inclusive class
 - What is the perception of teachers towards inclusive education

These questions will be investigated through the use of a qualitative methodology.

Chapter 4: Theoretical Framework

The theoretical framework of this research draws together a number of theories. This chapter now turns to the description of these theories and how they have informed the context of the study.

Theoretical Perspective

The theoretical framework of research is the perspective from which the study is located. Guba and Lincoln (1994) term the theory the “philosophy part” and lament the fact that it is often ignored in the pursuit of finding the perfect method for research (Creswell, 2005, 2014; Guba & Lincoln, 1994; Lincoln, 2001). Theoretical frameworks offer necessary structure to the conduct of research and a perspective for considering the findings. In this study a firm theoretical framework has been constructed as the starting point for the research.

The research was driven first by the researchers work in the field of ASD and second by the researchers belief that resources in Bangladesh should be made available to all students and not just those students who are seen to be neuro-typical. This belief emerged from the researcher’s understanding of the concepts of social justice, child right’s theory, inclusion, and southern theory.

Prior beliefs. Before coming to the research site, I believed that a social justice agenda suggested that Bangladesh educators are currently *distributing* education resources to neuro-typical students without *redistributing* them or using them *recognitively* (Gale & Densmore, 2000) for children with ASD. I also thought at that time that the Queensland system for educating children with ASD was more recognitive. The research was also initially affected by my growing understanding of collaborative learning and the teaching that occurred in the research site of

Queensland. The next section discusses the theory of social justice, child rights theory, inclusive education theory and southern theory in turn as these formed parts of my thinking through the issues. The final section of the theoretical framework discusses current methods to enact theory in inclusive classrooms.

Social justice theory. The overarching conceptualisation of this study and hence the methods that were used in data collection were those that were cognisant of the theory of social justice. The theory of social justice was chosen because of the limited inclusion of children with ASD in Bangladesh and my desire to learn more through studying the Queensland system of inclusion. Inclusion of children with diversity in regular classrooms is a principle of human rights and social justice that has embodied values such as equity and fairness (Ainscow, 2005). Equity and fairness can be incorporated into the term social justice. The theory of social justice explains how issues of race, class, gender, and disability are significant for teaching and learning. Barry (2005) proposes that a theory of social justice provides “a systematic critique and a programme that follows from it” (p.viii). In classrooms, children are not treated as though they are exactly the same, but rather are given equitable support to enable each child to be able to participate and succeed physically, socially, and academically (Pearce, 2009). Peña, Bensimon, and Harris (2012) argue that equitable education is not just about access, but also participation, retention, and success.

Gale and Densmore (2000) divide social justice into three perspectives: namely *distributive justice*, *redistributive justice*, and *recognitive justice*. At this point in time *recognitive justice* is considered to be a form of justice to aspire to. Each form of justice determines the best way to distribute economic, capital, and social goods and services, and thus have both a moral and economic purpose (Lewis, 2011). Sobsey (2005) argues that it is increasingly obvious that there are

social, academic, and financial benefits for schools when all children participate in an inclusive society. The concept of social justice is important for this research because education is a social good that is tied to an economic advantage. Children with ASD and their families should participate in the economic wealth of their nation, therefore education is vitally important in this regard.

Unpacking the concept further, *distributive justice* focuses on the individual's intrinsic (basic) value and worth, freedom, and social cooperation. The model argues for compensation for those who lack the basics. Distributive justice aims to ensure that goods and resources are distributed properly. "Properly" here refers to everyone receiving the share of resources they *deserve*. The problem with this form of social justice is in the individuals deciding what they and others deserve. This distribution always involves issues of power.

There are two forms of distributive justice. One is the liberal democratic form, which is referred to as a deficit model of social justice. Walzer (1983) identifies this deficit model as based on simple equality where the basic needs of all individuals are considered to be the same. Here, goods and services are distributed exactly without the need to inquire into any special circumstances that an individual may possess. All individuals are treated as if they are the same (Nozick 1973, 2003). In this study I wanted to investigate if students with ASD in elementary classrooms in Queensland get the resources they deserve, both in Nozick's sense of the phrase, but also in a fair and equal sense. The parent interviews and classroom observation were the data collection tool for this process.

The other form of distributive justice is the social-democratic or the difference model of social justice. Walzer (1983) considers this difference model in terms of complex equality where people do not have the same basic needs or the same

resources to meet those needs. There is always a need for an element of retributive justice within a distribution model. In this model, it is argued that some individuals do not deserve the same distribution of goods because they have done nothing to achieve them. An example here would be benefits paid to the unemployed. For this reason, social justice is an important theory that determines fairness in the competition of goods. Distributive justice supports *property rights* over *personal rights*. Retributive justice is a kind of punishment in social justice terms when someone disobeys the rights and freedom of others (Carr & Hartnett, 1996, Walker, 2003).

Distributive and retributive justices consider the assets of people and material goods such as power and position. These forms of social justice do not address the social aspect of how the assets are gained and then how they can be replicated. The distributive and retributive justice models are restricted to economic aspects rather than considering the wider cultural and political implications.

To establish social justice, a society needs democracy and this involves people, power and struggle (Lummis, 1996). There are three prerequisites for distributive and retributive social justice: (1) to develop respect for diverse groups, (2) to encourage/create situations to enhance self-development and self-expression, and (3) to allow groups to be part of the decision making process based on a distributive calculus, namely whether someone is wealthy enough or located well and deserving enough. The study aimed to see if the children with ASD in Queensland, their teachers, and their parents are provided with sufficient resources to be successful.

Based on the work of Young (1990) and Fraser (1995, 2009), a third area of social justice has emerged. This form of social justice is called *recognitive justice*. Recognitive justice recognises the place of social groups. This justice is for all people to exercise their capabilities and determine their actions ... “[through]

processes that generalise the interests of the least advantaged” (Gale & Densmore, 2000, p. 27). Recognitive justice highlights not only the least advantaged group, but perceives of justice in a broader way by considering the individual’s sense of self (Fraser, 1995). Brighouse (2000) further concludes that social justice in education “requires that all children have a real opportunity to become autonomous people, and that the state use a criterion of educational equality for developing educational resources” (p1).

Recognitive justice is at odds with pure distributive justice because it looks at the distribution of wealth from the perspective of the least advantaged. Rawls (1971), using the concept of distributive justice, suggested that social goods should be distributed in a systematic way so that all individuals receive goods in equal size and weight. Rawls focused on the distributive aspects of the basic structure of the societal need to be assessed and considered that all individuals’ needs are the same. According to Rawls, social justice has two main principles. These principles are that each person should have an equal right and individual freedom and there should be an equal distribution of material and social goods for all individuals’ advantage.

In relation to this current study, recognitive and redistributive justices are important. In 2009, Fraser considered justice which requires both redistribution and recognition. Neither form of justice alone is sufficient. Children with ASD may need some additional facilities in school (Andrews & Lupart, 2000). Children with ASD may need some extra care and support from their teachers to continue their study, therefore, goods need to be redistributed and re-thought (recognitively) so that all children benefit in this process. Inclusion, therefore, is not just about placing students in regular education institutions.

In Queensland, ideas of social justice and their enactment in classrooms were observed in the *Queensland School Reform Longitudinal Study* (QSRLS; Queensland

Department of Education, 2001). From this study, 20 pedagogies were divided into 4 categories, also known as domains. Each of the four domains was designed to measure the degree to which schooling *recognised* diversity in a supportive school environment. It is for this reason that I chose to use the *Productive Pedagogies Matrix* tool (Appendix E) to observe classrooms as sites of social justice or injustice in Queensland and as sites of different forms of justice (see Chapter 3). Others have used the tool in this way, including Luke et al. (2003) and Mills et al. (2009), which give the tool validity and confidence as a tool of measurement.

This study aimed to highlight quality examples of this redistribution and recognition as they occur in schools in Queensland and in the children's homes. This thesis suggests changes based on the study of Queensland schools.

Child rights theory. The theoretical framework for this research is also informed by the theory of child rights. Enshrined in 1948 by the *Universal Declaration of Human Rights*, (UN General Assembly, 1948) every person now has the right to an education without any unfairness and with the same opportunity and treatment for all. The education rights of a child with disability are considered as important by participating countries and signatories to the declaration. In this regard, education is viewed as an ethical undertaking that enhances human dignity and potential (Mc Lean, 2008). This right to an education unencumbered by difference is enshrined in the *Convention against Discrimination in Education* (UNESCO, 1960). This right is also confirmed by the *World Declaration on Education for All* (UNESCO, 1990) known as *Salamanca Statement Declaration and Framework for Action* (UNESCO, 1994). The main principle of the Salamanca Statement is to accommodate all children in the same schools considering their level of physical, intellectual, social, emotional, linguistic, and other conditions; their ethnicity or cultural issues; and irrespective of whether they are from remote areas,

disadvantaged areas, or marginalised groups. *The Convention on the Rights of the Child* (United Nations Human Rights, 1989) specifically declares the rights of disabled children to enjoy a full and decent life in conditions that promote self-reliance, and facilitate the child's active participation in the community.

In this way, the *Salamanca Statement* established the concept of inclusive education, the inclusive school, and inclusive society. Higgins, Macarthur and Morton (2008) argue that by the twenty first century, inclusion has developed to mean deliberate and systemic change in education whereby ‘schools respond in positive ways to student diversity’ (p.146).

According to the *Salamanca Statement*, child centered pedagogy is an appropriate way to maintain education for all. Bangladesh also abides by the *Dakar Framework for Action* (UNESCO, 2000) that affirms commitment to achieving education for all by the year 2015, and in particular, a goal for all children to receive a quality early childhood education (Munir & Zaman, 2009). This goal is aimed at providing safe and caring environments for children in the early years and to focus on all of the children’s needs (UNESCO, 1994). In Australia, the concepts outlined in the *Salamanca Statement* are evident in the *Disability Discrimination Act* (Parliament of Australia, 1992), which mandated that children and young people have a genuine say on the issues that affect their lives and have a right to good quality education. Moreover, there are compliance standards attached to the Act where schools can be held accountable for action or inaction. This study set out to see if the enactment of human rights theory is a reality and is of quality that is recommended by the growing literature in this field of inquiry.

Enacting the Theory

Child-to-Child (C2C) approach. A further theoretical influence for this research is the C2C approach (Kaur & Arora, 2014) which is generally used in inclusive classrooms in the Asian sub-continent and is especially popular in India. As a prequel to this research, I went for three months training in *Community Initiatives in Inclusion* offered by the *Spastic [sic] Society of India*. I found that the child-to-child approach is generally used in all inclusive classrooms in that country. In this approach, the teacher pairs the children. In this pair, the teacher links a special needs child (i.e., physical, intellectual, visual impairment, and hearing impairments) with another neuro-typical child. A neuro-typical child can then help look after other children who have difficulties in social skills or intellectual skills. Sometimes a child with cerebral palsy who uses a wheelchair for activities will have another child who is physically able, but perhaps a slow learner looking after the child with cerebral palsy. The physically able child can help the child with cerebral palsy go to the toilet or to group activity class. A child with special needs can work together with a typical child as a pair for the whole day and during class time. In this way, the school principal and the teacher create a pair to work in a cooperative way in the classroom using the instruction of the class teacher. In Russia, there is a similar project for the children with disabilities named *Building Bridges* (Roza, 2009). The aim of this project is to build bridges between the disabled children and their non-disabled peers. It is the same as the C2C approach in a pair where the aim is to bring the children together.

Whilst this method is not common in Australia, it does form the basis of the researchers understanding of praxis in relation to children with special needs.

The Queensland school reform longitudinal study (QSRLS). In Queensland, a specific way of looking at quality teaching has emerged. International literature on pedagogy that has stemmed from the *QSRLS* (Queensland Department of Education, 2001) has grown in significance (Darling-Hammond, 2000). Queensland adopted the recommendations from this large study of Queensland schools in order to cater for diversity and to improve the quality of the teaching and learning that took place in classrooms. Education Queensland took the initiative in 1997 to conduct a study with some researchers from the School of Education, University of Queensland. The main focus of this study was to see how students' academic and social learning could be improved by quality classroom pedagogical and assessment practices. The *Queensland Department of Education* (2001) undertook a longitudinal study of Queensland school reform and found that teachers in Queensland schools have adequate levels of social support for students and are concerned about their pedagogy while maintaining a strong sense of responsibility and efficacy. Teachers, however, were tending to *dumb down* the curriculum in order to cater for diversity rather than to provide tasks of high intellectual quality. The *QSRLS* is important to this research, as the researcher wanted to see how teachers catered for children with ASD in their classrooms and to determine if work was dumbed down for these children. The diagnostic tool from the *QSRLS* study was used for these purposes.

The QSRLS was one of the contributing factors for situating this research in Queensland, because there have been studies in quality pedagogy undertaken in this state and because Darling-Hammond (2010), a highly influential educator, commends these actions which aim to focus on quality teaching.

Quality teaching can be described as “the worthiness of the activity (good teaching) as well as the realisation of intended outcomes (successful teaching)” (Fenstermacher & Richardson, 2005, p. 9). This concept can be analysed in two ways such as in a *task sense* (what teachers try to do) and an *achievement sense* (the student learning that teachers promote).

Alton-Lee (2003) characterised quality teaching in ten ways. The ten characteristics of quality teaching are that it:

- focuses on student achievement including social outcomes,
- permits all learning groups to learn as a learning community,
- emphasises the culture of the students and how the students are socialised in their culture with the effective pedagogy,
- should have knowledge of the nature of student learning processes as well as the curriculum,
- entails classroom management practices that facilitate learning,
- promotes student engagement, which is needed in classrooms which can be combined into teacher-directed groupings, cooperative groups, structured peer interaction, and individual work including homework,
- has effective alignment of curriculum goals and resources including Information Communication Technology (ICT) usage, task design, and teaching and school practices,
- provides feedback on students’ task engagement,
- is a pedagogy that promotes learning orientations, student self-regulation, meta-cognitive strategies and thoughtful student discourse; and student involvement.

It follows that to achieve inclusive classroom practice (Danielson, 2011) student involvement and inclusion is necessary.

In quality teaching, communication between teachers and parents is a requirement. The teacher is required to discuss the child’s progress with the parents (Cruickshank, Jenkins, & Metcalf, 2009; Danielson, 1996). In research by Lessard et al. (2010), quality teaching was also described as needing quality student-teacher relationships. For quality teaching that is effective, teachers should have attributes

such as being supportive, attentive, and comfortable in talking to students (Hudson, 2006). If the teacher believes that all the students have learning capabilities then the learning will be inspired and the students will improve.

Inclusive education. Before leaving the theoretical framework, it is important to note that inclusion does not mean a child learns and also that the existence of legislation does not mean a child is included. The theoretical framework for this research thus is also influenced by the theory of inclusive education. Theories of inclusive education comprise five perspectives (Clough & Corbett, 2000). These five perspectives encapsulate the historical development of ideas and of practice to the present thinking in inclusive education. These perspectives emerged in the 1950s and continue. First, the psycho-medical legacy is the system of broadly medicalised ideas about disability and sees the individual as being *in deficit* and assumed *special* education is necessary for individuals. This perspective suggests that special educational needs arise from children's own characteristics. Second, the sociological response to disability represents the critique of the 'psycho-medical legacy' and draws attention to the social construction of special educational needs from the outcomes of social process. That is, social activity such as schooling can enhance or disable the individual. The next perspective is the curricular approach, which emphasises the role of the curriculum in helping children with a disability to learn effectively. A highly specific and individual task-analysis programme may be seen as an intervention at the level of curriculum. In the fourth perspective, school improvement strategies are prioritised. These strategies emphasise the importance of systemic organisation in pursuit of truly comprehensive schooling. And finally, the disability studies critique perspective, from 'outside' education, elaborates an overtly political response to the exclusionary effects of the psycho-medical model (Connor, Gabel, Gallagher &

Morton, 2008). In relation to this thesis, inclusion is considered using some of these perspectives such as the psycho-medical legacy and the sociological response to disability. Those two mainly relevant for my research that discuss about the individual as being *in deficit* with their own characteristics and the other one describes about the school system. This sociological response to disability draws attention to the social construction of special educational needs from the outcomes of social process. This perspective supports that schooling can enhance or disable the individual. So schooling is necessary. The methodological tools to check for inclusive practices include classroom observations, the *Productive Pedagogies Matrix* tool, and interviews.

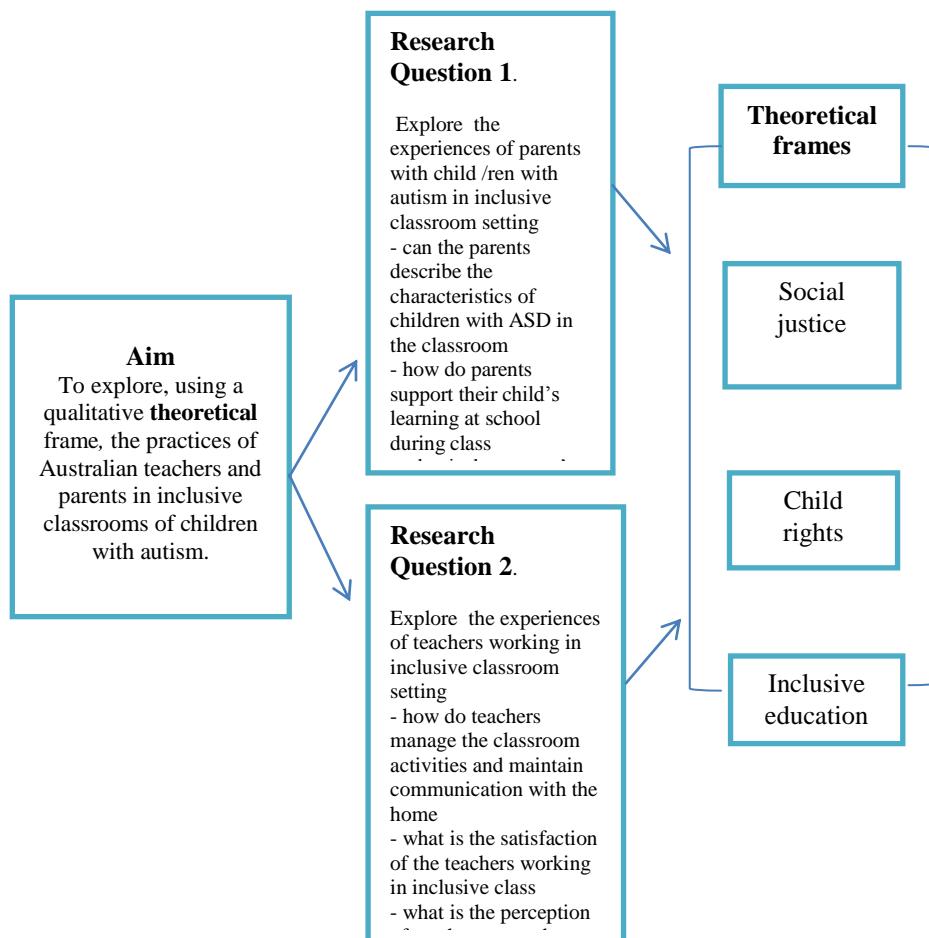


Figure 4.1 Research flow chart - Theoretical frames

Different theories describe inclusive education in various ways. Clough and Corbett (2000), for example, reflect on inclusive education and prefer the curricular conception of special needs. This curricular approach calls for a systematic recognition of the experience of participants namely teachers, pupils, and parents. Slee (1999, 2008) prefers to work with behaviour management strategies so that children can survive in classrooms and argues that children need to be included in the classroom to build their self-esteem. Lingard (1998, 2007) describes the idea of inclusion from a social justice and equity perspective. The interesting part of Lingard's work centres on inclusion in relation to Aboriginal students, girls, and working-class students.

To conclude this chapter, the theoretical framework for this thesis is based on the view that all children have a right to be educated, that all children deserve access and participation in high quality education systems, and that research should be ongoing in these systems to ensure that these goals are met. This research is therefore interested in a fair and equitable chance for children with ASD in regular schools in Australia and this is why the study has been undertaken in state schools in Queensland. A theoretical framework based on a social justice agenda, inclusive education, C2C approaches, and quality pedagogy is appropriate for this study because of the view that resources should be made available to all students and not just those students who are seen to be neuro-typical.

Conclusion

This chapter has described the theories in detail that are relevant to this research. At first, social justice theory was described. Then the child rights theory was described so that the reader was introduced to the relevant conventions and declarations about child rights. The next theory that was canvassed was the child-to-child approach, and quality pedagogy. Finally, inclusive education theory was

canvassed. This chapter has examined the issues broadly and the next chapter will describe the methodology of this research.

Chapter 5: Methodology

In this chapter the conceptual framework, research design, and methods used in the study will be described. The description involves a discussion of the participants, the procedures of the study, and data analysis. Ethical considerations and protection of the participants will also be detailed.

This research was exploratory, meaning that the researcher aimed to look into an education system of Queensland, Australia; not to create a theory or to develop a proposition, but simply to investigate and explore. Miles, Huberman and Saldana (2014) argue that

[T]heoretically, virtually everything about a research study can be exploratory in one way or another, from initial conceptualisation to final write up...[but in this current study] exploratory...refers to methods that are documentary and provisional in their analysis-“first draft” attempts, if you will, at making sense of qualitative data (u.p.).

The aim of this research was to discover what participants believed quality teaching looked and felt like for children with ASD in Queensland’s inclusive classrooms and special schools. By happenstance, some of the participants in this current study were Bangladeshi Queenslanders who could also offer a unique insight into comparisons between the two country’s systems of education.

In order to find out what quality teaching looked and felt like, the experiences of children with ASD, their teachers, and their parents were analysed using interviews, classroom observations, and questionnaires. By studying what parents and teachers see as quality experiences for children with ASD, it was intended that the researcher could explore different perspectives of their experiences. In addition,

the thesis tested whether the Australian and Bangladeshi parent participants felt similarly or differently about how quality teaching looked and felt in Queensland schools.

As mentioned in the chapter two of this thesis, it is important to study the feelings and understandings of parents in both countries because the researcher came to the study assuming that Australia and its education system was doing a better job educating children with ASD .

The following diagram provided the conceptual framework for the thesis.

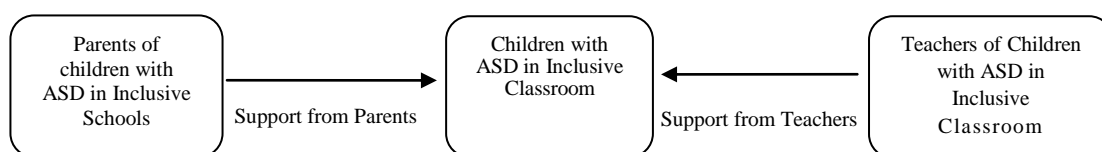


Figure 5.1 Conceptual framework

The thesis is conceived as having a focus on the experiences of parents and teachers of children with ASD from the 6-12 year age groups. The researcher was interested in parent perceptions of their child's education and in teacher perceptions about the children with ASD and their performances. The researcher was interested in how parents and teachers actually understand the diagnosis, how children cope in the classroom, and any gaps between parents and teachers of children with ASD aged 6 to 12 years. Because the researcher has had extensive experience in Bangladesh managing the schooling needs of children with ASD, and because some of the Australian parents who participated in the study were also from Bangladesh, the researcher was well placed to draw upon their experiences and those of the parents from Bangladesh to make some comparisons from the data as well. This was an incidental, perhaps accidental outcome of the purposive sampling procedure for the study. Two teacher participants were willing to participate in the study.

Research Design

This study was framed in a qualitative paradigm (Creswell, 2014; Guba & Lincoln, 1994). Qualitative research is an inquiry that is useful for exploring and understanding a central phenomenon, to interpret the meaning of the information and uses methods such as interviews, observations, and visual interpretations of a problem. Qualitative research draws on personal reflections and past research. In qualitative research, the researcher asks broad and general questions of the participants, collects data as words, text, or images, and analyses these for themes. In this case, the researcher asked questions such as *what are the experiences of parents in the inclusive classroom* or *what is the type of communication used within the school?* Creswell (2009) states that qualitative research makes knowledge based on constructivist perspectives (i.e., the multiple meanings of individual experiences, meanings socially and historically constructed with an intent of developing a theory or pattern). The researcher collects open-ended, emerging data with the primary intent of developing themes from the data. The researcher used *Social Communication Questionnaire* (SCQ; Rutter, Bailey & Lord, 2003).

The qualitative research in this project involved face-to-face interviews with parents of a number of children with *ASD* and home and classroom observations of these children. One questionnaire was used to collect numeric data about diagnosis from the participants. The tool is one used in the researchers practice as a psychologist, and within that paradigm, the tool and its analysis can be deemed to be objective. The quantitative tool used in this research was a standard assessment tool used to determine the developmental level of children with *ASD* known as the *Social Communication Questionnaire* (SCQ). Each of these data collection methods will be described later in this chapter.

Research Questions of this Study

The aim of this research was to discover what participants believed quality teaching looked and felt like for children with ASD in Queensland's inclusive classrooms and special schools. Informed by the theoretical framework and the literature review, the following research questions drive this exploration:

1. Explore the experiences of parents with child/ren with autism in inclusive class
 - can the parents describe the characteristics of children with ASD in the classroom
 - how do parents support their child's learning at school during class
 - what is the parents' satisfaction with the inclusive practice

2. Explore the experiences of teachers working in inclusive class
 - How do teachers manage the classroom activities and maintain communication with the home
 - What is the satisfaction of the teachers working in inclusive class
 - What is the perception of teachers towards inclusive education

Participants and Setting

Data were collected from parents and teachers of children with ASD.

Participants were chosen from various sources. Several factors were taken into account when selecting participants. A purposive sampling technique (Bogdan & Biklen, 1998) was used to contact the schools. At first, the researcher contacted the *Department of Education, Training and Employment (Queensland)* for the list of schools in the Brisbane area. After obtaining the list, the researcher contacted the school principals by email and by phone. Approximately 25 schools were contacted and invited to participate in this research if they had children with ASD in their classes. In the email that was sent to the principal of each school, the researcher attached detailed information about the research to seek their approval and to make

contact with teachers. Examples of these materials are provided in Appendix A entitled *Information sheet for Parents* and Appendix B entitled *Information sheet for Principal*. Schools were chosen within the Brisbane corridor marked in green on the following map.

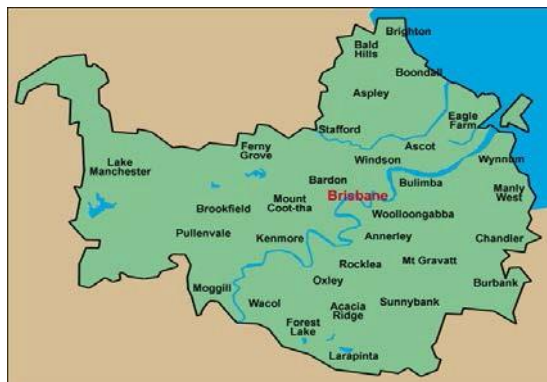


Figure 5.2 Map of Brisbane (study area)

Following teacher identification, the next step was to identify potential child participants and their parents. In this way, it was hoped that this recruitment process would yield approximately 5 to 10 children with ASD to participate in the project, together with their parents and teachers. However, this selection process was unsuccessful. The researcher did not get enough positive responses from school principals. Only two schools showed positive responses; one a state school and the other a state special school. It is important to note here that the definition of ASD outlined in the definitions section of Chapter One had bearing on the choice of participants. It was assumed that if a child with ASD was in a mainstream class then they fitted the earlier definition.

In addition to those two schools, the researcher used snowballing techniques and contacted friends, neighbours, and colleagues to find parents who had a child with ASD in inclusive schools. Some friends helped to nominate suitable parents. Miles and Huberman (1984) argue that this is a perfectly legitimate method of

gaining participants and they further observe that empirical “research is often a matter of progressively lowering your aspirations” (p.36). In this case, the researcher had to settle for less than was originally intended. The researcher also distributed flyers describing the study and the procedure for the interviews (see Appendix C entitled *Flyer for research*). The distribution of flyers was helpful to find one parent. Through the approach to this parent, other parents volunteered to participate. The final number of participants was 6.

Participants

Participants engaged in this research on a voluntary basis. Selection criteria for child participants and thus their parents and teachers were: (a) the child with ASD was enrolled in an inclusive class or special school in Brisbane, (b) the child had a formal diagnosis of ASD, and (c) parental and teacher consent. All parent participants were over the age of 18 and were the biological parents of children with ASD. All of the participants were the primary caregivers living with the child all week. Ethical clearance was gained from Griffith University (Protocol Number EDN/71/12/HREC) and the *Department of Education and Training, Queensland*.

The participants’ selection criteria were not limited to ethnicity, socioeconomic status, or religion because the researcher sought to include parents from a broad diversity of settings and circumstances to learn about a variety of experiences. Eventually, the study consisted of 6 parents from different places in Brisbane. These parents were given a pseudonym that only the researcher knew and a pseudonym that did not identify the participants in any way. Two of these parents were Australian and the other four parents were from Bangladesh and have Australian citizenship. Their ages ranged from 35-55 years. Five families had children aged 7-12 years old and two had children aged 4-7 years old. All of the children attended schools. Some

children attended special schools, and some attended inclusive schools. One parent had two children with ASD; one boy and one girl; both of these children attended an inclusive school. Most of the children reportedly displayed milder ASD, while others were more severely affected.

The following table shows the details of the children whose parents were the participants.

Table 5.1 Details of the Participants of this research

Child's name	Child's age	School type	Parents' age		Educational Status	Occupation	Income (monthly)	Residency status
Wyham	8 years	Inclusive	PT 1	M = 41	M-MS (postgraduate) F-MS (postgraduate)	M - Part time job (15 hours in week) F-Technical assistant (private job, 40 hours in week)	\$1980 \$5000	Australian
				F = 36				
Hoper	8years	Inclusive	PT 2 (A)	M = 38	M- MS Postgraduate F-Trade certificate	M - Personal Business (40 hours in week) F - Technician (40 hours in week)	\$20800 (jointly)	Australian
				F = 42				
Clena	6 years	Inclusive	PT 2 (B)	M = 38	M - MS Postgraduate F Trade certificate	M - Personal Business (40 hours in week) F - Technician (40 hours in week)	\$20800 (jointly)	Australian
				F = 42				
Srayan	9 years	Special	PT 3	M =40	M - Doctor of Philosophy (PhD) F - Doctor of Philosophy (PhD)	M - Researcher (20 hours in a week) F - Statistician (40 hours in week)	M- \$3000 F - \$5000	Bangladesh i Australian
				F = 41				
Wasiq	12 years	Special	PT 4	M = 44	M - Bachelor degree F - Bsc Engineer	M - Housewife F - Engineer (Govt job) 40 hours in week	M - X F - \$5000	Bangladesh i Australian
				F = 48				
Zuabe	6 years	Inclusive	PT 5	M = 34	M - BBA F - MBA	M- Telecommunication officer (40 hours in week) F - Casual job (28 hours in week)	M - \$3000 F - \$2500	Bangladesh i Australian
				F = 35				
Rhyne	7 years	Inclusive	PT 6	M = 36	M - Bachelor degree F - Bachelor degree	M - Casual job (16 hours in week) F - Personal business (30 hours in week)	M- \$3000 F - \$ 4000	Bangladesh i Australian
				F = 38				

In the above table, details of the participants were presented. Parents are labelled with PT1 to PT6 specified with M for mother and F for father. One parent had two children and both of them have ASD. So the researcher has listed these parents as PT2 (A) and PT2 (B). Their education status ranged from bachelor's degrees to doctoral degree. Only 1 of the 6 mothers was not in paid and public work, and the rest of the mothers and fathers worked full time outside of the home. One of the participants had a child who was enrolled in one school and also one centre. In the morning, this child attended the special school, and in the afternoon the child went to the occupational therapy centre.

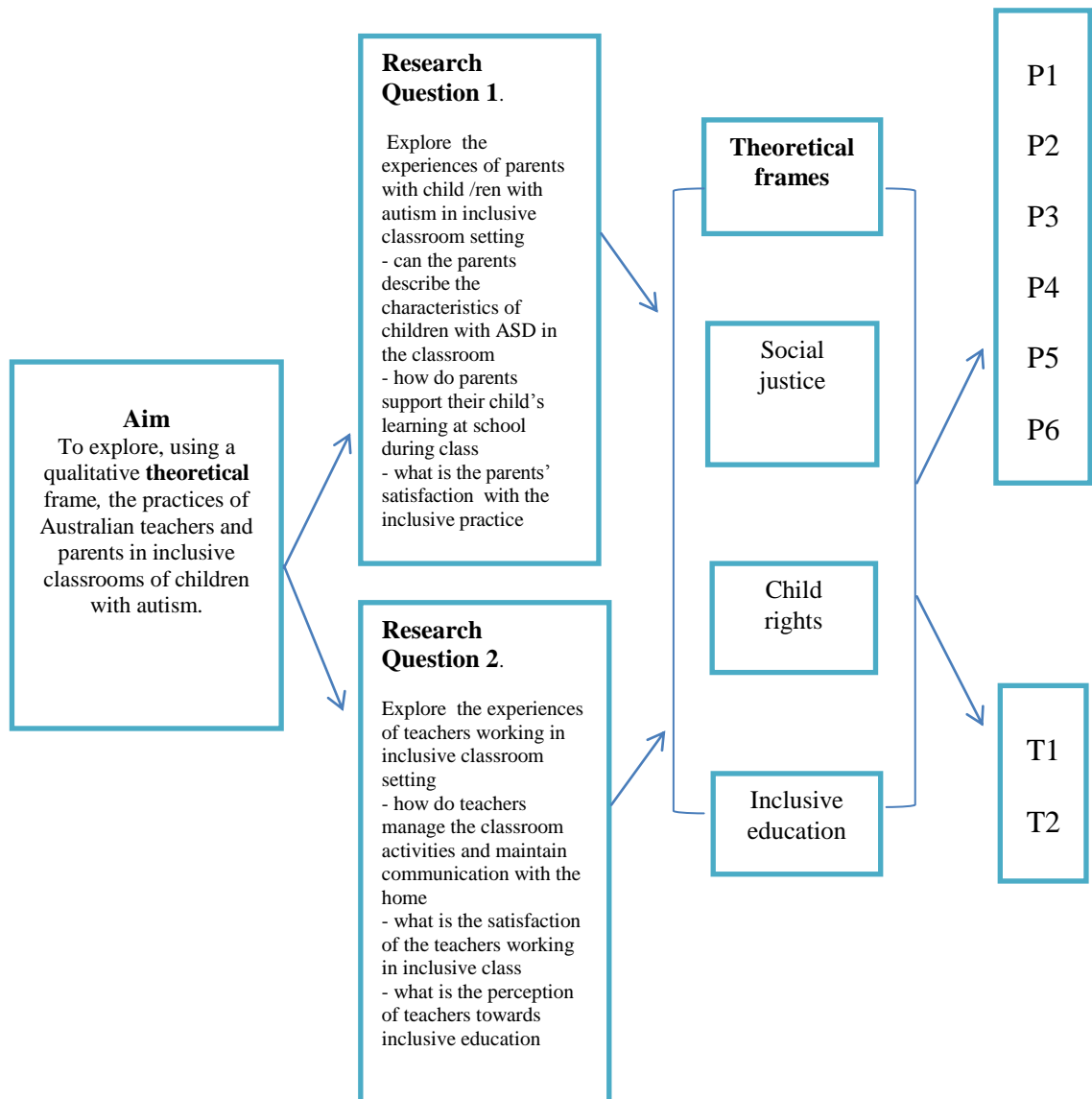


Figure 5.2 Research flow chart - Participants

For this study two teachers have been selected. They completed their bachelor degree. One of them completed four years in education and the other one completed in early childhood education. In addition, they have training on autism, down's syndrome and other professional development. They are working more than 4 years in school.

After finishing this study, the parents were offered a summary of the findings. The parents who were interested in taking the summary were asked to provide their address and phone number. Some parents contacted the researcher by phone to discuss the results. If any participant had any questions regarding the research, these were answered.

Settings of the Study

The research was conducted with the parents of children with ASD. Interviews were confirmed after discussing with the participants where they would be comfortable to meet. In most of the cases, the researcher visited participant's houses at a suitable time. Interviews were conducted for 60-90 minutes. The interviews were audio taped for later transcription and participants were invited to ask for the tape to be stopped if necessary. The interviews were semi-structured (Berg, 1998; Bogdan & Biklen, 1998; Kvale, 1996; Patton, 1990; Uzuner, 1997, 1999; Yıldırym & Pimpek, 2003, Given, 2008) which meant that the researcher asked participants a series of predetermined, but open-ended questions.

The schools where the observations occurred provided another setting. These were two inclusive schools and one special school. The researcher went to each school for two weeks to observe the child's activities in the classroom environment and how they interacted with the teacher and their peers. The researcher and her supervisor sat down at a corner of the classroom and observed the children in the

classroom. In addition, the researchers completed the *Productive Pedagogy Matrix Tool* (Queensland Department of Education, 2001). This tool will be described below.

Data Collection

In this study, there were a number of data collection methods. A variety of methods was important because Ozonoff et al. (2005) write specifically about data collection in relation to ASD and advocate that data about, and for, children with ASD should include multiple sources and contexts as symptoms of ASD may be dependent on characteristics of the environment. That is, both qualitative and quantitative data are important data collection tools. The researcher used interviews and observations for this process. The following table shows the participants, instruments and data based on every research question.

Table 5.2 Proposed Research Questions and Methods

Research question	Participants	Instrument	Data
Explore the experiences of parents with child/ren with autism in inclusive class	Parents of the child with ASD	Semi-structured questionnaire	Interview
Can the parents describe the characteristics of children with ASD in the classroom	Parents of the child with ASD	Social Communication Questionnaire (SCQ)	Interview
How do parents support their child's learning at school during class	Parents of the child with ASD	Semi-structured questionnaire	Interview
What is the parents' satisfaction with the inclusive practice	Parents of the child with ASD	Semi-structured questionnaire	Interview
Explore the experiences of teachers working in inclusive class	Classroom teachers	Semi-structured questionnaire Classroom observation	Interview
How do teachers manage the classroom activities and maintain communication with the home	Classroom teachers	The <i>Productive Pedagogies Diagnostic Tool</i> from the QSRLS (Queensland Department of Education, 2001)	Observed
What is the satisfaction of the teachers working in inclusive class	Classroom teachers	Semi-structured questionnaire	Interview
What is the perception of teachers towards inclusive education	Classroom teachers	Semi-structured questionnaire	Interview

Interviews. The researcher conducted a number of interviews with parents and teachers. Information about the study was provided to participants at the beginning of the interview if necessary. Each interview commenced with the following sample questions:

- How did you settle after knowing your child's diagnosis?
- How has your child settled into the school year?
- How comfortable is s/he in class?
- What are the teachers doing about your child's disorder?
- What are you doing to support your child?
- How much do you know about what your child is doing from day to day?
- How is home school communication?
- What is the method you are using for this communication?
- How do the schools communicate with you and what is the frequency of this communication?
- Do you practice the interventions at home with your child provided by the school?
- Do you inform the school of any issue regarding your child?
- Is inclusion helpful for your child with autism?
- What do you know about inclusion?
- How do you feel to work with these children?
- What qualifications and trainings you have?
- How do you manage the difficult situations in the classroom?
- How satisfied you are with this job?
- How do you maintain the communication with parents?

All interviews followed a semi-structured format and questions were based on the main research sub-questions (Creswell, 2005; Miles, Huberman & Saldana, 2014). The goal of the semi-structured interview and clarification questions was to keep the conversation on track. In addition, it also helped the participants to explore their actual experience and to semi-control the direction of the interview. Through these interviews, participants were given opportunities to reveal themselves. In this way, the goal was to achieve a fundamental description of the experience of parents. A series of interviews were conducted with each parent to gather information about their child's history and the degree of educational support they provided to their child. Interviewing both of the child's caregivers was preferred so that the father's role was not ignored. In some cases, however, the father was too busy to participate. Otherwise, both parents attended together to share their experiences and information. Fathers often added information if the mothers missed or forgot something. Mothers provided most of the information as for these participants, they had most of the responsibility for child rearing and in some cases looked after the child for the whole day and therefore had the most intimate knowledge of the child.

From the earlier questions the researcher could gain an idea of the quality of the teaching experiences from the perspective of the parents. The following sample questions were also designed to help participants to elaborate on their initial answers:

- I'm not sure what you meant when you said,
- Please say more about that,
- Can you tell me more about that,
- Can you elaborate a little bit on these things, and
- What do you mean when you say....

After finishing the interview, the recording was transcribed and reviewed for any

areas that required clarification or elaboration. Every interview took initially one to two hours. If there were any gaps in the interview or missed information during the interview, then a follow-up interview was arranged to clarify any unclear information and fill these gaps. The length of the second interview ranged from 10-15 minutes, and these follow up interviews took one page of typed transcript on average.

Sometimes interview follow-ups were conducted over the phone.

Interviews were also undertaken with the teachers and these were also taken in the school. The interviews took place when the teachers were free after the class or sometimes in the playground. The teacher gave their opinion based on their experiences. They were asked about their experiences, satisfaction to work with the children, and their knowledge about inclusion.

Observations. Two of the parent participants' children were observed in their classroom environment, playground, and music class. The researcher visited one classroom for two weeks and observed two specialist teachers over a number of weeks. In that class, there were 26 children with three children who had the diagnosis of ASD. The *Productive Pedagogies Diagnostic Tool* (Appendix E) from the QSRLS (Queensland Department of Education, 2001) was used for classroom observations. This tool itemises each of the twenty productive pedagogies pertaining to the domains of: *Intellectual Quality*, *Connectedness*, *Supportive Environment*, and *Recognition of Difference* and ranks observations of each on a Likert Scale designed for that purpose. The tool is considered to be a means to determine the quality of an educational experience based on how well a teacher creates a sense of belonging, a recognition of difference, and relevance and intellectual rigour for all children within a classroom. This tool was used as an observation of lessons tool and as a reflective tool about the pedagogies. The tool is intended to be used with two observers of lessons in order to ensure interrater

reliability (Lingard, Mills & Hayes, 2000). However, the tool was not used in this way for this research, but was used as a means for the researcher to reflect on what was seen in the classroom.

Because the researcher is an international observer, the Queensland schooling system was unfamiliar to the researcher. The tool helped the researcher to know what the researcher was looking at in classrooms. Observations also provided more information about the context of the observation lessons themselves. Ozonoff et al., (2005) noted that this is important because multiple sources of information are needed to get an idea of a child with ASD.

The tool was used to monitor the quality of experiences that the child was engaged in within the classroom and to learn about different scenarios such as how the child participates in the learning process, how they behave with the class teacher, and how they interact with the teacher and their peers. The researcher also completed the data collection process through the use of psychological diagnostic tools for ASD and through information gained from doctor's reports. This process is now described.

Instruments and Assessments

In addition to the interviews and observations, the *Social Communication Questionnaire (SCQ)* (Rutter, Bailey & Lord, 2003) was utilised by the researcher to gain an idea of the characteristics of each participant's child. The *SCQ* is a dichotomously-keyed (yes/no) rating scale (Frazier et al., 2011) that consists of 40 questions, many of which are based on the DSM-IV-TR symptom domains. From this test, the researcher gained an overview of the last three months of each child's behaviours and progression. During this time, the child was also observed in their home environment.

Because children with ASD were the primary focus of this study, in-depth

information about their ASD was necessary. There are numerous measures available to assess the development of children with ASD. These schedules and diagnostic tools are used to measure specific dimensions of a child's development, environment, and family. Some of these methods are established for specific age groups and some scales are for specific reasons such as to measure behaviour, cognition, or language.

For this research, several measures were reviewed before deciding to use the *SCQ*. The *Autism Diagnostic Observation Schedule –Generic* (ADOS-G, Lord et al., 2000, 2002) was reviewed for example. This schedule is a semi-structured observation, which offers an assessment of behaviours of a child with ASD. The schedule assesses communication and social interaction. There are four modules based on developmental and verbal communication abilities: (1) Preverbal/single words/simple phrase, (2) flexible phrase speech, (3) fluent speech, child, and adolescence, and (4) fluent speech, adolescence, and adult. In this measure, toys and other interactive methods are used for first two modules and the third and fourth modules are more interviews based. Each module takes approximately thirty minutes to complete. The four modules have been revealed to have an interrater reliability that ranges from 0.65 to 0.78 (Lord et al., 2001). The test-retest reliability scores are high (social interaction, 0.78; communication, 0.73; social interaction-communication, 0.82). The validity test establishes that the ADOS-G correctly classifies 95 percent of individuals with ASD and 92 percent of those not having ASD. The researcher rejected using this schedule because the entire process would take too long, impede the rapport with the child and parent, and was unnecessary because the child already had a diagnosis of ASD.

Another test that was reviewed was the *Gilliam Autism Rating Scale* (1995). This scale is appropriate for children aged three to twenty two years old and so could have been used. There are 56 items in four domains in this scale (e. g., social,

interaction, communication, stereotyped behaviour, and developmental disturbances). Each item has to be answered on a 4-point scale. To complete this scale, five to ten minutes of time is required. The researcher chose not to use this scale because the result of this scale is valid for a *wide* variety of subgroups and general population. Because of the small sample size this scale was not utilised.

The *Autism Diagnostic Interview-Revised* (ADI-R, Le Couteur et al, 1989) is another instrument that is used to assess social interactions, communication, and the repetitive behaviours of children with ASD. This semi structured, investigator-based interview also includes the assessment of linguistic abilities. It is applicable for the age of one and half years to adulthood. The first step of using the measures is a home visit by a therapist who interviews the child's parents. The scale consisted of 93 items that are rated on a zero to three-point scale. It takes 1½ hours to 2½ hours to finish. Internal consistency of this scale is 0.69-0.95; test retest reliability is 0.83-0.91, and inter-rater reliability is 0.62-0.89. For this test, criterion related validity, face validity, discriminant validity, and construct validity are supported. The researcher also chose not to use this scale because it did not add value in terms of the research questions being investigated.

Another scale that was rejected was The *Childhood Autism Rating Scale* (Schopler et al, 1980, 1988) which consisted of 15 domains that help determine whether a child has ASD or not, aged two years and older. It takes 30-45 minutes to conduct. Each item is rated on a 7-point scale that ranges from normal functioning to inappropriate functioning. Scores over 30 indicate the presence of symptoms of autism. Depending on the score, an individual may have a classification of mild, moderate, or severe ASD. The scale has adequate internal consistency, which is 0.94. Test retest reliability is 0.88 and interrater reliability is 0.71. It has adequate convergent validity. In addition, criterion related validity is 0.84. This scale was

rejected because a criterion for participation in this study was that there was an existing diagnosis of ASD that was confirmed by documents from doctors. Again, this scale was not used because a diagnosis of ASD was already determined. The researcher also reviewed and rejected the *Diagnostic Interview for Social and Communication Disorders* (DISCO; Wing et al, 2002), the *Behaviour Observation Scale* (BOS; Freeman et al., 1981, 1984), and the *Autism Behaviour Checklist* (ABC; Krug et al., 1980) largely because it would take time to be trained with these diagnostic tools.

Social communication questionnaire. After reviewing the literature, one standardised child measure was selected. The standardised measure was the *Social Communication Questionnaire (SCQ)*. The researcher chose this scale because of its ease of administration and because it provided an insight into the child's strengths and weaknesses. The researcher had only a short time to determine the child's characteristics and needs and to establish rapport with the participants. The *SCQ* was ideal for this purpose. The *SCQ* (Rutter, Bailey & Lord, 2003) is a parent completed checklist which has 40 items in two versions: (1) life time - which referred to behaviour throughout the child's life time, and (2) current – which referred to the most recent 3-month period. The *SCQ* is a complete diagnostic evaluation for children with ASD and evaluated communication skills and social functioning. This scale takes ten minutes to administer for children aged 4 and above. The questionnaire is able to separate ASD from non-ASD diagnoses at all IQ levels. The questionnaire is easy to administer and score, making it an efficient screening instrument. Psychometric characteristics are sound for a screening measure with an internal consistency of 0.90. Construct and discriminant validity are supported, as it is based on *Autism Diagnostic Interview-Revised* (Rutter, Le Couteur, & Lord, 2003; Allen, Silove, Williams & Hutchins, 2007). Given that the

children already had a diagnosis, the questionnaire was not used as a screening mechanism, but more of a means of gaining information about the child from parents.

This questionnaire was distributed to the parents of this study. The researcher asked the parents about their child's characteristics over the last three months using the *Social Communication Questionnaire (SCQ)*. A copy of this questionnaire is included in Appendix D. For the 40 questions, parents answered either 'Yes' and 'No' for every item and by doing so, gave me an idea of each child's disorder. The researcher also observed all children at play in the home and some children in their classrooms and playground.

Data Analysis

This study collected mostly qualitative data. In terms of analysing the qualitative data from interviews and observations, content analysis was employed to identify the common themes. Content analysis is the process whereby the researcher uses field notes, memos, and raw data to find structural or conceptual order. Content analysis involves coding around prevalent themes that can be related to the research framework, problem, questions, or hypothesis. Coding is also the process of finding represented topics, concepts, or categories of events, processes, attitudes or beliefs that represent human activity, and thought (Forman & Damschroder, 2007). Given that this study is exploratory, the coding is provisional and uniquely formed in order to address the research questions (Miles, Huberman & Saldana, 2014). Miles and Huberman (1984) observed many years ago that content analysis is a powerful way to interrogate data because "words are fatter than numbers, and usually have multiple meanings" (p.54). The researcher must remain diligent in this process, however, because at the outset every word seems important. Content analysis is about stepping

back from the data and deciding what is important.

The usual way to step back from the data and to code the data are described by Harding (2013) as a multi-stepped approach that includes:

- Identifying initial categories based on reading the transcripts,
- Writing codes alongside the transcript,
- Reviewing the list of codes and categories and deciding which codes should appear in which category, and
- Looking for themes through constant comparison.

Harding's four stage model was utilised for data analysis. The researcher preferred not to use computer software as a means to step back from the data. Instead "peopleware" (Bernadette et al, 2012) was used where the researcher coded for themes manually. This coding was undertaken in a number of steps. First, data were collected from both Australian parents and parents from Bangladesh who have Australian citizenship. The data obtained from Australian parents was then transcribed. The data obtained from parents from Bangladesh was first translated into English from Bengali. The researcher checked the translation with the original interview tapes to ensure that meaning was preserved. Each transcribed and interpreted interview was then analysed to think about the overall concepts that were emerging. The transcript was read carefully several times to find out the key issues or common themes. Many categories were identified from the data after doing the coding. The interview transcript was organised on one page of an exercise book and the other page was used to code for themes. For this study, the researcher coded largely around the questions asked in the study.

After coding, the researcher then categorised the data for any common themes. With these themes, the researcher then interpreted the results and made a summary for each theme. The researcher also used the *SCQ* questionnaire where the researcher

gained quantitative data to provide an insight into the spectrum of autism for each child participant. Numeric information came from this measure. These numerical data from the quantitative measures were analysed with descriptive statistics such as frequency and mean and are provided in tabular form in the results section. Although the sample size was small, descriptive statistics could still be gleaned from the data. This information was added to the qualitative results the researcher gained from parent interviews.

The researcher then used descriptive analysis to analyse the classroom observation data. Each of the learning activities that were observed at home and school were described in detail. The researcher tried to match the observation data from the parent and teacher interview with what the researcher observed. The *Productive Pedagogies Diagnostic Tool* (Queensland Dept. of Education, 2001) is used to code data through counting initially, by determining whether or not one of the pedagogical domains is present. Data is then based on the researcher's judgement about the degree to which a pedagogy is evident.

Validity and Reliability in Qualitative Research

Combined these measures provided face validity to the study in that parent and teacher reports about each individual child were then tested against what the researcher observed in the classroom and what was measurable through the *SCQ* questionnaire. Although numbers were small in this study, the hours spent watching (average 15 hours) and listening to each participant can only add to the corpus of knowledge already available about children with ASD. It is valuable to reflect on Auerbach and Silverstein (2003) view that there is no one right way to analyse a data set and that decisions taken are always subjective. Furthermore, Harding (2013) urges that a researcher should use reflexivity constantly throughout the research

process. Reflexivity in primary qualitative research generally involves the self-examination of how the research findings were produced and, particularly, the role of the researcher in their construction (Harding, 2013). In this study this process was continuously employed and involved the thesis supervisor in early readings of the data to ensure, as best as possible, that what the researcher was interpreting could in fact be gleaned from the data.

Ethical Concerns

Participants of the study were informed about the ethical aspects that related to ensuring their protection. Before conducting this research, the researcher gained ethical approval from *Griffith University* (Protocol Number EDN/71/12/HREC, Appendix F) and also from the *Queensland Department of Education*. In addition, the researcher gained approval from the principals of two schools who were interested in participating in this study. Before starting the data collection, the researcher received permission from parents and school teachers. Appendix A and B contain copies of the parent and teacher information and consent packages. To protect research participants, each participant was informed verbally about the purpose of this study (i.e. parents' experiences and concept about inclusive education). Second, before starting the interview, the participants were given an information sheet and consent form to read, ask questions about, then to sign (see Appendix A and B). If they had any questions regarding this study and their participation they could ask the researcher about these. Third, before starting the main portion of the interview, demographic information of the participants was gained. Fourth, every interview was recorded for research purposes and later transcribed for analysis. Some interviews also needed translation from Bengali to English. Fifth, and most important, was that the participants were assured about the

confidentiality concerning the interview and that they had the freedom to withdraw from the study at any time.

To maintain confidentiality, all data and information were kept in a different location in a locked cabinet. The names provided in the data sheet were changed in number so that no one could identify the person. For example, the researcher assigned a number and letter for each participant. In addition, the name of the participants was also changed. The researcher also did the transcription and translation. There was limited chance of breaking privacy by going to a third party. After finishing the transcriptions, the tapes were kept in a secure place.

Conclusion

This chapter described the conceptual framework, research design, participants, and research settings of this study. In addition it also described the procedure of this study. Ethical approval was also obtained to conduct this research and this process has been documented. In this chapter, the data analysis process was described. The next chapter will now discuss the findings of this study.

Chapter 6: Findings

The purpose of this study was to listen to and analyse the voices and experiences of a number of parents and teachers who have children with ASD in either their families or in classrooms. This was so that the researcher could learn from the experiences of individuals in Australia in terms of inclusion. For this purpose, a qualitative method was used. In total, six parents who had children with ASD were interviewed. Two teachers were also interviewed and observed in this study. The study aimed to answer the following research questions:

1. Explore the experiences of parents with child/ren with autism in inclusive class
 - can the parents describe the characteristics of children with ASD in the classroom
 - how do parents support their child's learning at school during class
 - what is the parents' satisfaction with the inclusive practice

2. Explore the experiences of teachers working in inclusive class
 - How do teachers manage the classroom activities and maintain communication with the home
 - What is the satisfaction of the teachers working in inclusive class
 - What is the perception of teachers towards inclusive education

The findings of the interviews are provided first and then the teacher interviews and observations will be discussed. The chapter now turns to a discussion of the interview findings.

Interview Data

Six parent participants were interviewed over four months from June to September in 2014. Of the participants who volunteered, the majority involved both

parents in the interviews. In one case, it was only the mother of a child with ASD who attended. Six of the children discussed were male and one was female. For the purposes of clarity, the parent participants are numbered PT1, PT2 (A), PT2 (B), PT3, PT4, PT5, and PT6. One family (PT2) had two children with ASD with one child who was male (PT2A) and the other child who was female (PT2B). The children ranged in age from six to twelve years old. Two children attended a special school and five children attended inclusive schools.

All of the participants were married (PT1-6) except for one parent who was divorced (PT1). All participants indicated that they did not have grandparents in the family to help them to look after their children. All were single units rather than being part of an extended family. The participants of this research were the parents of children with ASD who were also the primary caregivers. Parents were interviewed in several settings. Of the 6 parents interviewed, there were 2 Australian parents (PT 1, PT2A, and PT2B) and 4 parents from Bangladesh (PT3, PT4, PT5 and PT6).

All interview data were transcribed. Interview data from the parents from Bangladesh were translated from Bengali to English and the meaning was checked against the recordings to ensure the intended meaning was preserved. Then each transcribed interview was analysed several times to determine the overall concept, key issues, or common themes from the participants. The data were categorised and grouped into themes. By considering themes, it was possible to identify the opinions of the parents even though these opinions were presented in different ways. There was a difference in perspectives between the Australian parents and the parents from Bangladesh with Australian citizenship.

The combination of all the themes provided answers to the research questions. Five major themes emerged from the data describing the parents' and six for

teachers experiences caring for their child with ASD. These themes were:

1. Parents' experiences with a child with ASD in a classroom,
2. Child's characteristics,
3. Parental support during class,
4. Parents' satisfaction with inclusive classes,
5. Knowledge and benefit of inclusive education,
6. Managing difficult situations,
7. Maintain home school communication,
8. Teachers' qualification,
9. Curriculum and assessment,
10. Satisfaction of the teacher, and
11. Perception of Inclusive education.

In the following paragraphs, each research question or theme will be described sequentially.

For the first research question, parents shared their experiences in different ways. Participants described the behaviours and characteristics of ASD without any difficulty. After knowing the diagnosis, all parents acknowledged that they became stressed. The participants said that they had to cope with and manage the different signs and symptoms of ASD within a wide range varying with each of the children. At that time they searched for different services, treatment, and therapies. They faced an unknown future for themselves and their children.

We went to the paediatrician first and he said to go and see the psychologist and the occupational therapist and [we] got some reports. So yeah, he diagnosed it. We don't understand my son, he'll get frustrated with us and instead of using a different way of saying it he will say it exactly the same

way he has said it even though we're saying "we don't understand that, can you say it a different way" he just says it the same way. (PT 1)

We went to the paediatrician, then psychologist [and] neurologist, but we did not get proper treatment. They referred us to another. Then finally we got depressed without getting proper advice. We started to read different journal articles from the internet. (PT3)

To know more about the diagnosis, parents started with the internet and gained as much information as they could. The parents utilised a variety of resources to increase their understanding of the diagnosis and what could be done to assist their children to be successful. One parent observed:

We found from the internet the characteristics of a child who has autism. Then in every aspect of my child's behaviour we just compared his behaviour with the symptoms of those we read from different articles from the internet. If I found anything, immediately I searched it through the internet. My husband really did research on it (PT 3).

In some cases, the school teacher did more testing to confirm a child's diagnosis. To help the child properly, the teacher then referred the child to a psychologist for further testing. All parent participants stated that they did not mind if the teacher put a label on their child.

Drilling into the data further to identify parents' experiences and what parents wanted from teachers in schools in relation to inclusive education, the data showed some specific categories under this theme; namely teacher's acceptance, curriculum, and home school communication. Based on the parent's responses, I found that the Australian parents in this study were quite happy with the schools and their child's schooling. They expressed that they had positive experiences with the school.

However, this was not the case for the parents from Bangladesh. These issues are now described.

Parents Experiences with a Child with ASD in the Classroom

Teacher acceptance. Parents feel accepted if the teacher accepts their child in a positive way and if their child is included in society. Once this acceptance occurs, parents feel relaxed and part of society. Australian parents thought that the teacher would provide the best service for their child and if necessary they would arrange for the provision of extra support. All the children of these parents attended inclusive schools. In those schools parents do a lot for these students.

That's [teacher's support] one of our main concerns and we're always very proactive about [child's name] and his behaviour at school because once I got a call from the school, I had to go and pick him up from the school because he'd accidentally knocked over a chair in the classroom and there was some sort of negative feedback towards him from some of the other kids, so he started doing it, he started knocking over tables but he wouldn't leave. The teacher said "that's it, you have to leave the classroom", he would not leave the classroom, so she took the rest of the class outside. He stayed in the classroom, she took them outside and so to me if I was another parent of one of the other kids and my kid came home and said "we spent the afternoon outside the classroom today because [child's name] was misbehaving", that to me is a big deal. (PT 2A)

In this way, the parents learned how the teacher manages their child in the classroom. However, although the parents from Bangladesh who are now Australian citizens felt that they were not excluded from society, they did feel that they just had to accept whatever was provided, as articulated in the following quote:

...we approached the school several times about the activities they do at school. But we did not get any reply from them. We thought that after coming back from school we have to do some activities with our son. So if we do not know anything what they are doing at classroom how could I select activities for him? I am just thinking they just accept our son. They did not exclude us, but they are not including us appropriately. So whatever services we are getting, we are happy with them. (PT 3)

Parents observed that the teacher did not separate their child into a special school. So for that reason, most parents were quite happy. One parent from Bangladesh thought that maybe their child would not be better if placed in an inclusive school. They believed that the special school was the most appropriate placement for the child. In this study, two children went to special school and the rest of the children went to inclusive schools. The parents from Bangladesh provided their logic in this way:

I observe that if he could not get the silent environment he feels irritated. In an inclusive class the student number is 25 in a class. The teacher is very busy with all the students. So it is difficult for a teacher to control the special needs children with the other typical children in the same classroom. My son does not like noisy places. So we did not prefer an inclusive class for my son instead of special one. In special schools he got special care with minimum students in the classroom. He does not feel irritated. And he is manageable there. (PT 4)

There were thus some parents who were happy for their child to remain in inclusive settings and one parent who preferred that their child be placed in a special school.

Curriculum. All of the schools in Australia follow the national curriculum of the *Australian Curriculum, Assessment and Reporting Authority (ACARA)*. As a result, parents were happy that their child was not treated differently from other children. In all classes in which the children were placed, there were different levels of need, but the curriculum was the same for all. This research found though that when lessons were observed, some of the children were very bored. One of the participant parents noticed this and commented that:

...when I went into the classroom that some of the curriculum in certain aspects in particular Maths for instance they're bored, so their attitude can be pretty bad but it's not just them, there's other kids in the class who are quite advanced as well. So they're not super IQ or anything but some of the class of a class of 26 are up here but some are right down here. Like in her prep class last year some of the kids still couldn't recognise the alphabet, they couldn't count to five. Whereas her and probably a good six other kids out of that class they can do multiplications and additions and they can spell, they're a lot more advanced. (PT 2A)

Here the parent is alluding to gifted children with ASD, known in the field as twice-exceptional, who are more than able to learn the curriculum and be extended. The issue of differentiation was canvassed in the literature review and for this parent at least, differentiation appears not to be occurring.

These particular parents believed that their child could follow the same curriculum as any other child in the classroom. In some cases, the assessment system was adapted for the child. For example, the teacher may have prepared some oral examinations instead of relying on a written one. However, one of the teachers observed that one child with ASD became angry when he was not given the same

work as his peers.

Home school communication. The response for home school communication was the same for the Bangladeshi and Australian parents. Based on the study, parents wanted two-way communications with the school. All (n = 6) suggested that one way communication was not helpful at all. All parents discussed using the communication book, telephone, and email. If a problem was urgent, parents then felt free to approach the school immediately. Home school communication style was the same for all parents who used the communication book. Sometimes the school principal or the teacher asked them for a meeting, in which case they would attend the school to discuss the situation. If the parents received any email or phone call, they went to the school immediately. Many parents felt that the schools were doing a good job and that they maintained regular contact. If parents felt the need to inform the teacher of anything that may affect classroom activities then they informed the teachers. Each of these methods is now discussed in turn.

The following table shows the number of parents and their communication method:

Table 6.1 Communication method and percentages of parents using those

Communication method	Number of parents	Percentages of the parents
Over telephone	4	57.14 %
Communication book	2	28.57 %
Physically met the Teacher	2	28.57 %

Source: Interview data retrieved June-September 2014 (some parents overlapped the communication method)

Phone calls. If the parents have something to share with the teacher or the principal they mainly use the phone. More than 50% used the telephone. Nearly 30% used a communication book.

Meetings. Some of the parents interviewed speak to the teacher or principal in person sometimes. One parent observed that:

[T]here have been some in person meetings as well particularly earlier in the piece when there was a problem and we were trying to establish what was going on. But not every month, not as regularly as I've heard other people.
(PT 1)

At the beginning of the year, parents noted that they had a meeting with the teacher about the yearly planning for their child. In turn many of the parents interviewed wanted to know about the teacher's level of education and training. They started to have that conversation with them when they had this meeting, as described following:

[P]arents get email addresses for the teachers and we can turn up. Every day we're allowed to write notes and we can interact with the teachers that way. We can go to admin and talk to them. When I pick [my children] up because I usually pick them up from school on Fridays, I usually go to their classroom and as soon as the bell goes and the kids are allowed to come out I usually just go in and have a quick chat with the teacher. (PT2A, PT2B)

And they're also at the moment preparing a weekly report for us which we'll get next week just on each day's thing as well. So they're doing extra reporting for us (PT2A, PT4). And of course if there's an incident that happens in class my son is very good at telling us now that "I've had a bad day today, this is what's happened" so we can touch base with the teacher.

So from a child's report, parents can know everything that happens in the classroom. Because the child knows that there will be repercussions for their actions and they know not to hide the fact the children have become used to telling parents

what happened.

Parents are concerned about the education of their child. They gain information from their teacher and they also provide information to the teachers. This transformation of information is helpful for the child as well. Parents share information about their child's specific interest or preferences with the class teacher. If their child has an interest in mathematics and science, parents have said to the teacher "he's got an interest in those areas". At home if parents face any difficulties managing the child then they discuss that issue with the school teacher, as described in the following text:

[I]f we've had a particularly bad time at home then we inform the school simply because it can affect performance in the classroom and things like that. Likewise if they've got lots of changes happening, so something has happened to the teacher they generally will let us know because they know that can throw things out, it may not happen that day, but it can affect them the next couple of days. So we generally liaise with each other if something has happened. [PT2A]

In terms of the classroom, if parents find any other severe cases in the classroom they don't have any problems with those children, but some parents have a different view about this issue [including a child with severe difficulties in the mainstream classroom], as noted in the following interview data:

[S]o if there are other kids those are severe. Yeah, I don't think it's a problem. For me when I saw that others who I felt were a lot more severe than (child's name) in the class my only concern was that he needs the extra support. So I would make sure I spent most of my time with him giving him the extra support and depending on which teacher they had he would react to

it as well. [PT2A]

The Characteristics of the Participant's Children with ASD

The second theme that emerged from the data concerned the characteristics of the children with ASD. The data answered the second research question, namely *What are the characteristics of children with ASD in the classroom?*

In this study, it was possible to build a picture of the characteristics of the participant children using parental information about the children, teacher reporting, testing via the *SCQ* (Rutter et al., 2003) and observation of the classrooms to see the children in action within the classroom. This section of the results chapter begins with the characteristics of the children based on the information provided by their parents during interview. Participants were able to describe the behaviours and characteristics of ASD without any difficulty.

The following transcriptions from interview outline how each parent describes their child with ASD. Generally, most of the children were able to use phrases or sentences. Some children used odd phrases or said the same thing over and over again in almost exactly the same way. Many of the children used socially inappropriate questions or statements. Sometimes they regularly asked personal questions or made personal comments.

According to one parent in relation to her child she noted, “Yeah, he's not overly conversational, but yes, he uses sentences. There is a backward and forward” (PT 1).

In addition, parents observed that many children had unusual ways of moving their hands or fingers, either continually flapping or moving them. Some also displayed complicated movements of the whole body such as spinning or repeatedly bouncing. Some of them injured themselves deliberately by banging their head on the

wall for example. However, not all of the children attempted to hurt themselves. The mother who had two children with ASD demonstrated the characteristics of her children in the following way:

[H]e's very particular. No, he doesn't hurt himself. But my daughter does, she is clumsy. She has always got to carry something with her. My son had cards today, packs of cards; they're very big at the moment. His DS, that's a computer game but cards. But then she does too. Sometimes the wheel of the car when he was younger. (PT 2A, PT 2B)

Another parent described their child with ASD in the following way:

[Y]es, if he's irritated he starts rocking and his fingers will start flapping like that, [parent demonstrates] but he won't do the full flap, he'll just wiggle his fingers. He has some movements such as spinning or repeatedly bouncing up and down. I wouldn't say it's complicated, but he certainly can't sit still. He'll be like this constantly. When he is extremely frustrated, he will bang his head, but he's not trying to hurt himself and he's never tried biting or any other form of self-harm. It's very specific with the head banging. It's usually he's frustrated himself not getting something and he'll start hitting himself in the head, but it's not frequent. (PT 1)

Eye contact was another issue that parents discussed. Regarding eye contact, the children did not always look directly in the face of the person doing things with them or talking to them. They did not necessarily smile back if someone smiled at them. Some of the children had a tendency to follow others, to copy the behaviour or activity being completed by others. They often have particular friends, sometimes a best friend. However, sometimes they have a small group of friends also. One parent observed that 'every time, if he needs anything, then at that moment he is very

friendly with you. And the rest of the time he is on his own' (PT 1).

Another parent observed that:

[My child] does not copy others. He does his own things. He uses gestures other than pointing or pulling your hand to let you know what he wants. He does nod his head to indicate yes. If he does not like to go out, doesn't like to go to school then he will shake his head. (PT2A)

For some children parents used medicine to control the specific behaviours of their child, and felt that medication was often helpful. One parent commented that:

...before his medication, he was very aggressive, very, very aggressive. This is another one from them, all the different things that he exhibits a different sort of behaviour, but once he got his tablets a lot of the bad, bad, bad behaviour was gone. (PT1)

By using the *SCQ*, it was possible to match the parent's and then teacher's observations with the score that each child gained on the *SCQ*. The following table shows each child's level of ASD based on the score from the *SCQ*. According to the manual of the *SCQ*, if the score is 15 or above, it is an indication of possible ASD and needs further comprehensive evaluation by a specialist such as child psychiatrist or psychologist. The reader is reminded here that each child in this study had previously been given a diagnosis of ASD and the *SCQ* was used to drill down into this diagnosis further. It can be seen in this table that some of the children had severe forms of ASD and others less so.

Table 6.2 SCQ scores of children with parents and teachers description

Child's name	SCQ score	Parents description	Teachers description
Wyham	31(severe)	He uses sentences. He is irritated. He starts rocking and his fingers will start flapping, wiggle his fingers. He does spinning or repeatedly bouncing up and down. He bangs his head. It's usually he's frustrated himself not getting something.	Not observed
Hoper	16	He doesn't hurt himself. He had cards, packs of cards all the time. Sometimes the wheel of the car when he was younger. He does his own things. He uses gestures other than pointing or pulling your hand to let you know what he wants. He does nod his head to indicate yes.	I find him better sitting on the end because it is less distraction for him. He's the kind of kid who will talk to anybody whether they listen or not. He likes to follow the rules when he is reacting to the other kids and he's not reading their cues.
Clena	24	She is clumsy. She always got to carry something with her. Any toys or soft doll. She is able to use sentences. She does the same thing over and over again in almost exactly the same way.	Sometimes she needs a lot of reassurance. She does have friends. It will be difficult for her.
Srayan	16	He uses phrases sometimes he uses sentences. He uses odd phrases or said the same thing over and over again in almost exactly the same way. His eye contact is less. He continuously flaps his hand.	Not observed
Wasiq	24	He does his own things. He does nod his head to indicate yes. Sometimes he shakes his head if he does not like to go out. He copies other words. He bites his hand.	Not observed
Zuabe	22	He uses gestures other than pointing or pulling your hand to let you know what he wants. He uses single phrases only. He says the same thing over and over again in almost exactly the same way. He uses the same questions repeatedly	Not observed
Rhyne	24	He does copy others. He used odd phrases. He has unusual ways of moving his hands	Not observed

Table 5.2 shows that when the scores from the *SCQ* were placed alongside the parents and in some cases the teacher's comments then there was reasonable alignment. Scores above 15 mean that ASD is highly likely and the severity is high. Interestingly, the teacher's comments about Clena seemed to show that the teacher

was surprised that Clena could make and hold friends. According to her *SCQ* score she was more than capable of doing so.

Observations of classrooms. Unfortunately it was difficult to get into many classrooms to observe lessons. However, in two classrooms, two lessons (music education and health education) were observed using the pedagogies of the Intellectual Quality and Supportive School Environment taken from the *Productive Pedagogies Matrix Scoring Tool*. Researcher used the reporting design of Pendergast and Kapitzke (2004) for this purpose. In every class there were 25 to 27 children. In some classes a teacher aide came to help the teacher. Two researchers observed the activities occurring in each class. In observing the environment and the intellectual quality of each lesson for every item, there was a 5-point Likert scale from 1 (low levels of a particular pedagogy evident) to 5 (high levels of a particular pedagogy evident). Both researchers scored each pedagogy and then compared notes.

Intellectual quality. Two lessons were observed, one in music and one in health education. Similar to Pendergast and Kapitzke (2005) we found that:

[I]n most of the lessons observed, talk was dominated by the teacher, who typically presented content. The occasional input from students occurred as the result of teacher questions, which predictably followed the initiation-response-evaluation sequence. This pedagogy was teacher-centered and highly didactic. Class observations also showed that the quality of study coach supervision was poor (p. 1636).

This was most evident in the music education class where the teacher aimed to teach the symphonies of song. The teacher first gave an idea about the sound through a series of questions and statements e.g. What would the sound look like? The

teacher then played four beats with the violin. Then she encouraged students to sing by asking:

[C]an anyone sing that for me? Could you? Not just whether it's ta, ta, ta, but whether it is so, mi, so, mi. Let's try this one. Watch out, getting hard. Don't forget because we've got a repeat sign we have to sing it all over again.

In this lesson the teacher taught the steps of making sound and then gave them practical experience of using the sound. She taught these steps several times. The teacher followed a lesson plan of modelling, guided practice one by one, and finally she worked with the whole group to consolidate the lesson. She motivated the students to practice the song several times. Researchers determined though that the intellectual quality of the lesson was not high. Researcher felt that the lesson was teacher directed and gave little opportunity for students to inquire and to use their learning in authentic environments. A lesson of high intellectual quality is one where high intellectual demand derives from a teacher requiring students to manipulate information and ideas in ways that transform meaning and in ways that allow students to solve problems and discover understandings that are new to them. This transformation occurs when students combine facts and ideas to synthesise, generalize, explain, hypothesize, or arrive at some conclusion or interpretation. The scores for this lesson for intellectual quality were below 3.

In the health education class, the teacher taught the class about a healthy life style. The objective was to teach them about how to stay healthy. The students were given a book and they had to provide answers to questions such as what they should do when they cough or sneeze. The students answered that they should cover their mouth. Up until this point, the lesson was teacher directed and researchers gained the impression that the lesson's content was not negotiable, but that it had to be delivered in a certain way and in a hurry. Overall impression of the researchers was

that the teacher was just trying to get the content completed. In this part of the lesson students were denied the ability to see knowledge as problematic involving an understanding that it is always being constructed and hence subject to political, social and cultural influences, and implications. The first part of the health lesson therefore scored below 3 for all of the pedagogies within this pedagogy.

Once the students could draw their pictures though, the mood and atmosphere of the lesson changed positively. In the last part of the lesson, students were instructed to draw a picture about what they should do after going to the toilet. Students answered the teacher with comments such as wash your hands and then wipe with a towel. The last question asked students to draw a green circle around the foods that are healthy and the foods to eat when they are sick. There was a lot of classroom engagement at this time and students readily gave answers such as visit the doctor or stay home. The teacher said that if they wanted to stay home then they could draw a bed with themselves in it. Here the teacher is providing choice of what the students wanted to draw and encouraged them to come up with their own ideas. This brought the scores up to around 3.5 and 4 for each pedagogy. In both lessons the children with ASD were engaged, communicating, and learning.

Supportive school environment. The teachers for both lessons scored more highly in this pedagogy. The teachers provided feedback to the students after every activity. They praised them. They used terms such as:

...well done, take a star and put it on the board, that's good, nice, that's a good one too, very good, I like your one, that's perfect. Look at the drops coming out there. Beautiful, Good, that's good, excellent.

In terms of student direction, we gave the health teacher a score of 5 overall, because we found that the students were able to make significant choices in the direction of their learning. In the health lesson there was a degree of student influence on the nature of activities and the way that they were implemented. Both teachers supported students by conveying high expectations for all students. These expectations included an opportunity to take risks and to master challenging academic work so that all members of the class could learn important knowledge and skills, and that mutual respect among all members of the class contributes to achievement by all. In fact, one of the children with ASD really misbehaved when he was directed to work that was not the same as the other students. The child's teachers changed their expectations accordingly. This was not the case in the music lesson.

The second item of this pedagogy was social support where both of the classroom teachers gained scores of 5. We observed that the students and the teachers had respect for each other. The students listened to the teacher's comments and lecture properly when required. The third item was academic engagement. In this item, the health classroom gained a score of 4 that was higher than that for the music lesson. We found that the teacher tried to engage the students in the activities, but also that they were not engaged all of the time. Sometimes the students were moving around. Sometimes they were laughing with their friends sitting next to them. However, the teacher tried to involve them in the lesson and most of the time she was successful. The fourth item was explicit quality performance criteria where the health classroom gained a score of 5 and the music classroom a score of 3.

When we observed the classes, we found that the teachers maintained behaviour standards and when the students performed well each teacher reinforced their good behaviour. The reinforcement /reward also varied. Sometimes the teacher

wrote a child's name on the board, sometimes the students received stickers or different coloured stars. At the end of the week, sometimes at the end of semester, each teacher counted the stars and reported to the parents. The last item was student self-regulation where we gave each teacher's pedagogy a score of 4. Students knew that if the teacher made an announcement then they became automatically quiet. At no time did the teachers need to make statements that aimed to discipline student behaviour or to regulate student movements and dispositions. In this respect, students were managing their own behaviour.

The children with ASD in both classes behaved exactly as their peers did, but with one exception. One child wanted to do the same activities as everyone else and was upset when he was not allowed to. However the teacher changed her expectations in this case. The findings from the observations show that for these children and with these teachers, children with ASD were included and belonged to the overall class grouping.

Parental Support during the Inclusive Class

The third theme that emerged from the data was the parental support during class time. In this research parental support refers to the maintenance of the child during school time and at home and how the parents support the school activities and their child's learning. The supporting style was the same for all parents from both countries. The parents arranged the travel to school, tiffin, snacks, lunch box, and pick up options. Sometimes they visited the classroom activities. They also arranged the therapy such as speech therapy and occupational therapy for their child. This therapy was organised either for a weekend or after school hours. Some of the parents attended training sessions to learn more about their child.

Parents stated that they visited the class teacher if needed. They also attended any sessions offered by the school. If the school gave any homework or extra work the parents stated that they helped the child to complete it properly. Parents monitored their children's school activities at home.

It is at this point though that differences appeared in the transcripts. Australian born parents stated that they allowed their children free time after arriving home from school, whereas the parents from Bangladesh wanted their children to continue school activities such as homework after their free time. The Australian-born parents did not spend too much time at home with any formal learning intervention. They preferred to spend free time with their child, although some children attended occupational therapy and speech therapy after school. One parent whose child went to an inclusive school described their child as:

[A]cademically he's very, very gifted. He doesn't have any problems at all. If anything what I said to the special teacher was that perhaps he needs harder work, his homework is just far too easy. (PT1)

Another parent described their child's after school life as:

[I]t's late because of the drug that he takes. He gets hungry at about 8 o'clock and he eats and eats and eats. So if I can get him in bed by 8.30 I'm doing really, really well. It's usually 8.30, sometimes 9.00. So a couple of afternoons a week they go to the after school hours. They pick them up at 3.00 til about 5.30. I pick him up at about 5.30, quarter to 6.00. And the rest of the week, the other days there's soccer two nights and then there's homework in there as well and there's gymnastics. It's pretty crazy, it gets crazy. He does everything by himself. He is not that impaired. (PT1)

Yeah. We kind of fell into a routine which is basically intervention, so we're constantly reminding them what's going to happen the next day, so just repeating things, so there's not too much change. (PT2A)

Some parents were also concerned about the selection of the school that their child would attend. They believe that school selection should depend on the child's level of ASD. They observed that if the child was placed with other children who have difficulties more than their child then he learns negative things from them. One parent said that:

[H]e was learning the behaviours. So we're concerned that if we put him in a room with only those kind of kids who have severe problems, he's going to regress whereas keeping him in a classroom with mainstream kids who are what we call normal, society accepts them, he is learning what society needs and expects. So I think that's better for him. (PT2A)

However, in some cases bad behaviour does not come from the children who have severe problems. It may come from the children who do not have any problems. One parent describes this situation in the following way:

[A]ny kid learns behaviours from other kids. He'll come home and he'll say something and you go "where did that come from" and that doesn't necessarily mean it's come from a special needs kid at all. A lot of the time it's the exact opposite, you're getting kids that are normal and they might be a little bit more advanced in the brain or they might be a little bit older in the head and kids are kids, that's the thing. They pick up on what other kid's say, what other kids do. I don't think there's anything negative from any kid with special needs every time. (PT2A)

Parents explained that in these cases though they do not plan to change the child's school, but prefer instead the inclusive school rather than the special school. Parents believed that teachers are more caring and accepting of their child in an inclusive classroom, as indicated in the following interview data:

I wouldn't want to change his environment either. He's had a really good report card this year, very good. So I think the progress that they (teacher) are making is really, really good. I can't see a reason for me to take him out of what he's getting. He's getting a lot of support at this public school. They seem to have a lot more resources. (PT1)

In some cases the parents were actively engaged with their child's learning. These parents did a lot of extra learning intervention. Some of them arranged another teacher at home in the evening to do activities with their child, for instance:

[W]e try to do Thursdays and Fridays I pick them up straight from school, so try and spend some time with them on that plus all weekend, but Mondays, Tuesdays and Thursdays it's basically feed them, get them into bed. For the first six months after diagnosis it was about three times a week we were doing occupational therapy and speech therapy for only about six months. We still have a lot of the equipment, but his balance and motor skills and all that have improved rapidly. For the hand clapping, he just does it. It doesn't inhibit him in any way and we get a giggle out of it (PT2A, PT2B).

Parents were also conscious about any issues occurring in the class. They take immediate action with an issue if it becomes serious. The parents take the child to the professionals based on the problem, as described next:

...last year [child's name] did start to, we knew for a fact that there were two girls being bullied in his classroom and the school eventually got them to go to a different school. And so we just casually mentioned it without saying the names of the kids "is there a bully in the class" and he kept going "yes, yes, yes", he was talking about himself. So we got in to see the psychologist a bit more so he could understand "you're not the bully mate, there's nothing wrong with the way you're acting". (PT 2A)

Parents try to shape their child's behaviour. At home they try to make structure for their child in addition to the school. For example:

...he [child] doesn't want to do his writing or whatever they say to him "well okay the expectation is that by the end of the week this work has to be done, you either do it now or you do it in your free play time, it has to be done by the end of Friday" and he does it every time. If you do this now then you get free play time or if you don't do that now you're going to have to do it later which means less play time" or whatever the case maybe but it has to be structured so that he understands what we expect of him and to me with him that is where he has always struggled most. You've got to realise that there's ramifications about every decision that he makes. Choose to do it, don't do it now, that's, but that means no free play time on Friday. And that's the way we try and structure his understanding of what we expect from him. We have to say to him "these are the things that you have to do" and there's either a reward over a period of time about his expected behaviours or his eating or whatever the case may be. He doesn't understand what the expectations are. He doesn't know sometimes what the end goal is if you like and if we stage that for him or show that to him he understands that these are stepping stones to get to that point. [PT2A]

He's very big on, he doesn't understand the difference between adults and kids and he's actually verbalised a lot recently, he wants to be treated like an adult. So he wants to be able to help and that but then he'll still act like a kid and go "why do I have to do these chores" but he wants to be treated like an adult. So when the teachers are talking to him, like saying like what Matt just said and saying "well this is the timeframe it's got to be done in, your choice, what are you going to do, have a meltdown, do a bit now so that you've got a bit of play time later". So by giving him adult choices it helps to structure him and get him to understand. And he knows that. He gets his homework on a Friday, he's got to have that done by next Thursday. On the weekend he went into meltdown because he didn't want to do it. (PT2A, PT3)

In addition, some (n=5) parents have concerns regarding their child's teacher training and child management practices. When parents came to know more about their child's diagnosis through reading different articles, they also noted that they were then quite informed about how much their child is getting from the school or should be getting. As a consequence some of the parents (PT 1, PT 2(A), PT 2 (B), PT 5, and PT 6) placed their child in inclusive education settings rather than placing their child in special education. One parent observed that:

...because I do a little bit of reading on this in dealing with Asperger's kids within a normal classroom, how good are they, how much do they know about it, how much experience do they have and what do they actually do that's different, are they flexible enough to be able to cater for his needs. And that has recently been a bit of a concern for me. I wonder if he could actually get more by his needs being appreciated and his strengths. I have wondered but that's about as far as I got [PT1].

Some parents also attended training sessions to know more about their child and to help the child more. One parent explained:

Uni of Queensland. St Lucia. We just participated in the PPP program. So he was watching videos where there was a facial expression and doing quizzes on it and at first he would get really frustrated with it and he started to learn. So the emotional and the facial stuff he is starting to get it now. He is improved there. [PT2A]

In terms of teacher training, some (five) parents were especially concerned.

One parent said that:

[S]ome of the teachers, yes, some not all, [are well trained] but that's where the teacher's aide and that come into play because they'll have a set schedule for the whole class for the day and where they know that there will be certain events that will be triggers they will pull the kids out and give them a different activity to do. And they will still bring normal kids into that activity, but as a small group rather than a big group so it doesn't trigger any events and it slowly integrates them back in to a bigger environment. [PT1]

And that's why we have those meetings with the teachers where they set certain expectations and kids with Asperger's don't cope with a big picture scenario and so for my child in particular they need to drip feed him if you like or stage things and instead of saying to him "you need to write me a story about what you did on the weekend", meltdown, it's not going to happen. So if they were to talk to him about what he did on the weekend and then said maybe write down a few key words or something like that, they put scaffolding around what

the expectations are and giving stepping stones to achieve the same thing.

[PT2A]

When teachers make the yearly plan for the child, parents are invited at that time. Parents gave their opinions about these times. If anything is needed to assist the child parents can inform the teacher at that time. They also discussed their child's progress at this time. This is explained in the following text:

[Y]es, I attend and Matt does sometimes as well, every term we go in and spend probably about four hours with the school and we sit down with the counsellor, the teachers and we all nut out a plan on how they're going to get them to be able to cope with being in the classroom, what's going to relax me, how to get them to focus and they don't just do it for our kids, sometimes they'll do it to involve the rest of the class so they don't feel isolated. So that might turn around and say "okay, everybody up, star jumps, sit" because they can see Wyham is getting restless and moving and rocking. They'll have areas where if he's getting agitated he can go to have calm down moment and things like that. Then they look at things what we want to try and focus on, so handwriting was a big one, so that's been a focus in the class plan. There's been a few things that we do in the classroom. [PT2A]

Another parent observed the process thus:

[I]t's a Catholic school. They seem to be pretty good with coping with ASD, they get *Autism Queensland* out, and they go through a nice big plan. They've got a lot of aides to assist. And we support them. In the parents meeting we discussed with the teacher about the availability of the therapist, occupational therapist for how many days in a week, how frequently the child will need it

and what the action plan is and whether or not to do it in school, here at home, what environment. [PT2A, PT2B]

Sometimes the parents attended actual classroom activities. They visited the classroom for the child at least once in a week for a couple of hours, as this parent had:

I have, yeah, last year I came in and I volunteered in the classrooms quite a bit. In my son's classroom last year there was at least one kid who was having some severe issues in there whether diagnosed or not, I don't know. Yeah, most of them seemed to be completely fine last year in his class, it just seemed to be him and this other kid. This year I haven't been in the classroom too much but when needed I was there. This year I am ready to go if they (the teachers) call me. [PT1]

Two sets of parents were also aware about the food given during the break/tiffin time. They were concerned about the special dietary requirements if any, for example:

[H]e has issues with certain textures like he'll eat carrot but he won't eat it when you cook it for him. Everything has got to be raw. Capsicum, tomato, carrot. But he eats them already. But certain things he doesn't like the texture of. For the gluten free food, we don't do any of that special diet stuff. [PT2A].

My son eats all the foods. But he avoids yellow food like banana, orange, mandarin. We try to provide food according to his choice. [PT3]

Parental Satisfaction with Inclusive Classes

The next theme of this study was to identify parental satisfaction with inclusive classes. All the parents from Australia (PT 1, 2A, 2B) stated that they were satisfied with inclusive education. Two parents from Bangladesh [PT4, PT6] stated that they were also satisfied, but two parents from Bangladesh (PT3, PT5) stated that they were not satisfied with the level of inclusive practices. Parents who were satisfied made comments such as:

I was impressed with his report card, but I did quiz the special education teacher and I said I'm worried that he'll actually be left behind, how experienced are your teachers, just the special education teacher who has a heap of other kids. (PT1)

If he's stressing out he tends to do [personal question or personal comments]. So when we went to the guidance officer he was in trouble and the guidance officer asked me about his conversation and asking questions and I said "I don't really know" and she said "kind of like that" because you get used to it. You don't think and he was just saying. So the guidance officer assumed that we are used to with his conversation style. That's why we could not find that he had the problem with asking questions. (PT1)

Parents were very happy when they saw their child's academic results. This pleasure came through the parents' voice:

a different teacher that she had encouraged her to do that and then gave her extra stuff. So overall yes, we're very happy with the school and their approach to it all. Sometimes we feel maybe there's something extra we need to do, but as far as how they're treating and working together with the kids and

with us, very happy with that'. (PT 2A)

Another parent observed that:

I wouldn't want to change his environment either. He's had a really good report card this year, very good. So I think the progress that they're making is really, really good. I can't see a reason for me to take him out of what he's getting.

He's getting a lot of support at this public school. They seem to have a lot more resources, but I'm not aware of ... I am very happy with his academic results and achievement and special support that he gets from the school and I think he's probably improving, He's definitely improving. (PT 2A)

Two parents (PT2A, PT2B, and PT5) were very satisfied and optimistic about their child's future. One parent claimed that 'I'm very optimistic that my son will go down the path of something quite advanced, yeah. (PT 2A)'. The parents had ambitions and dreams for their child. They believed that their child could be whatever they wanted to be. 'If he wants to hold a sign he can hold a sign, but I would hope that he would achieve a bit more than that but no, I wouldn't push on them to be a specific [job] (PT5).

We think he's capable of being a doctor. In relation to Maths and technology, so I would suggest that he would probably most likely go down IT or aircraft sort of stuff like I do but if he chooses to be a doctor or a vet or whatever because he loves animals and that sort of stuff. It's foreseeable that he would do something like that. I went through school seeing a lot of kids pressured by their parents because they were very high IQ to be doctors and things like that and then it didn't end well. So I don't want to put those aspirations onto the kids to force for them. But at the same instance I don't want them to be dole bludgers. (PT 2A)

Parents were also happy because the child's overall behaviour changed after attending school. The parents (PT 2A, PT 2B) whose both children were autistic described in the following way about them:

[Y]eah, his first couples of weeks at school have been a lot better than what we were expecting because I think he understands more of what is expected of him. I've been trying to find time to walk because we don't get a lot of exercise, so the last couple of nights we've gone for a walk and she's really taken to it, she likes it. She rode her bike.

Overall parents were satisfied with the classroom or the school activities, as outlined following:

[Y]eah, I think so. One of the things that does concern me is that I did find when I went into the classroom that some of the curriculum in certain aspects in particular Maths for instance they're bored, so their attitude can be pretty bad, but it's not just them, there's other kids in the class who are quite advanced as well. So they're not super IQ or anything, but some of the class of 26 are up here, but some are right down here. Like in her prep class some of the kids still couldn't recognise the alphabet, they couldn't count to five. Whereas her and probably a good six other kids out of that class they can do multiplications and additions and they can spell, they're a lot more advanced. It could have been to do with just the age because they've split the years from June to June. So who knows, but I think yes, sometimes age could be an issue. In her class she would hurry up and do the work and she's got it all right, but one particular teacher wouldn't allow her to proceed or do anything else and would make her sit there and she can't sit there. She gets bored. (PT 2 B)

One Bangladeshi parent indicated that she wanted to sit in the classroom, but the teacher did not allow her to do so. The Australian parents stated that they have the courage to say anything to the school principal or the class teacher whereas the parents from Bangladesh were not willing to say anything to the school teacher. Although some of the parents from Bangladesh were not happy with the service, they had no wish to discuss anything with the teacher. Parents from countries other than Australia thought that whatever services they were getting, from the school was okay with them. They seem not to have wanted to exercise their rights in this regard.

This reluctance to speak with the school staff is evident in this quote in particular:

[T]hough we are not Australian, we found most of the time the communication is going one way not in both ways. I wrote several times in the communication book for the permission to sit in the classroom, but I did not receive any reply from the school. If they call us we go but we know that whatever decision they will take for our child they will just inform us, they will not take our opinion into consideration. We don't have any opinion because we are not citizen here. So whatever service we are getting it is ok so far. (PT4)

Knowledge and Benefits Regarding Inclusive Education.

Another theme of this research was knowledge and benefits regarding inclusive education. One of the themes that emerged in the interview was the knowledge about inclusive education and whether it is helpful or not for the child. Most parents (n =4) were aware of this word, but they did not have an in-depth understanding of what the term involved. Parents did state though that they wanted to be recognised as having different needs. Most of the parents knew what inclusion is, but their knowledge was not the same as that of academics who define inclusion as combining children with

and without disabilities regardless of any perceived difference, disability or other social, emotional, cultural or linguistic difference in the same classroom setting focuses on providing services to all students in the regular classroom, rather than pulling students out of the regular classroom to receive special services (Florian, 2008). There were some differences in the ways that parents viewed the term.

Australian parents did not know this term exactly, but they knew the concept. Parents from Bangladesh stated that they had heard the term and they could describe it clearly. In terms of advantage or disadvantages of inclusive education and how it is helpful for the child, parents gave their opinion based on their experiences.

Australian parents fully supported inclusion. One parent noted:

[Y]eah, my son is going with other normal children, he's on the same, it is helpful for the child. Because he has to learn, he's in a situation where there's going to be some conflicts where he has to learn, he's forced into positions where he has to learn to negotiate. So the special teachers there, I think it's about three days a week to give him strategies that doesn't come naturally to him. So in that environment he automatically learns how to learn conflict negotiation. The teacher gives him strategies of how to deal with situations that might not come naturally to him. So I think if he wasn't in that school, well for starters he's very academically bright as well, so he needs that, he needs to be surrounded by those peers because he's very bright, probably a bit too bright, but [being social] is his real issue. I think it forces him. The academic achievement is a big part of it, yeah. But also for social because I think it pulls him up, it forces him, this is the real world. He is getting social. (PT1)

But one parent from Bangladesh (PT4) did not support the concept of inclusion for their child. These parents thought that special settings were better for their child

as they believed that their child would learn more in that setting. The reason was that their son was irritated when a lot of people were there. So the parents felt that he could not learn and respond in an inclusive environment.

Some parents had clear ideas about the types of children who would best suit inclusion. These parents have the intention to inform other parents to place their child in the correct setting based on their child's severity of learning needs. One parent observed:

I think it really depends on the individual child and I think some kids are a lot more severe in certain areas than other kids are. I don't think he's as severe as others from what I've heard, but he definitely has some social deficit. I think it just depends on the child and exactly what those needs actually are. For the child who has severe autism, I don't think that inclusivity would be the answer. I think it's a very subjective thing. I don't know. I think a special environment for him to me would more insulate him even further. That's my perception, I could be wrong. (PT1)

...don't think of him as severe, I haven't really thought and change is a big thing, to take him out of his environment concerns me. I try and keep everything stable and the same. Yeah, he could benefit, I don't know. I think it's part of negotiating, I think it's real life. It probably goes back to my history. I started in a private high school and it was very particular beliefs, it was Catholic. It was very different treatment and I just hated it and it was an all-girls school and I was probably a bit of a rebel and I said "no, I want to be in a school that's more like real life, I want a real life experience. So, I went to a public school, it was my choice to go to private and then it was my choice to go to public, to be out of that institution. So anything that's a little bit more

removed or niche probably is something in my own past that bothers me a little bit. There's probably a lot of truth in that actually and I like the idea of real life and real world. (PT1)

A response came from one parent that inclusive education basically is about including all types of children in the same classroom, the school environment, including the all children, and the child with difficulties, as articulated following:

[Y]eah, it's [the classroom] very mixed. I think so, yes because the world is made up of lots of different people, so segregating them in our view it's not going to help them. And we don't believe they're that severe that they need to be taken out of mainstream. We believe that with the right therapies and assistance that they can eventually learn how to cope and deal quite nicely in [PT2A].

Parents had positive views regarding inclusive education overall and this is best illustrated by the following quote from the transcripts:

I think the school covers that, once they register I suppose that they've got kids with special needs they get extra funding and they can have extra teacher assistance and stuff like that. And I mean they're far from severe and we don't treat them and we don't want them to be treated any differently because they're 99% normal, it's only these slight little things that we have to deal with just to keep them on the straight and narrow. They're not mean, they're not aggressive or angry or anything likes that. They're very loving children and it's only those certain things that you have to communicate to them to make them understand what's acceptable in their behaviour and their understanding of things that is

the only part that we really have to deal with and make sure they understand.
(PT2B, PT5)

In the next portion of the results section the teacher's experiences will be described. For this research, the researcher approached several schools. However they were not ready to give information about the students who were attending their schools. Only two schools gave consent to be involved in this research. Interviews were conducted with the teacher at school in a time suitable to them. So from their interview, the results have been organised in the same way as the parents' section. At first, the experiences of the teachers who are working with the children with ASD in inclusive setting are described. Second, their qualification and training that helps them to continue this job are described. Third, how they support the child in the classroom is described. Fourth, their satisfaction and motivation about this work is outlined, and last, the knowledge of inclusive education and how they perceive it for the betterment of the child will be described.

Teacher's Experiences

The two teachers [T1, T2] interviewed have different experiences of working with children with ASD in their classroom. Each teacher worked with the children with ASD in the same classroom with other children; thus by definition these were inclusive settings. Each teacher concentrated on organising the child with ASD, helping them with chill out time, including them in classroom activities and homework, and helping them with transitions. Each of these activities is now described.

Each teacher organised the seating arrangements of students in the classroom so that they could take care of the students properly. Each teacher monitored the

child's activity. For instance, each child knew where to sit at the end of the class and that they needed to sit in the same place everyday. In this way, the children's behaviours were being acknowledged, managed, and modified. One teacher (T1) observed:

...in my class we have three children who have difficulties. So the seating arrangement is the same for every day. Usually [child's name] is there. I find him better sitting on the end because it's less distraction for him and usually I will sit him next to someone who works quite well that he's not going to be keen to talk to, but [child's name] is the kind of kid who'll talk to anybody whether they listen or not, he will just say blah, blah, blah. But he's quite good on the end and I position them, like we've been in groups, we've been in pairs but this way, rows, I find is much easier and for him to look at the board. I've had him in the front row before and he was a little bit more distracted I think. I think if he has a bit of perspective of all the class and what's happening within all the class he concentrates much better. By trial and error now [child's name] know that he should sit on this side, not in the middle and not in the front.

Teacher has just tried with him.

This teacher also maintained the usual schooling practices for all the children in that they had to study the national curriculum, but with differentiation where necessary. One teacher used chill out for all of the students with ASD where necessary:

We had other systems where they would just move away from the group and maybe sit by themselves, but this one I've just found a few of them need it, not just only the ASD kids, but others have needed it because I think Year 3 is such a full on year being a NAPLAN year as well that we've pushed them quite hard

this year. (T1)

Sometimes it happened that the children do not have the energy to do the activities or they don't even have any wish to do the assigned work. Maybe they feel tired. One teacher simply said that sometimes 'we just go with the flow and I just give them warnings'.

One teacher (T1) gave homework to the child with ASD. They do the activity at school and based on those activities they have to work at home. The teacher ensures that children with ASD write what they need to in their notebook.

Every day, so we have homework, it goes home on a Thursday, comes back on a Thursday. So they have, I can give you a copy of what we do. So they get four readers for the week that they read and then they get, they've got a little Maths book that they do and they get this. So this is my grid that I do up. So because we're a Catholic school we do something on religion and our care qualities, in assembly where you've seen the care crusaders? It's that positive behaviour program. So they'll do something, put your best effort into your homework and receive five Dojo points so that's our points in the classroom. Spelling they get from, depending on the child, up to 30 words. Reading they've got their four readers of a night time. They do five sentences for spelling words. (T1)

They have a Maths book that they purchase along with the textbook that they use and what we do in class then is then in that little book and they reinforce it at home. So we do a Maths book and then I have any messages or anything like that. So every Thursday we gave it to the parents. They have a homework book; we glue it into our homework book. Then they bring it back Thursday

and it goes home, if I can get it back on the Thursday I'll give it back, but in case I'm running behind I'll mark it Thursday afternoon and I'll give it back Friday so just depending on the day. I mean it's not too much because I think they have to get ready for it. (T1)

Teachers also arranged rewards for positive behaviour for all children, which included the child with ASD. One teacher said:

These are our care qualities so if they do something right they can get a care card and then at assembly it's like a raffle and there your name might be pulled out of their raffle. (T1)

Teachers also helped the parents to help their child transition to different activities in the school. They manage the parents and counsel them:

We're just starting the transition into what we're going to be doing in the next couple of weeks. Getting the students ready to move to other classrooms as well. So what we'll do for, especially for the three (special child) of them, I usually do one for the whole class, is where you know where we do a photo story where the Year 4 classrooms will be positioned, who the teachers will be and what they can expect in Year 4 and things like that. So it's an interesting one because next year he's been offered a place, like I said before, at *Autism Queensland* for three days a week. (T1)

Although parents were largely in support of their child being in an inclusive classroom, in one case the teacher assessed the child with ASD and thought that *Autism Queensland* (AQ) would be the better place for this child where all the kids had different levels of ASD. The teacher advised the parents to place their child in this particular school even though the parents did not want that. The teacher

suggested that for the specific problem behaviour such as writing that this child displayed, the teacher felt that the child would make more improvement because the *AQ* school would emphasise writing only. The parents said during the interview that they were not convinced. The teacher said “it will work great for [child’s name] because he’ll be obviously coming here for Thursday, Friday”. The parents were worried that their child could learn bad behaviour from other more severely affected kids in the *AQ* setting, but the teacher noted that. ‘[L]ike there’s are a lot of things that he’s kind of grown out of or we’ve attempted to move away from there and mum and dad think that he might, if he goes there he might start picking up some of their bad behaviours and they’re not keen on that.’ However, the teacher suggested that for a number of specific behaviours a placement such as this would be helpful. ‘So I’m meeting with the mum again on Thursday afternoon and they’re going to still discuss it, I don’t think they’ll make their final response. The child can be five days here and just pick up his English tutoring. So it’s their decision in the end. Because he’s very bright mathematically, no problems mathematically, but English wise this year, like last year it was a real struggle for him to write a story or to read a book. This year we’ve managed to, he loves reading now, so we’ve kind of ticked that box, but when it comes to writing he’s still very hesitant.’ So he’ll go “no, I’m not writing today” or the other day he said to me, he said “I’m not writing anymore in Year 3” and I said to him, I said “well we don’t have a choice, this is what we’re here to do” and I always talk about you’re a part of our class, everybody’s going to do this today, so you have to do it and after a bit of negotiation he’s fine, he will write but it takes that initial step. So yeah, I think Autism Queensland would benefit him because it’s such a rare thing to get into, like if you’re offered a place it’s quite rare to get into because it’s in such high demand. May be if you try for the first term even and it doesn’t work that’s

fine, he can come back five days a week". But I said "you've got to be mindful that you might be throwing an opportunity away that [child's name] might need". (T1)

Managing difficult situations. Sometimes the teachers faced difficult situations when working with the children with ASD. Teachers tried first to manage them, if they then could not, they then informed the parents. The child was informed about everything, as explained:

Last year (child's name) was very hard to handle because there were two teachers last year he had for his class. Because I was on Year 2 last year and I came to Year 3 this year, so he already knew who I was and I was very firm in my expectations of what he can do. So I think that has helped him a lot. There has been times, there's probably been once where he's run off on me and I think it only ever happened once because I said to him "that's not on" and I'm straight on the phone. If I have to ring or email mum or dad I don't keep it secret from him, I let him know this is going to happen. If I email mum or dad he reads the email so nothing is kept secret from him and mum and dad are very good at home. They follow up as well. He likes to follow the rules. So if you have a rule this is what's happening and he's expected to do it and that's the way I've just dealt with him and he's been fine this year really. I think his maturity, like he said to me at the start of the year, he said "I used to run away in Year 2 but I'm not going to do that anymore, I'm in Year 3 now and I don't do that". So I think he's kind of realised some of his behaviours aren't acceptable and he's improved it himself. (T1)

This teacher had specific programs to help the child. Sometimes the children shaped their behaviour by themselves:

[S]o here we have different things. We have at the moment this program, this is a program called 'How My Engine Runs', so they can come up any time during the day and say "I'm feeling fine or just right, I'm feeling hot and angry". So whether they're feeling hot and tired, upset, if they're feeling just right or if they're feeling that they might need a little bit of time to cool down. So we've done it with cars before but for [child's name] who was here, she's on the spectrum, so for Isabella what we did is, she likes cats, so we changed the images, still the same concept, but we changed it. What she did with me, she went down and she picked the cat things. But we didn't do it just for her. So we do it for the whole class. So I've just made up their little names and during the day they can come and change their name whenever they want to. So [child's name] quite likes that too because he likes animals and things so. He's been here a little bit, but then he's actually regulating himself a lot better. Like he'll go "oh I'm feeling really high and excited", but then he'll go "oh now I'm feeling okay", so he's become better at regulating his behaviour. But it's when it's interacting with those other kids and he's not reading their cues that's when he has a little bit of trouble. (T1)

For any activity the teacher worked hard to teach him. The teacher told the child to practice more and more. Sometimes the teacher called the parents to help them, for instance:

...he got the merit award, so they have to go up on assembly and accept it. We pre-warned him, showed him, mum came along, everything. We called by his name. He was called up, refused to go, refused. He thinks that everybody's watching him and just refused. If we do assembly he'll just refuse to do it, won't want it. No matter if I give him a speaking part or holding something up.

He might just have to sit there. He'll just refuse to do it. The same with sport day, we have athletics, swimming, anything like that, he will refuse. We tried everything for several times. So it's hard for me to monitor that kind of thing. So for those things I've been putting him with a school officer. Sometimes we have to deal with that type of situation and follow that up the child also. A good example with [child's name] is that he is invited to lunch time groups to help develop friendships and extend his friendship skills and his friendship groups. So he can come along to, in school we have a couple of different groups, a lego group which is like we play games and Lego and stuff. (T1)

The teacher tried to change the classroom sometimes. In addition, if they could not manage this child, they sent him to the school officer and involved the teacher aide. The teacher reported that:

[T]he school officers are very good and I am lucky that [officer's name] was here this afternoon and [another officer] today; they've been my school officers all year. He knows if I say something they're going to back me up so I don't think, and we've got such great admin here so if there ever is a problem they'll come up and help us out. But if the admin, principal or anything has to come up the child doesn't want to go. He'll go "no, no, I'm going to do the right thing and I'm not going, I don't want to leave the room". So he knows that there are consequences to his actions. So I've tried to put him with a school officer to encourage him but he still refuses. So that's what mum and dad still want to work on with him next year and they thought Autism Queensland could really help with that as well. Yeah, that's the main task that we have. Yeah, so those things are something that they need to work on. I sometimes have a teacher aide to help me. I have a teacher aide on Monday and that teacher aide is

funded because of [child's name] funding. It's how I choose to use her that will help support the child. So if I want the teacher aide to work one on one with the child that's what I'll do or I'll have the teacher aide work with other children so I can work with the specific child. So it's flexible in how I use that person. (T1)

In addition to the teacher and occupational therapist, a speech pathologist also worked for the children, as explained:

[W]e have a speech pathologist who works at the school. She's here one day a week and she supports some of the students. There is a private speech pathologist that the parents can access... that's a private arrangement. One of our students had a private arrangement with the speech pathologist. They came to visit at the school but that was privately organised with her parents, similarly an occupational therapist also. (T2)

Teachers observed in interview that peer interaction is different for children with ASD. If something happens in the class and other kids try to help them, it is not manageable. For one child, he could not understand his classmate's communication cues. One teacher describes the situation in this way:

I think the other kids in the classroom are very positive. [child's name] does have problems reading cues from other kids at times so I just need to say "hey [child's name], that person is telling you to stop so you need to stop" and once that's said he kind of gets the message and he'll stop. But if a child says to him "stop, [child's name] stop, stop" he has trouble reading those cues. So unless it's from an adult he finds it hard to read the cues from other children. (T1)

However, during class time this particular child participated in the class. If he had any questions he would ask. The teacher describes the situation in the following way:

...if he doesn't understand anything he'll put his hand up and ask a question or if he's not sure he'll go "oh I don't understand that, can you tell me"? He'll express that. So he has no trouble asking for help and if he's unsure about something he'll persist at it until it's complete. So work wise he's not below or anything like that, struggling within any area. It would only be the English aspect that we promote him to want to do it, not that he has to do it. Yeah, so academic wise he's very intelligent, very intelligent. But it's just applying that all the time and he applies it when he wants to apply it. But it's just making him understand that we don't get to choose and at times we do have choice, but at other times this is what we're doing so this is what we have to follow. (T1)

Another teacher described another student with ASD who interacts well in the classroom:

When I am in the classroom she understands my lecture, she can interact with me and more with other peers. Sometimes she does that really well; sometimes she'll have difficulty with that. Sometimes she needs a lot of re-assurance to say that "yes, you're doing the right thing and you're on task and you can do that". Yeah. She understands and she participates in the conversation. And if sometimes she could not understand anything she asks a question, she asks to clarify. She interacts with friends in the classroom. She does have friends. Sometimes it will be difficult for her, but other times it's okay and she really only has one or two friends that she really wants to be friends with. (T2)

In the case of group activities the class teachers manage them differently. This teacher provides direction for the student within the group:

[I]t depends with whom he's working with. If it's someone that he feels comfortable and happy with, he'll do a really good job. If it's children that he doesn't particularly like he'll find it difficult. I'll work with him in group and just remind "okay [child's name], it's your turn to talk now" and "now you need to listen to [child's name] talk" and just scaffold that for him. (T2)

In relation to group work, the teachers try to finish it in the classroom, not in the playground or other places:

...mainly the students work within the classrooms. They do some different programs such as some of the students might do programs such as Multi Lit which is a literacy program that they work in the school offices perhaps in a one to one or one to two situation that they're in and out of the classroom for that. We do have a, in the upper school, where it's a literacy program with the Grade 6s and 7s and they have some time with the other learning support teacher and she works with those students. They have groups which is an alternative to when they're doing Spanish, so they have some extra literacy work then. We do different groups but our main focus in providing adjustments and groups within the classroom and working with the students in the classrooms. (T2)

Maintain the home school communication. The teachers maintain regular contact with parents. Most of the time they (T1, T2) use email or phone calls to contact the parents. However, in some cases, the teachers use a communication book; something that the parents find very helpful, as described:

I like email because email is quite easy and I find especially with a lot of the ASD kids mum and dad both work. So I have their work emails and I've found with them it's easy just to shoot them off an email and the parents also replied quickly, I'll get a response before the end of the day. If I haven't heard from them at the end of the day I just give them a quick phone call as well. Just to let you know this has happened if they talk about it tonight, there's a reason they're acting out, this has happened or this has happened. That's been the most effective way that I've found because you can send a note home and it gets lost, it never gets home so (T1, T2).

So, I would prefer email probably first just because I've found that convenient for the parents more than phone calls because sometimes when we ring, like I'll ring off my phone here but then they don't have a direct line back to me. So then they'll ring the office and the office will ring me and say "oh did you phone such and such" and then if it's not convenient for me, I might be teaching, I'll say "oh can you just let them know this has happened" (T1).

If something happens that's really important and I need to do it straight away I'll do it straight away. If it's something that's happened during the day I'll just do it usually this time. For 10 minutes I'll just go through the day if there's anything that I've had to write down and if it's going to be affecting their behaviour I'll send it off. That kind of works too because they're still at work, most of them work till 5 o'clock or 5.30. So email and phone is easiest (T1, T2).

In some cases for any specific child the teacher uses the communication book.

Yes. [child's name] doesn't have, he's not diagnosed yet ,but he has auditory

processing problems. So I tried lots of things with him this year so reward chart, consequences and nothing was really working and I said to mum "why don't we have a daily communication book" and he reads it and I think because he knows that I write it, mum writes in it too, he gets the chance to read it. It's not secretive between mum and I. He gets a chance to read it and then mum will, she's got positives and negatives at home for him as well and I've got them at school.

So he knows either between home and school the communication is going on we started that midyear, I was writing a page for every day but just then had a great day because he had no problems today. So from going from writing, she'd write a whole page to me, I'd write a whole page back to her and he's kind of learnt from that to change a few of his behaviours and the communication book has been great. I do not use it for everyone only because it's very difficult to find. (T1)

One teacher did not like using the communication book for all children.

According to this teacher it was time consuming:

If everyone writes in the communication book, it is tough to reply to all of them. Have you got a message for me today? I've used it in other classes when I've had Prep or Year 1. I used to have a bucket like this. I used to have two buckets. I'd say "put your communication book in there if you've got a note, put a communication book in there if you don't." But then there'd be the odd one that would forget so you'd still have to go through and it takes a good half an hour. If you've got five or six notes from every parent or even if you've got no notes from every parent and you just want to double check it takes a

good half an hour. That takes time. It's great if you've got a school officer and could just say "these are your notes for today." But still you need time to write in it so as much as great as they are I think if you had it for every child you'd go out of your brain. I've done it before but this year I've just done it to suit the need, when there's a need for it. (T1)

Teachers' qualification. The teachers interviewed hold the relevant degree to work with a primary aged child. Most of the teachers have the four year bachelor degree where they receive training on ASD and Down's syndrome for example. With this degree, some workshops, training, and work experiences, the teachers have been teaching successfully for a long time. One teacher described teacher training in the following way:

Well we just do it through, I'm not trained in special education though, but just through your bachelor degree, I've done my bachelor and I've done early childhood education and then I've done courses on autism and things like that and Down syndrome. Through the school we do a lot of our professional development around additional needs (T1).

The teacher gave more insight into how they were trained. Based on the characteristics of the child the training was also different:

[W]e had the training just like professional development that we have. We've had *Autism Queensland* out as well. So I've had all different professional development for every child and they've just given us little tips, like where to position them in the room. If we have breaks I actually, this table over here, during the day if I see someone that's needed I'll just say "go and spend 10 minutes at the chill out zone". So if they just need time out, away from

everybody else, they can do that, they can read a book, there's a bit of craft over there and they can just put their head down and rest. We've actually had out-reach visits where the professionals come out and make observations and then advise us and work with us. Through our processes such as the IEPs, we talk with them about adjustments and such. In our school, professional development has been arranged. We also attend to the curriculum. So there is ongoing professional development at the school (T1).

Another teacher described the degree, training and experiences:

I've just got my four years teaching degree. Bachelor of Education. And I've been teaching for a long time. So from my experiences I have learned the procedures to manage the child in the class. No extra training. I haven't done extra training where I have certificates for it but I've attended workshops and things like that to work with ASD children. I feel really confident in what I do and that I can support the child (T2).

Curriculum and assessment. The teacher supported the classroom activities by using the same curriculum from *ACARA* (Commonwealth of Australia, 2012). The curriculum is the same for all children, but in assessment they make some changes for the child with ASD that are not too difficult. However, the children are often not ready to accept this change. One child wanted to be similar to others. The teacher explained this dilemma in the following way:

[V]ery rarely we changed the curriculum. All the students have different learning needs and we try to accommodate for all the learning needs of the students. So they're just part of the adjustments but we, so it's not stressful. We make adjustments for them. At the start of the year I did a little bit, but all

of our assessment tasks that we have done, some I do change whether it is the writing aspect but generally he's done, all the assessments that we've done I've always had the alternative ready to go. But I always have the one that he wants that everybody else is doing and he does it and the thing with alternative things with [child's name] he questions it. He goes "well why am I doing something different to everyone else" and then he'll refuse. "No, I'm not going to do it if nobody else has to do it". So everything that we've done he's been asked for that (T1).

In the case of another student, the teacher reported that she did not change the assessment:

[W]e follow the same Australian curriculum for her. Yes, for all of them as well. No difference. She does the same exam or test as everybody. We do not prepare any other exam or test to assess her. We do the same as everyone. Because she's capable of doing the work. She can do it. She is in the same standard with other children. Often we do a verbal assessment and then just write the information, what the students do. We modify the assessments to meet their needs. Because some students, they are not ready to write something. So we modify it. So in that case we take the oral exam (T2).

The teacher made a routine, which was similar for all children. It was explained in the following way:

[W]e do English literacy based activity every morning. It's in our first session. Then we usually, middle session, it will be something Maths based and then we incorporate all the other things into that, whether that be Geography, History, Arts. In Year 3 we have a new subject, it's called

Civics. So it only starts in Year 3 in the national curriculum so we've been learning about how to be a citizen, how to help our community and what we can do, whether we can write letters or go and help a nursing home, what we can do at school. We talk about when we have a pupil free day they bring \$1 and usually the kids go where's the \$1 go? I'm giving it to the school [is my reply] (T1).

The teacher also believed that the kids should learn everything that all people generally should know. Based on this belief they try to teach the students that:

[T]hey don't understand it will go to a charity and things like that so that's where Civics comes in. Then of the afternoon we do something fairly simple because they're done by the end of the day. So usually of an afternoon we'd have something like this, something Art or we'd do just reading sometimes of the afternoon, just something that's going to be easy progressing into, something simple (T1).

Teachers follow the same routine that is applicable for all the students. And if any change happens the teacher informs the children with ASD early:

[Y]eah, we have library on a Tuesday; we have assembly on a Wednesday. We have Music on a Friday and sport on a Monday. So they have alternative activities. I always tell them because I've got [child's name], who's in front and I've also got others here and they are all over the spectrum. That I just give them a warning, I put a note on the board if something's happening just so they know that something is coming up because they usually forget it quite easily. So if there is any change in routine we inform them early. (T1)

Sometimes the teachers cannot finish all of the classroom activities on the scheduled day. In that case, they keep Friday free so that they can adjust the rest of the education or activities on that day:

...we cover pending activities on Friday. I would just pick it up throughout the week. So usually on a Friday I always leave a session time. If there's something that I've missed I've always got that chance to pick it up anyway. Then I just schedule, because the subjects, there's certain hours we have for certain subjects, so I just make sure during the week if it's 10 hours for Maths I make sure that I reach that target for them. Missed out we always have to make up anyway so none of the curriculum is ever lost that way. (T1)

Satisfaction of the teacher. The teachers interviewed expressed high satisfaction when working with a child with ASD. The teachers were happy in doing activities with the child. They worked with the child in the playground and the classroom, described as follows:

[U]sually in the playground he doesn't have any problems. But if it's a group task, at the start of the year I more chose it for him so he would work efficiently. But now he's actually making more positive choices of who he wants to work with. So like even today when it's just colouring and they might have to go and ask another child, yeah, usually he's quite good. He used to disturb a lot of them, but now he's starting to use some cues that they give him, but at times because he doesn't look them directly, he has a lot of trouble with the eye contact as well. And because he doesn't look them directly in the eye he's missing a lot of those cues that they're giving to him. So I just say to [child's name] "so make sure you may be look at what their mouth's doing. Look at their mouth" so it's not direct eye contact. But generally he's doing

much, much better this year and he's come a long way I think. (T1)

This teacher also compared the child with their past stages of learning. Now the child is quite different. The child also knew that he is different as mentioned in the following comment:

[S]o at the start of Year 2 last year he was, he never wants to be separated from the class, but at the start of Year 2 he was so upset that the class was in the library and he was outside and he wanted to be with them. But he couldn't be with them because he had hit another child and he was banging on the windows "let me in, let me in, let me in". They had to physically restrain him and mum and dad had to come and get him because he was so far gone he couldn't be brought back. But this year nothing like that has occurred. He knows the expectation and I think as well mum and dad are very much on board and they follow things up at home. This has happened at school, this is going to happen at home. So he knows all the consequences. He has mentioned to dad this year, he said to dad "oh I don't have to do that because I'm special" and mum and dad straight onto that. I said "he's never mentioned that at school" but mum and dad were like no way, you're just like any other kid. Mum and dad are very much just like we know he is different in certain ways, but they want him to be normal and they want him to be any other kid. Any expectation that he has is expected of any other kid as well. So they're very much like at points fine he is special and we do have special things for him, but in the end he does need to conform to the group as well. (T1)

The teacher is satisfied. She described in the following way:

I found a lot of changes. A lot of change. Much, much improvement this year

because I was expecting fireworks at the start of the year. Only the writing problem, but the rest of the things are fine. Yes. Anything that involves writing is quite challenging for him, but then I'll have an alternative task like he might use an iPad, I might scribe for him. But going up into the higher year levels not every teacher will do that. Not every school officer will do that for him. So we're getting him into the routine that you do have to do some things by yourself anyway. (T1)

The other teacher described the changes of the child between the beginning of the year and the end of the year:

If any changes in the routine or any scheduled work she can adjust. She can adjust as long as she knows that I'm there to help her with that adjustment. So you know she might want to hold my hand if we're going somewhere different or she might just need me to tell her why we're doing a different thing. She doesn't act agitated and upset by it, but she becomes more agitated and upset if she thinks she can't do the work, if she thinks it's too hard for her or if she's had a problem with a friend where she feels that the friend hasn't listened to her. That's when she becomes the most upset about things.

She doesn't like to write and she needs me to sit with her and get her started or the teacher aide that she has often sit with her and help her to do her writing.

When she actually has to write that's where she has the most difficulty.

However, the group work as well. She needs just more support with the group work as well. She's much more confident with our routines and how things work. She's more comfortable to come and say if she's having difficulties with something. Yes, so I think she functions better in the room now at the end of

the year than at the beginning of the year. (T2)

The teachers expressed the intention and motivation to work with these children in the future. Both of the teachers who I interviewed were interested to work with children with ASD. They did not feel stress to work with them and they are still happy to work with the children. They are satisfied and they have the intention to work with the child in future. One of the teachers told me she has passion for these kids:

[Y]es, definitely. I love it because it's a little bit of a challenge, but once you get them into that routine it's perfect and it's great I think it's good that they are included with other kids because other kids see that not everyone's the same. So we do a lot of it here because we have such a high needs demand. Even though they might have a diagnosis it doesn't change it they're a part of our class, so we do things according to what their needs are and what the class needs are as well. I think it's helpful, definitely helpful'. (T1)

The other teacher said that they were placed in different class every year. If the teacher is placed in the same class with that child she would be happy:

of course I would be happy to work with her. She's great. I mean we've had a great year and she's a lovely girl so yeah. But I won't be working with her next year. She'll be with a different teacher. (T2)

Perception of Inclusive Education. In relation to Inclusive Education (IE), each teacher had different views. Both are aware of inclusive education and are confident that they can do it. They perceive it for the betterment of the child. One teacher said that 'it is helpful for the child. Yes, because she's made progress and she's doing well (T2).'

The school and its teachers that I observed and interviewed support inclusive education. Here the teachers use resources effectively. Sometimes they receive support from *Autism Queensland* (AQ), as described:

[T]his is one of the main schools I've been at and this school because it has so much support it's great. They've got extra things at lunchtime. They've got different things like this that they'll come up and help us with; we don't have to make the resources. Learning support will do that for us. So I think if the school is supportive of inclusivity, education helps a lot. In some schools where you don't get hardly any support and you've got kids like this in the class and if you don't manage it yourself it gets out of hand. And where that aspect where they could go to a specialised unit would be great for those kids because they don't have the support within the school they're at. But I think that it's great that we have Autism Queensland. I think we've got them on speed dial here to come and help us and give us any tips and things like that. So they'll come for an in class observation and then they'll give us feedback of what we can use, what resources we can make up (T1).

Teachers work with the children in inclusive classrooms. They prepare Individual Education Plans (IEP) for the child, as explained in the following:

[Y]es. We get information. We have information. We have done assessments and gathered data for the verification when we're going through the verification process and that data then is onto, you know we have a full picture, it involves looking at their curriculum, their social and emotional needs, their communication needs and we may look at, make lists of the adjustments that are happening in the classroom and then we talk with the teachers and with that focus areas that we particular want to work on with the students the teachers,

with the curriculum, the teachers do more of the curriculum planning and use the information from the IEP with their adjustments that they make for the child. We do it only for the special child, not for all. Only for the students that are verified. The formal documents are only done for the students that are verified. Adjustments are often made for other students in the school but the full and they could be recorded with the teacher's plan but the formal individual education plan we only do for the verified students (T2).

However, including all the children is sometimes problematic. Maybe they need extra care:

[I]t depends on the severity of the child because I know I had one last year and he was on the spectrum but he also had oppositional defiance disorder. So anything, let's do handwriting, no. Swearing, everything. When it becomes impacting on the rest of the children, that child was quite aggressive and a child would be seated next to them and for no reason he'll hit them. So I think when it has the impact on the other children in the class it's not acceptable. I think that's when you have to have that extra intervention and a specialised education unit. Because I know it happened before, it was happening a lot before I had that class. I came in midyear. The other kids were afraid and I don't think that issue was ever raised to anybody before. A lot of parents had their concerns but never went to admin and said "this is how we feel" and until I really said it a lot of parents decided well actually we do feel that way, can we tell you how we really feel? From that then we were able to, we placed that child within, and we actually had to go within the state system to get him into a specialised unit. But it was the best thing for that class and for that child as well. So I think it does depend on the individual circumstance but when it's

impacting on the rest of the class and the class aren't functioning that's when they do, you have to make that decision too (T1).

In addition, the teacher received complaints from the parents who had a typical child in the class. Parents of the typical child did not want to allow the special needs kids in the same classroom. In this situation, teachers had to face challenges as outlined:

[N]ot a lot through the year but a lot from coming in from Year 2 to Year 3 some parents do say "I don't want [child's name] in my class." A few parents have requested not to have him and I say "look fair enough, if you've maybe had him Prep, 1, 2 and 3" we have a change because he can be demanding of other kids. But this year I think because he's settled down a lot I don't think we'll have that again as much as it was last year. But they did have, the other teacher who had him last year she did have quite a few requests for that. (T1)

But in that situation we have to manage the parents.

I say to them "we will do our best to accommodate your child" but I said "you have to realise we are placing over a year level 80 children, 90 children in three different classes" and I just say to them "look there might be a chance that he'll have them but there could be a chance they're not." Now I say "is there a certain teacher that you'd like to be matched to or if you want to stay away from that student" and I'll say "if I'm not sure if I can match it or if it changes," I'll just let the parent know and say "look I've done my best but unfortunately it's happened that your child will be in this class again. (T1)

Maintaining all of these, the teacher also gives the idea of inclusion to the students in their civics class. In that way, the students learn this concept:

[T]hat can be an example that they can learn something about inclusion in the civic class. I think with the kids we're always talking about being inclusive, involving everyone. But then we have things like that parents do. I've been talking about it because we're talking about Year 4 next year as well and I've said to them "look even though that you mightn't be in the same classroom you're going to be in the playground together, you're going to do other activities with them so it's not like you're going to be totally separated from another person." A lot of them have realised that, but I think that does come from maturity. I don't think Preps going in Year 1 or Year 1s going into Year 2 would understand that. But now that they've made certain friendships they know that those people are going to get up and leave them. They know. (T1)

One teacher also taught a lesson about inclusive education. They added some points about inclusion to their curriculum:

[Y]eah. In the curriculum we have this type of knowledge that those children should learn. So through the health section of the HPE unit curriculum they have a lot of, and you do it at the start of the year, getting to know you stuff, how we can deal with friendships, how we can connect with people, how we can use certain things to help our friendships. So we do a lot of that usually at the start of the year.

We do it when we have days like recently we just had Daniel Morcombe, we have a walk for him and everyone wears red for the day. It's about child protection. So we talk about being in charge of our own bodies again, whether that's a stranger coming to talk to us or someone putting their hands on us that we don't want and we do the same thing, we talk about that. We don't want

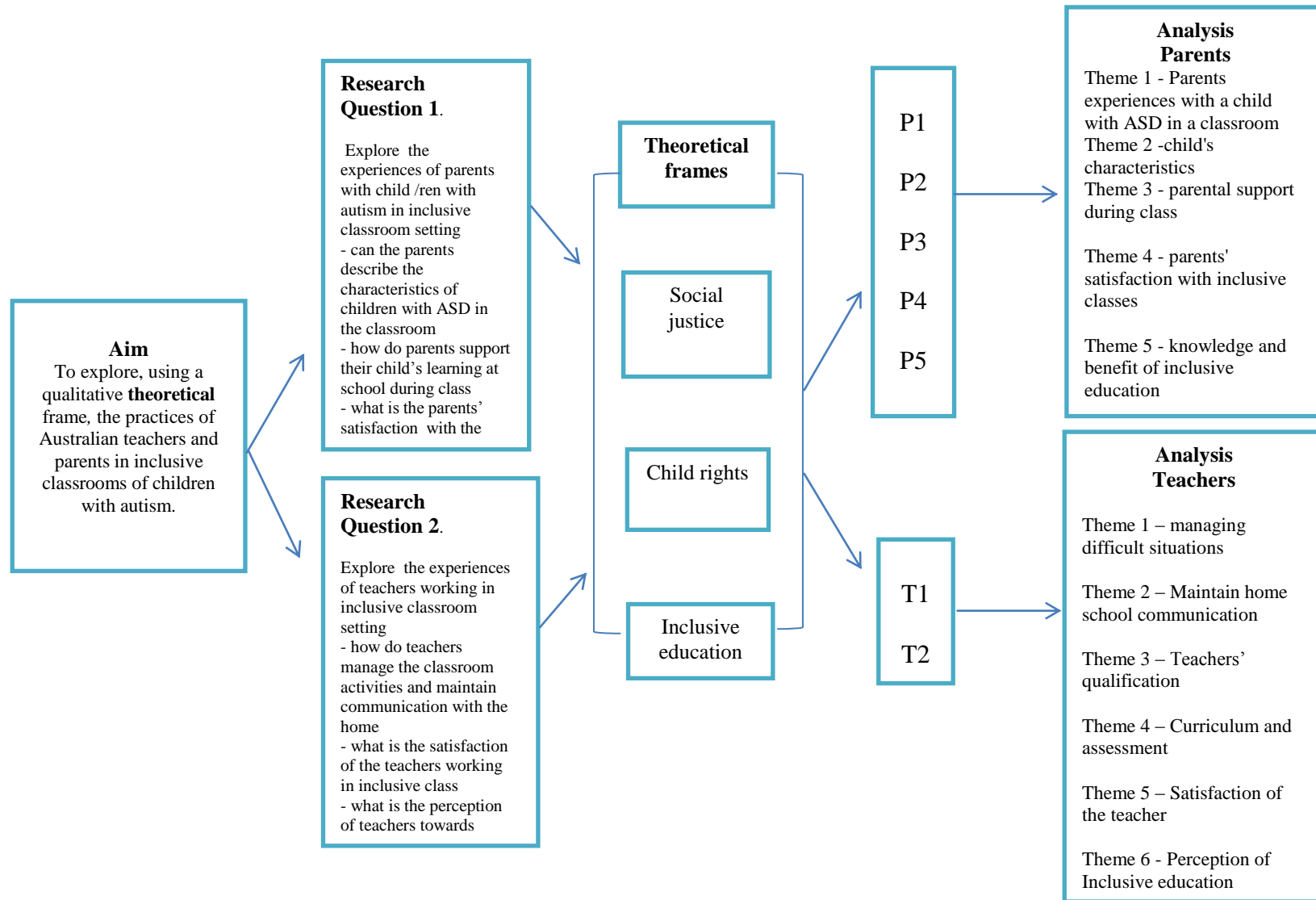


Figure 6.1 Research flow chart - Analysis

someone to put their hand on your arm if you don't want it there and you have the right to say that as well so yes (T1).

Conclusion

This chapter has provided the findings and provides a good deal of detail in relation to parent and teachers experiences. The experiences of the parents have been described based on the interview transcript. From those each theme has been identified. Parents' experiences of inclusion, awareness of their child's characteristics, parental support, outcomes of schooling, and teacher qualifications and understandings of ASD have been described. And teachers' experiences were based on how they manage the classroom, how satisfied they are and their perception of inclusive education. The next chapter discusses each of these findings in more detail.

Chapter 7: Discussion

The aim of this research was to discover what parents and teachers believed quality teaching looked and felt like for children with ASD in Queensland's inclusive classrooms and special schools. Specifically, the current research was designed to explore the experiences of parents of children with ASD in inclusive education in the state of Queensland Australia. This was so as to learn from another country about how inclusion of children with ASD is undertaken. Past research has addressed different aspects of this disorder and its effect on families. However, few studies have considered the experiences of the parents of children with ASD from an educational perspective, namely their views on diagnosis, classroom activity and inclusion. While building on previous studies, the current study tried to find out the details and in depth experiences of a number of parents with children with ASD. In addition, this study also explored the experiences of teachers who worked with children with ASD in inclusive settings in different schools in Brisbane, Queensland. This dissertation is by no means an exhaustive study in terms of numbers of participants, but it does provide the insights of a number of parents and teachers who teach children with ASD and this is the study's value.

Six parents and two teachers participated in the study. Two parents were Australian and the other 4 parents were from Bangladesh who also hold Australian citizenship. Participants were asked questions regarding the following elements so as to learn about a variety of experiences: the characteristics of children with ASD, their child's engagement in the classroom, parental support during their child's learning at school, and the experiences of parents and teachers in relation to classroom activities. Parents were interviewed in order to gain knowledge of their experiences regarding

their child's schooling, the support provided during schooling time, how they communicated with the school teacher or principal, satisfaction with the school service and knowledge about inclusive education, and their overall perception about the topic. In addition, two teachers were interviewed about their service, how they manage the child with ASD in an inclusive education setting, their intervention style, and how happy they are to work with a child with ASD and other children in the classroom.

As noted in Chapter Four, this research has been exploratory and emanated from the researcher's interest to find out about the Australian way of managing children with ASD and to discover what could be learnt from the views of parents and from the practices observed with teachers. It is important to note that the researcher is a child psychologist and not a teacher and so observations are informed by that lens. A number of findings emerged from the themes outlined previously and these findings are:

- Parents in this study experience the same sort of anxieties as parents reported in the literature.
- Parents can accurately describe their child's learning and behavioural characteristics when compared with an objective measure such as the *SCQ*.
- Parents are able to understand children with ASD and to provide schools with valuable information about them however are often not invited to provide this information
- Parents are satisfied with the inclusive practices available for their children, but some parents prefer other environments and/or do not think their child is being academically challenged
- Teachers in this study experienced difficult situation to manage the child with ASD in inclusive setting

- Teachers were able to manage the classroom activities and communicate with the home
- Teachers expressed high satisfaction when working with the child with ASD in inclusive class. They describe the changes of the child with their past stages of learnings.
- Teachers in this study display inclusive practices, but still have much to learn in order for their practice to be truly inclusive.

Each of these findings will now be discussed in turn.

Findings

Finding One: *Parents in this study experience the same sort of anxieties as parents reported in the literature.*

In terms of the first research question concerning the parents' experiences and observations of living with a child with ASD, parents shared a variety of experiences and these relate to diagnosis, acceptance in school, the quality of classroom activity and after school practices. To begin with, all parents in this study said that they were depressed when they first learnt about the diagnosis of their child. Parents revealed that parenting a child with ASD was different from parenting a normally developing child and any other child with a disability. They reported that parenting their child was very stressful and mothers described more stress than fathers. These findings are supported by Sivberg (2002), Hastings and Oakford (2003), and Rodrigue, Morgan and Geffken (2010) respectively.

On a more positive note, however, parent participants tended to agree that in order to raise a child with ASD parents learned patience, tolerance, acceptance, and humility. Macartney and Morton (2013) cite Veck (2009) and Dahlberg and Moss (2005) to argue that listening to a child with disability is crucially important for

inclusive education to occur as it “acknowledges and invites differences, diversity, ambiguity, uncertainty and engagement with the ‘other’ in the pursuit of an inclusive democratic education and society” (p.6). Parents in this study showed universally that they listened to their child and engaged with them “as they were” and not as how they would like them to be. One of the participants, who was divorced, expressed that she has learned more about life. Recent studies suggest that parents learned to live their lives differently with a stronger sense of meaning and principle if they have a child with ASD (Inglis, 2006; Woodgate, Ateah & Secco, 2008; Myers, McIntosh & Goin- Kochel, 2009).

At the time of diagnosis all parents explored different treatment options and therapies. One of the participants searched for information about how they could help their child. They sought help from a paediatrician, psychologist, and a neurologist. They consulted with their extended family members, relatives, friends and colleagues. This finding is similar to the research of Schwartz (2001). In that research it was found that parents seek out information about their child’s disability. In research by Inglis (2006), it was mentioned that parents gained information from a variety of sources, including the internet, books, and other parents and professionals to increase their understanding about the diagnosis. The parents in this survey did likewise. Twoy, Connolly and Novak (2007) noted that usually parents describe networking with other parents. In their study parents recommended to other parents the importance of connecting with parents of children with ASD as a source for information and emotional support. Sometimes parents shared their feelings and gained support from close friends and extended families.

However, in current research, none of the parents explored the idea of maintaining connections with other parents. This was most probably because most of the parents worked, or were isolated within their communities. Many of the

parents had a high income and high levels of education and ability, with some parents working outside the home for extended periods of time. These facts may have curtailed network formation. A recommendation here is that support groups provide a variety of support options that are timed according to parental need rather than a 9 to 5 approach.

Finally, in relation to their personal experiences of living with a child with ASD, parents turned their attention to hopes and concerns related to their child's future and how their child's disability would affect their family. In research by Ewart (2002), parents expressed their hopes for their child. In this study, some of the parents discussed their initial hopes and dreams for their child. One Australian and one parent from Bangladesh in the current study were optimistic and hopeful about the future for their child with ASD. This finding supports previous research that the majority of parents believe in their child's potential for the future (Heiman, 2002; Inglis, 2006).

However, the other four parents were frustrated about their child's future. One parent from Bangladesh was very sad, upset, and pessimistic about their child, although they did not expect a lot from their child. They indicated that they would simply be happy if their child could express his needs. They were worried about who would care for their son if something happened to them. The parents from Bangladesh, who are now Australian citizens, did not need to think a lot about this in their home country, because in Bangladesh most of the families are joint or combined. In Australia though, there is the expectation that the welfare department will take responsibility for a child if a parent cannot, but this access did not prevent the parents from worrying. The Australian born parents in this study were quite hopeful that their child would have a good future even though in Australia, the family is smaller/nuclear.

All of the parents in this current study realised that children with ASD are unique and complex. This is the view that every child behaves differently and no one child would be the same match with another child. The same situation occurs in school. Every child should be doing a different activity and it is not possible to say that two children behave in exactly the same way (Ewart, 2002).

The finding here is that ASD is a category and simply a name to a set of behaviours (Garrick, et al., 2015) whether named psychologically or sociologically. Indeed, Vakirtzi and Bayliss (2013) go so far as to say that the child with ASD often becomes lost within this category, noting that “their agency has disappeared within the *ASD apparatus*, as well as in their education targets, turning them into passive bodies, restraining their wishes, abilities, imagination, creativity; and all these in the name of the ‘abnormal’ “(p. 365). There are always differences within and across these behaviours such that it is possible to know and not know what ASD is. When applied to an ASD diagnosis, that diagnosis can be based on the DSM-5 or newer ideas such as those of the sociological disability studies movement (Garrick et al., 2015). Indeed Straus (2010) argued that by creating the new classification of ASD:

Kanner and Asperger participate[d] in the endless reshaping of the map of psychological disorders, which rise and fall historically, as much in response to cultural and social pressures as to any neutral, scientific observation. Today, autism may appear a secure, natural category, but it is as historically and culturally contingent as neurasthenia, hysteria, and fugue-science based and neutral medical categories of a previous era-and may someday share their fate. (p.536)

Teacher acceptance was the next factor in the parents’ experiences with a child

with ASD. Parents expressed that they were more likely to feel part of society if their child was accepted in the school positively. Parents also felt relaxed if the teacher accepted their child. This is why the appropriate school selection and the placement are important for children with ASD (Sigman & Capps, 1997). Similar to Westling (1997) this study found that some parents emphasise the importance of a separate learning environment for their child with ASD while other parents found that peer relationships are most important within an integrated educational setting along with their typically developing peers.

The recommendation here is that the categories of ASD remain open to academic struggle and contest. There is no one way to describe this disorder and to provide for those who have the disorder. In this study, parents exercised considerable agency in their choice of schools for their child with one family choosing a special school over an inclusive school because of their intimate knowledge of the nature of his needs. Parent preferred placement is allowed in Queensland and remains a source of parental activism when and where necessary.

Finding Two: *Parents can accurately describe their child's learning and behavioural characteristics when compared with an objective measure such as the SCQ.*

The parent participants discussed their individual child and their characteristics using both the *Social Communication Questionnaire* (SCQ, 2003) and interview comments. The researcher also visited the classroom to observe the behaviour of two of the children and talked with both the teacher and parents about each child. The findings from the SCQ show that parents could easily identify the characteristics of their child's ASD. The sensitivity and specificity of the SCQ is 93% and 58% respectively. For 3-5 year old children the scores are 100 and 62%. The SCQ is a

good screening tool to identify children for further diagnosis. By administering the *SCQ* the characteristics of ASD for each parent's child were measured. In this current study, the researcher calculated each of the answers of parents to each of the 40 items on the *SCQ* and gained a score related to the degree of ASD for each child. The higher scores indicate the severity of ASD. When compared with parent and teacher interview comments and observation notes, it was clear that the scores on the *SCQ* were accurate, but also that parents and teachers understand their child with ASD. According to the DSM-5 (American Psychiatric Association, 2013) these characteristics are: social communication deficits and impairments in restricted, repetitive patterns of behaviours, interests and activities. Authors such as Hall (2012) use this definition and Table 6.2 shows that lay-persons such as parents and teachers use similar terminology. It was not part of the study to determine which came first though; the diagnosis and label and subsequent language that sits around the diagnosis or vice versa. The issue of definition and language could be something that the researcher could research with the same parents during post-doctoral research and warrants further investigation from a disability studies perspective (Connor, Gabel, Gallagher & Morton, 2008; Straus, 2010).

An incidental finding, is that parents had to learn about their child and their behaviours largely via the internet, a situation where *Dr Google* provided more insights than the specialists did. The concern here is that specialists do not seem to be communicating sufficiently with parents. This is a situation redolent in the literature where authors such as Siklos and Kerns (2007), Maloni et al., (2010) and Moh and Magiati (2012) identify parental stress at the time of diagnosis as a major issue. The recommendation here would be to improve service delivery at the diagnosis stage for parents.

Finding Three: *Parents are able to understand children with ASD and are able to provide schools with valuable information about them, however are often not invited to provide this information.*

The current finding here is that the parents should be listened to and involved in classrooms. Parents do disconnect from schools when this is not the case and they subsequently seek out schools and teachers who do listen to them (Morton & McMenam, 2009). The parent results on the *SCQ* related well with what the parents said about their child in interview and with what researcher saw in classrooms for two of the children she observed. Examples of similarity include the fact that both teachers and parents were aware of the child with ASD's social needs, needs for friendship, needs to follow the rules and so on. Researcher also feels that the parents in this study understand their children and their needs and are able to articulate what those needs are. In this sample, albeit small in size, parents were well educated and more than able to discuss educational issues with the teacher. The researcher also found that parents saw their children as children first who were in need of an education, rather than simply being a child in need of education.

In this study, Australian parents and parents born in Bangladesh who are now Australians interacted with schools via a home school communication book or via technology. Home school communication is necessary for a child's improvement (Fiore, 2014; Latunde & Louque, 2012; Ruble & Dalrymple, 2002). By using a home-school communication book, all involved in the process develop a model where they emphasise parent, student, and teacher collaboration in terms of providing interventions with the child.

Alton-Lee (2003) emphasised that home school communication is an aspect of

quality teaching. This kind of partnership has been proven to show the most positive impacts on student outcomes as both the teachers and parents or caregivers are able to support learning and skill development of students. In turn, parents shared information about their child's specific interest or preferences with the class teacher. At home, if parents faced any difficulties handling the child then they discussed that issue with the school teacher. Parents maintained contact with the class teachers and support staff.

This sort of contact is prevalent in the literature. Songlee (2002), for example, found that 75% of the parents in their study had daily contact with the class teacher, and 37 % had daily contact with support staff. Only one parent was able to spend time in the classroom (Songlee, 2002). In present research, one parent also wanted to spend time in the class to observe how the child interacted in the class, but was not allowed to do so. In another research study about parent satisfaction of a child with Down's syndrome, the findings are consistent with these findings. In that research a few parents also spent time in the classroom (Laws & Millward, 2001). According to Alton-Lee (2003) home school communication should be focused on student learning and student outcomes with both the teachers and parents or caregivers able to support learning and skill development of students.

Therefore researcher concludes from this, that parents are a resource that remains untapped in terms of the parents she interviewed. DePape and Lindsay (2015) identified that knowledge from parents is very important because they have expert knowledge about their child. Parents are a willing source of information about a child because they are the child's primary caregiver. In this research the researcher gained information more from the mothers than fathers even when a number of fathers were present in the interview. In this case fathers' added information if the mothers missed anything. In one case the mother was the only

primary care giver and a single parent. The finding from this is that parents can also provide a commonality of experience when questioned about their child. This finding applies to all children and not just those with ASD.

In one case, a parent in this current study wanted to help the school with their child more, but their overtures to the school were rejected. Schuntermann (2002) and Luong et al. (2009) encouraged parents to be part of a child's intervention and treatment plan. Some of the parents the researcher interviewed were interested in being involved in their child's schooling, but could not do so because of their career (Koydemir- Özden & Tosun, 2010). Research suggests that the role of parents working with the arrangements of the school is a good thing (Aylaz et al., 2012; Fong et al., 1993) and that parents can actually educate teachers about ASD to assist their child's adjustment to school (Shu et al, 2001).

However, there was a difference between the Australian born parents and those parents with Australian citizenship in terms of what their child was able to do academically. The first set of parents reacted to their child's aetiology by wanting their children to be happy and to be children first, but it could be said that they had quite academically able children. The reaction may have been different if their child was not able to do the schoolwork. One parent had a child who coped with schoolwork well and seemed to have a bright future academically. Another parent thought that the work was not hard enough for their child.

The parents from Bangladesh, however, saw that their child could do the work properly at school and they wanted to do advanced activities at home several times a week so that the child could do better and be more interested in classroom activities. Australian teachers and parents seem to take their child's schooling as given; that is, it is the teacher's job and the teacher should be left to do that job. The Australian

parents in this study also seem to take schooling for granted, as a given, and something they can confirm or reject as their right; whereas the parents from Bangladesh wanted to be involved or hoped to be involved more in all of their child's classroom activities. These parents do not want to leave education to chance.

When the researcher began this study, she described the ways she worked with children with ASD in Bangladesh and made the point that she helped school principals and parents change their attitudes to ASD. Stubbs (2008) drew on the findings of the AGRA seminar to make the same point. In that seminar, forty inclusive education practitioners from different countries found that inclusive education need not be restricted by a lack of materials or human resources. Rather, it is the attitudinal forces that outweigh the economic forces in terms of inclusion. Bensimon (2005) concurs and argued that it is not so much the disability that is at issue, but the responses and attitudes to the disability that matter. She notes:

...that institutional actors, as a consequence of their beliefs, expectations, values, and practices, create or perpetuate unequal outcomes and that the possibility for reversing inequalities depends on individual learning that holds the potential for bringing about self-change. That is, individuals—the ways in which they teach, think students learn, and connect with students, and the assumptions they make about students...—can create the problem of unequal outcomes. (p.101)

All parents in this study have bought into the idea of doing their best by their child's education so that they will be better off economically in later life, but the parents from Bangladesh have more at stake. They want their child to have the same opportunities as other children and so spend the extra time in support of them. In this study, mothers, and especially well-educated mothers, influenced their child's

schooling and championed ideas of rights and social justice for their child. The Australian mothers interviewed did not discuss their rights and justice. This was because, the researcher assumes, that the Australian parents felt that they were getting everything they needed.

The differences between the two sets of parents can also be accounted for by the differences between parenting. Parents from Australia have become used to the separation of roles between their tasks and those of the state with the state responsible for education. They have also grown used to living in nuclear rather than extended families. There are a plethora of community and parent organisations in Bangladesh that support the role of parents in the schooling of children with ASD and other disabilities. Stubbs (2008) cited organisations such as the *Deaf Child Worldwide* (p.31) for example, which actively encourages parental involvement in schooling through the use of story-telling.

It would be wrong here to suggest a hard and fast binary between parenting styles though. As noted in the chapter two of this study, many grandparents in Bangladesh want to hide their child with ASD away and to not educate them. The point though is that attitudes are the barrier that needs to be addressed. Australian schools and their teachers need to embrace parents and their needs more robustly.

Finding Four: *Overall parents are satisfied with the inclusive practices available for their children, but some parents prefer other environments and/or do not think their child is being academically challenged.*

The literature reviewed in Chapter Four described inclusive education as the teaching of students with disabilities in the same classroom setting with other typical students. Overall, this current study found that this term is dear to educators and the researcher, but is a term that is not often used by parents. The literature suggests that

parental satisfaction with inclusive education is an important factor in the success of inclusion. After completing the interviews, it was found that the Australian parents in this study were quite happy with the support and education provided by schools. They all had positive experiences with their local school. From the participant list, four parents knew the word 'inclusion'. They knew what inclusion was, but did not use the term in the way that academics use the term and could not describe the term in any depth. Australian parents supported inclusion completely. They thought that it is very helpful for their child because their child is attending a class with other neuro-typical children. In this way, the Australian parents hoped that their child would learn behaviours from the neuro-typical child.

In the case of the parents from Bangladesh, they had heard of the term and could describe it clearly. These parents also wanted their child to be included in the same classroom with other children, which affirms the findings of Songlee (2002). The respondents in that research also agreed that their child should have an opportunity at school to interact with the children who have typically developed. However, one parent from Bangladesh did not support this concept of inclusion for their child.

These parents thought that special settings were better for their child as they believed that their child would learn more in that setting. They found that their son was irritated when a lot of people were there. So the parents felt that he could not learn and respond in an inclusive environment. They thought that inclusion is suitable for other children, but not their child. These parents suggest that other parents place their child in the correct setting based on their child's severity of learning needs. However, in relation to curriculum, all schools in Australia follow the national curriculum of the *Australian Curriculum, Assessment and Reporting Authority (ACARA)*. This means that the children with ASD follow the same

curriculum as any other child in the classroom. In such cases, parents were happy that their child was not treated differently from other children. They were not excluded. Some adaptation of the assessment system was necessary including oral examinations instead of written ones. However, the Bangladesh parents were not happy with their level of involvement with the curriculum. Sadly, they expressed that they were reluctant to complain or to say anything to the teacher. They felt isolated around this point. In terms of the parents who came from Bangladesh, during the interviews it was found that those who had permanent residency did not feel they were regarded as Australian. The study showed clearly that all of the Bangladesh parents studied did not think of themselves as Australians in an Australian school.

The key message from this finding is that barriers still exist to inclusion, based on the different cultural experiences of parents. Gewirtz, Ball, and Bowe (1995) defined this as the parents having “capital in the wrong currency”. This was particularly evident when these parents from Bangladesh questioned the school about homework activities and the qualifications of staff. Even though the parents were accepting of the services provided to the child in the mainstream school; the parents who were encouraged to send their child to a special school were not happy. Some of the participants of this research discussed their rights to be involved in their child’s education. In other research, parents’ also mentioned that they have a right to be involved in their child’s education (Songlee, 2002). When one of the participants wanted to sit in the classroom though she was ignored by the teacher, she thought it was her right to be involved in the classroom activity. Despite such issues, the majority of parents were generally satisfied with their child’s schooling.

The important concepts here are those of human rights and social justice. Human rights were canvassed in Chapters Three and are defined to mean education

that is an ethical undertaking that enhances human dignity and potential (Mc Lean, 2008). The main principle of this in terms of education is to accommodate all children in the same schools by considering their level of physical, intellectual, social, emotional, linguistic and other conditions; their ethnicity or cultural issues; and irrespective of whether they are from remote areas, disadvantaged areas, or marginalised groups. Social justice was also defined to explain how issues of race, class, gender, and disability are significant for teaching and learning. In classrooms, children are not treated as though they are exactly the same, but rather are given equitable support to enable each child to be able to participate and succeed physically, socially, and academically (Pearce, 2009). Peña, Bensimon, and Harris (2012) argued that equitable education is not just about access, but also about participation, retention, and success.

In some cases, the parents in this current study did not feel that they were Australian citizens even though they had citizenship status. Parents were not encouraged to help the teachers rethink their choices and to acknowledge their cultural differences. There was little to no recognition that the parents from Bangladesh had different worries, needs, and concerns to the Australian parents. In this the teachers tended to distribute their time with each parent as if they were the same, not realising that they were in fact different. The finding here is that the teachers are still largely operating within a distributive framework of social justice and this is of concern (Fraser, 1995).

All of the parents from Australia were satisfied with inclusive education. This result is consistent with the result of Inglis (2006). In that research, 85% of the parents reported that they are relatively satisfied with their child's schooling and their ability to reach the child's needs. The mean satisfaction level was 3.15. The parents fight with school administration in order to get proper services for their child.

Inglis (2006) also found that trained staff was a variable for satisfaction. The parents point out the importance of good, well-trained staff to help them feel satisfied with the schools. Two of the parents from Bangladesh stated that they were also satisfied with their level of contact with the teacher and school. However, another two parents from Bangladesh stated that they were not satisfied with the level of inclusive practices. One of the participants in this research study was dissatisfied with the school system. She approached the school several times to be able to participate in the classroom. She wrote in the communication book, but the school authority ignored this communication. She was quite angry about the service and also the school system. Past research also revealed a similar issue. Parents reported dissatisfaction mainly with administration (Inglis, 2006). The participants suggested that if the parents came to know about what their child and their teachers are doing at school, then they would feel more comfortable.

Finding Five: *Teacher experienced difficult situation to manage the child with ASD in inclusive setting*

The teachers in this current study knew how to cater for problem behaviours for their child with ASD, but they did this in such a way that all children benefited. They incorporated chill out sessions for all children where necessary and not just for the child with ASD. Sometimes teachers faced difficult situations when managing the child with ASD. They tried to manage them and if not able to, they then they informed the parents. Ironically, given the diagnostic criteria of ASD, the teachers also used *repetitive behaviours* themselves in order to change a behaviour in the child with ASD and utilised the assistance of peers in learning the new behaviours. This approach is supported in the literature, where Wehman, Smith, and Schall (2009) found that teaching students with disabilities including ASD is best if they can be placed with their peers without any disabilities.

Sometimes the children shaped their behaviour by themselves. They learned to express their feelings in any given situation with statements such as "*I'm feeling fine or just right, I'm feeling hot and angry*". It was the teachers who taught these new behaviours and created change. Parents were also happy with the principals and administration who they found to be supportive, and anytime there was a problem were called to help the school out. Teachers also expressed that teacher aide time was helpful in supporting work and behaviour in the classroom. Idol (2006) argued that without this added support, it is difficult for the child with a disability to continue inclusive education in the general education classroom. It is important though that the teachers in this study in the main saw the use of teacher aides as additional and not the sole form of catering for these children's needs (Macartney & Morton, 2013).

The teachers also attempted to maintain the same curriculum for all children, although they made some changes in assessment. The teachers also individualised learning for their child with ASD. They prepared and abided by the *Individual Education Plans* (IEP) for each child. They used different types of practices such as direct instruction, visual supports, structured teaching, (Myles, Simpson, & deBoer, 2008) and the students with ASD seemed to be benefitting from these different practices.

Following the same curriculum without changes in pedagogy, however, was at times a problem for many children and not just the child with ASD. Just as the parents mentioned that the school pushes the children a lot, this was also mentioned in the teacher's comments. The teachers emphasised the level of energy that all children displayed and that the new curriculum (Commonwealth of Australia, 2012) placed constraints on that energy. Sometimes it happened that the children could not maintain the flow of the lesson and simply just had to stop. In that case, the teachers

adjusted their lesson and did not push the students any further. This *all* and *some* approach to inclusion is important.

In research by Agran, Alper, and Wehmeyer (2002), the authors found that teachers tended not to support the same curriculum for the children with severe disabilities, whereas in current study, the teachers supported the idea of the same curriculum for all students in the classroom. Further, in research in America by Kim (2008), the researcher found that teachers placed more importance on curricular structure and the teacher's role in achieving educational goals than on understanding student performance.

What has happened since 2002 in Australia and in New Zealand (Higgins, Macarthur & Morton, 2008) and indeed globally, however, is that policy has determined that all children should study exactly the same curriculum (Commonwealth of Australia, 2012) and at a level of performance. As noted in Chapter One these policies are operating within a distributive justice paradigm here defined to mean that it is fair and equal to treat everyone in the same way (Gale & Densmore, 2000). Alton-Lee (2003) argues, however, that a quality teacher should have knowledge of both the curriculum and the student learning processes. This knowledge helps the teacher to interpret student behaviour and to facilitate the learning processes. A recommendation here is that the study can be replicated in a few years' time with the same teachers if possible to see if their pedagogy has changed.

The classroom teachers whom researcher observed, also knew to explain things clearly to the child with ASD to provide for transitions (DeGrace, 2004; DePape & Lindsay, 2015) and to help them find ways to cool down in stressful situations. So, in terms of transitions and managing the difficult behaviours

(Monroe, 2009) of a child with ASD, the teachers were also managing well. Teachers helped the parents transition their child in school and to school. They tried to help the parents and counsel them. During class time, if the child had any clarification questions they would answer them. Teachers arranged group activities for the students where the students would engage in different activities. In the case of group activities, the class teachers managed the child with ASD differently. One teacher called the child with ASD by name and told them explicitly what they had to do. By calling the name of the child, the teacher reminded the child of their task and reminded them to wait for their turn when listening. According to Alton-lee (2003), teachers should focus on group activities such as teacher-directed groupings, cooperative groups, structured peer interaction and individual work including homework.

Finding Six: *Teacher were able to manage the classroom activities and communicate with the home*

The teachers organised their seating arrangements in the classroom so that they could monitor the child properly and help the child monitor themselves. Monroe (2009) reported that a positive and sensitive classroom environment is essential for children with ASD. The teacher placed the child with ASD beside a neuro-typical child so that the child could take care and help them learn. This is similar to the *child-to child* approach defined by Stubbs (2008) to mean a kind of pairing of a child who is coping with schooling with a child who may struggle with schooling. This is an approach to schooling adopted almost everywhere i. e. India, Russia, although in Australia, educational professionals are not well known for this approach. However, they do use this concept sub-consciously. When I asked the teachers the question as to why they put the child at the end of the class, they gave

me an explanation that supports the *child to child* approach, namely that the child was seated close to the teacher and close to their friend. Although this seems an exclusive practice, the teacher wanted the child to be with friends. Potter (2014) argued cogently that children with ASD want friends, are more than capable of making friends and of keeping friends. Potter (2014) observed:

[G]iven the significant and lasting difficulties, which children with ASD experience in relation to the development of social skills (American Psychiatric Association, 2013), the development of friendships requiring the use of a range of complex social skills has been found to be challenging... The problems people with ASD experience in understanding notions of friendship have been frequently highlighted... together with the distress which a lack of friends may cause, ... most significantly including a heightened sense of loneliness. (p.2)

Rather, the teachers in this study capitalised on the child with ASD's friendship making. This is of course a two-way process. The neuro-typical children also learn from the school about disability issues and human diversity (deBoer, 2009). Inclusive classrooms are not only beneficial for children with disabilities, but they also help children without disabilities to learn about difference. Including all children in classrooms teaches children acceptance and openness to diversity (Killoran, 2002).

As noted in the literature review McDougall, DeWit, King, Miller and Killip's (2004) surveyed 9th grade students and found that the majority of students had positive attitudes towards their classmates with disabilities. In another study, results showed that students in heterogeneous-ability classes performed better than students in homogeneous-ability classes (Willms, 2002). It is a teacher's responsibility to initiate innovative pedagogy with enhanced student performance in inclusive practices.

The teachers reported that most of the time they used email or phone calls to contact the parents rather than using the communication book. The teachers found email to be the easiest way to contact parents. In any urgent situation they phoned the parents. Teachers reported that using the communication book was time consuming. This was because the teachers had to write in every child's communication book and they had to answer parents' queries if the parents wrote in the communication book. In this current study, the teachers have found a more time-effective means to communicate, but some of the parents interviewed were not appreciative of this time saving and wanted to have more contact with the teacher.

Teachers also prepared weekly reports for the parents on each day's classroom behaviour and activities. Teachers provided extra information for them about their child's day.

Finding Seven: *Teacher expressed high satisfaction when working with the child with ASD in inclusive class. They describe the changes of the child with their past stages of learnings.*

The teachers interviewed in this study showed high satisfaction when working with a child with ASD. The teachers were happy in doing activities with the child. The teacher described the changes of the child between the beginning of the year and the end of the year. They also compared the present behaviour of the child with their past stages of learning. The teacher expressed the intention and motivation to work with these children in the future with their qualifications and training. They did not feel stress to work with them and they are still happy to work with the children.

The interviewed teachers also felt comfortable with their teacher training and professional development. In this research, it was found that the teachers took any

opportunity they could to advance their knowledge about working with children with ASD from organisations such as *Autism Queensland*. Sometimes professionals from this organisation visited the school and the classroom, and made observations and then advised the teachers and worked with them. On the other hand, the school also arranged professional development. Researchers have suggested that teaching in inclusive environments develops professional accomplishment as the teachers learn best teaching practices. Teachers have to use innovative strategies in their daily routine to foster inclusion (Stanovich & Jordan, 2004).

The teachers in the schools that the researcher visited supported the concept of inclusive education. There were no teachers with a special education background in either school. Therefore researcher could not compare any differences between the teacher of special education and inclusive education. However, Park and Chitiyo (2011) compared these teachers. They did not find any difference between the attitude of general education teachers and special education teachers in terms of the inclusion of students with disabilities. Researchers also argued that teachers learn to have positive attitudes towards children with ASD and their education and their inclusion in public school programmes (Al-Shammari, 2006; Avramidis & Norwich, 2002; Idol, 2006; Park & Chitiyo, 2011). Specifically, female teachers are found to have more favourable attitudes towards children with ASD than male teachers (Chambres et al. 2008; Park & Chitiyo, 2011). In present research, both teachers were female.

There was one exception in present study to the idea that teachers were completely supportive, 100% of the time. One teacher was adamant that a child should attend an alternative setting and the parents rejected this idea. The teacher wanted the child to be removed so as to gain extra assistance with handwriting; a characteristic that is not related to diagnosis, but related more to the teacher's role.

Here, attitudes and behaviours of the institution seemed to outweigh the expressed desires of the parents.

Under legislation in Australia, it is the teacher's responsibility to manage the content and processes of the curriculum that is being taught (Australian Anti-Discrimination Act, Compliance Standards, 2005). However, recent research by Poed (2015) suggests that there are many ways around this legislative requirement and that parents can be bamboozled into accepting a strategy that is not in their best interest. Poed (2015) has found that the institutional knowledge of schools outweighs what a parent can marshal in reply.

Finding Eight: *Teachers in this study did display inclusive practices, but still have much to learn in order for their practice to be truly inclusive.*

Both of the teachers are aware of inclusive education and are confident that they can do it. They perceive it for the betterment of the child. It was important to observe students in inclusive settings in Australian schools. The policies and legislation that sit around this topic have been canvassed in the literature review. The researcher found that inclusive practices were evident in the classrooms that she observed. The reader is reminded here that access to school sites was very difficult even with ethical clearance from the relevant education authority. The lack of access is also perhaps a finding. The researcher approached so many schools with the permission of the relevant education authority and yet could only gain a limited number of visits. Schools at the time in Queensland were in *NAPLAN* testing mode and involved in the implementation of the first iteration of the national curriculum and researcher can only assume that these had an impact on whether or not schools were open to visitors even with approval from their authority.

The use of productive pedagogies. The observed teacher lessons scored highly on the supportive classroom environment pedagogies of the broader *Productive Pedagogies* (Queensland Department of Education, 2001) and the interviews with teachers and the observations of a number of lessons showed that overall the children with ASD were accepted in the mainstream classes. For example, teachers knew to explain things clearly, to provide for transitions (DeGrace, 2004; DePape & Lindsay, 2015) and to help the child with ASD find ways to cool down in stressful situations. Each of these knowledges is now described in turn.

First and in terms of the *Productive Pedagogies* (Queensland Department of Education, 2001) tool the four domains of intellectual quality; connectedness; supportive environment; and recognition of difference were canvassed broadly and then the supportive classroom environment and intellectual quality domains were examined in depth. The choice to concentrate on the supportive school environment pedagogy was made because the parents interviewed simply wanted their children to be happy at school and to fit in. Their ideas coincide with parents studied in a New Zealand Ministry of Education (2005) review where parents were asked what they wanted for their children and reported that they wanted them to “reach their potential; to develop as whole people – emotionally, spiritually and physically...to have friends and to feel valued for what they bring to their schools, their neighbourhoods and communities” (New Zealand Ministry of Education, 2005, p.66). They wanted their children to “be happy, have a sense of belonging, of being accepted, being valued, have choices and independence, have self-esteem, self-confidence and respect, have dignity and experience success” (New Zealand Ministry of Education, 2005, p.66).

Macartney and Morton (2013) are again illustrative here. In their narratives of Clare and Maggie-Rose, it was clear that these two young people were not listened

to, were viewed with a deficit lens and teachers did not spend any time with the children preferring instead to sit them with a teacher aide. Parents in present study did not want this for their children. Macartney and Morton argue that this behaviour saw the child as a passive recipient of education rather than “as competent, capable and active learners” (p.6).

Given that the children in this study were also functioning well academically, the researcher concentrated on social inclusion *and* intellectual quality, however. The supervisor of this research and the researcher jointly scored the items in each pedagogy. As was found by Lingard, Mills and Hayes (2000) across hundreds of mainstream classrooms with inclusion policies, the classroom observations scored more highly on social support than they did for intellectual quality and this is of concern some 15 years after the previous study. In the first two items of supportive environment domain which was ‘student direction’ and ‘social support’ a score of 5 was given for both lessons observed and for both sub-categories. The students in both lessons were able to make significant choices in the direction of their learning. The researcher found that the students and the teacher had respect for each other and there was a lot of laughter and substantive conversation about the task. The students listened to the teacher’s comments and directions properly when required. In the item named ‘academic engagement’, the score was 4. The teacher in both lessons did control the content and tried to engage the students in the activities, but they were not engaged all of the time.

Sometimes the students were moving around and laughing with their friends. This finding is probably more to do with the task than with the children. Both the observers could see that the teacher was just trying to get content into the children’s heads quickly. This kind of teaching has increased with the advent of the national curriculum and standardised tests (Polesel, Dulfer & Turnbull, 2012;

Commonwealth of Australia, 2012; Angelo, 2013; Garrick, 2014; Ryan & Barton, 2014; Thomson & Harbaugh, 2014). Also in a class of 27 or 28 students, it is acknowledged that it is quite tough for the teacher to maintain the class properly. The recommendation here is that intellectual quality needs improvement in the lessons researcher was able to observe and that perhaps research from the *QSRLS* (Mills et al, 2009) team could be adopted to help these two teachers improve their pedagogy in this regard.

The fourth item in this domain was the explicit quality performance criteria where the classroom pedagogy was ranked as 5 of a possible 5 in one class and in another class it was 3. The researcher observed that the teacher maintained standards and when the students performed well, the teacher reinforced the students' good behaviour. Alton- Lee (2003) emphasised the need for appropriate feedback on students' task engagement. The researcher observed that the teacher gave rewards. The rewards differed, sometimes the teacher would write names on the board, and sometimes the students received stickers or different coloured stars. At the end of the week, sometimes the end of semester, the teacher would count the stars and make a report for the parents.

The last item was student self-regulation where researcher gave a score of 4. In the class, students knew that if the teacher made an announcement they had to automatically be quiet. Up until that time, the students controlled and managed their own behaviour. Here, neuro-typical children could be considered role models and children with ASD can learn from these peers (Crisman, 2008).

Last, in relation to this finding, current research analysed the services and therapy provided to the child by the school. These were Individual Education Plans (IEPs), Education Adjustment Profiles (EAPs), occupational therapy, speech

therapy, and sensory integration therapy. Parents in this study were happy with these services. However, in research by Inglis (2006) parents expressed a number of services they wished were available to them, including more social programs and more guidance regarding appropriate resources to meet their child's particular needs. In another study by Bromley, Hare, Davison and Emerson (2004), it was found that mothers experienced stress significantly and because of that the child gained even more behaviour problems and so social programs would have been of benefit in this case.

Based on need, parents felt comfortable to visit the school and meet with the class teacher. Sometimes they attended sessions offered by the school. In some cases, the parents were actively engaged with the child's learning and were involved in a lot of extra learning intervention. Parents from Bangladesh who are now Australian citizens were particularly keen to find out about their child's teacher's qualifications. Inglis (2006) also found that trained staff was a variable for parental satisfaction. The participants of this research had queries about the education, knowledge, training, and experiences of the teachers about inclusive settings in working with children with ASD. In relation to this, sometimes the participating parents wanted to know the personnel profile of their child's teacher from the principal. They were very worried about the teachers and their management and in how they were managing their child in a general education setting. Past research also suggested the same findings (Starr & Foy, 2012; Starr, Foy, & Cramer, 2001; Whitaker, 2007). In the Inglis (2006) study for example, satisfaction with the school system was also addressed. In addition, the parents in this study agreed that the quality of their child's education was affected by the teacher's knowledge and the abilities of teaching staff. More recently, Park (2013) has found that when parents are asked about their satisfaction with the schooling of their child with ASD parents refer to staff competence, staff

attitudes, their child's progress and the quality of parent-school communication and the amount of services.

These findings are very important because schools are demanding places. Schools and their staff are trying to get every child involved and learning. With the advent of NAPLAN and other standardised testing regimes, schools are putting pressure on children, but these parents are resisting that pressure. So the important message from this study is that not all children in schools should be treated in exactly the same way. Another recommendation is that school staff should provide parents with a small resume of their skills and abilities so that parents feel more comfortable with them teaching their child.

Another finding in this section is that enforcing the same curriculum without the commensurate knowledge of each child and their learning needs is inappropriate. Similarly, suggesting the removal of a child to another facility to work on handwriting is also inappropriate. Bensimon (2005) argued that teachers must have an equity cognitive framework such that:

...they are more prone to notice and question patterns of educational outcomes, and they are also more likely to view inequalities in the context of a history of exclusion, discrimination, and educational apartheid. Most important, equity-minded individuals are far more likely to understand that the beliefs, expectations, and actions of individuals influence whether minority group students are construed as being capable or incapable. (p. 102)

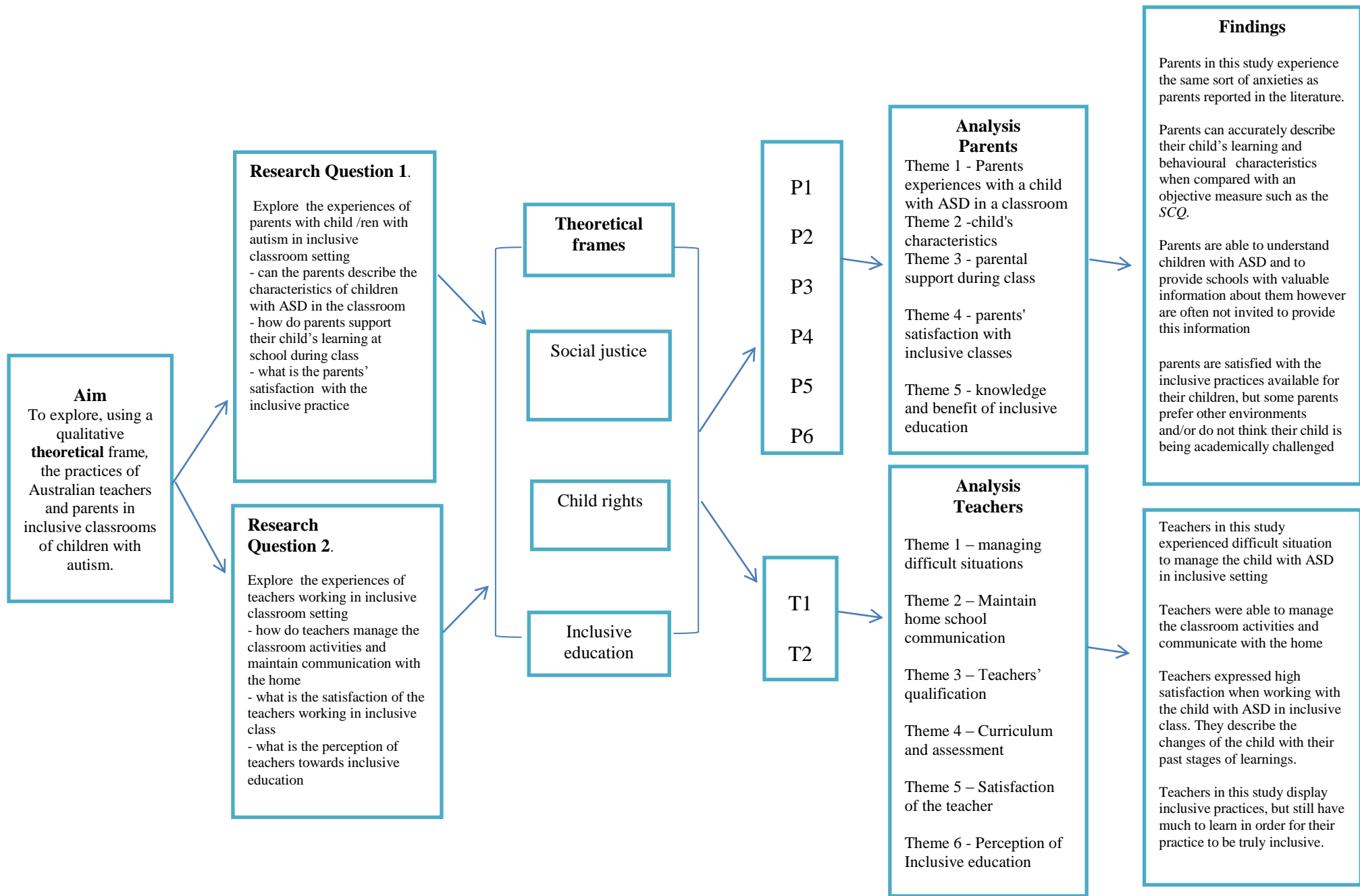


Figure 7.1 Research flow chart - Findings

Summary

In summary, this study was designed to discover what participants believed quality teaching looks and feels like for children with ASD in Queensland's inclusive classrooms and special schools. Within this aim, the study also set out to know about the experiences of parents of children with ASD in inclusive education in Australia.

The study has produced eight findings, namely:

- Parents in this study experience the same sort of anxieties as parents reported in the literature.
- Parents can accurately describe their child's learning and behavioural characteristics when compared with an objective measure such as the *SCQ*.
- Parents are able to understand children with ASD and to provide schools with valuable information about them however are often not invited to provide this information
- Parents are satisfied with the inclusive practices available for their children, but some parents prefer other environments and/or do not think their child is being academically challenged
- Teachers in this study experienced difficult situation to manage the child with ASD in inclusive setting
- Teachers were able to manage the classroom activities and communicate with the home
- Teachers expressed high satisfaction when working with the child with ASD in inclusive class. They describe the changes of the child with their past stages of learnings.
- Teachers in this study display inclusive practices, but still have much to learn in order for their practice to be truly inclusive.

Chapter 8: Conclusion

One way to define ASD is to define it as the persistent impairment in reciprocal social communication and social interaction, and restricted and repetitive patterns of behaviour, interests, or activities (American Psychiatric Association, 2013). In June 2011, the *Australian Bureau of Statistics* reported the incidence level of ASD as 103 per 100000 children, for those 0-4 years old bracket and in the 5-14 years old as 29 per 10,000 children (Australian Bureau of Statistics, 2011). The rate is increasing and this increasing rate is affecting the education system in terms of inclusion of these children in suitable schooling. Parents continue to face difficulties in finding the right school for their child. In addition, based on these prevalence figures, educators must adapt education curriculum, pedagogy, and assessment to cater for these individuals.

The aim of this research was to discover what participants believed quality teaching looked and felt like for children with ASD in Queensland's inclusive classrooms and special schools. Within this aim, the objectives of the present research were to know about the experiences of parents of children with ASD in inclusive education in Australia. In addition, this study also explored the experiences of teachers who worked with children with ASD in inclusive settings in different schools in Brisbane, Queensland. A qualitative method was used to learn about the detailed experiences of the parents with children with ASD. To undertake this research, six parents and two teachers were selected. Two parents were Australian parents and the other four parents were from Bangladesh who had Australian citizenship. In the case of teachers, all were Australian born. Interviews explored the parents' and teachers' views of a child's schooling, how the parents support their child's schooling, how they maintain home school communication, their satisfaction

levels with the school service and knowledge about inclusive education. Parents in the current study discussed themes relating to their experiences, their supporting and communication style, satisfaction about their child's education, and knowledge and benefits of inclusive education. Teachers described the themes about how they manage the difficult situations in classrooms, work with the curriculum, how they are satisfied to work with these children, and their perception towards inclusion.

The parents have different types of experiences with raising their child with ASD. Though parents were stressed after getting their child's diagnosis, they had to adjust to another issue which was understand the diagnosis and then finding an appropriate school placement. These were similar concerns to all parents of children with ASD as provided in the literature. Parents can accurately describe their child's learning and behavioural characteristics when compared with an objective measure such as the *SCQ*. In this study it seems that parents were left to their own devices to manage these issues. The recommendation here would be to improve service delivery at the diagnosis stage for parents.

Parents support their child during schooling in different ways such as transportation for their child to go to school, arrangement of snacks for their child, and taking them to the therapist. They maintain the home school communication. However, parents wanted to do more in their child's school and to help the teacher more. Because a number of parents were in paid employment the school may have become their only source of advice for their child when they were not able to access other support mechanisms. A recommendation here is that support groups provide a variety of support options that are timed according to parental need rather than a 9 to 5 approach. Finally, parents turned their attention and thoughts towards the inclusive education concept, its definition, how they perceive it in their child's context, and the benefits of inclusive education. The findings showed that

Australian parents seemed to simply assume that their child would be included, whereas the parents from Bangladesh wanted to be sure. In this study, parents are satisfied with the inclusive practices available for their children, but some parents prefer other environments and/or do not think their child is being academically challenged. The parents knew what inclusion was, but did not use the term in the way that academics use the term and could not describe the term in any depth.

The teachers in this current study faced difficult situations when managing the child with ASD. With their qualification and training they managed the children in the classroom. Based on the difficulties they informed the parents. They took the help from the teacher aide who was helpful in supporting work and behaviour in the classroom. The teachers also discussed the issues raised in the classroom with their parents and helped the parents to find ways in stressful situations. Teachers helped the parents transition their child in school and to school. In the classrooms, teachers organised the seating arrangements to monitor the child properly. The child with ASD was placed beside a neuro-typical child so that the neuro-typical child could take care and help the child with ASD in the learning environment. In this way the neuro-typical child will learn about difference.

To communicate with the parents, most of the time the teachers used email or phone calls rather than using the communication book that was time consuming to the teachers. In any urgent situation they phoned the parents. In this study, the teachers tried to save their time, however some of the parents wanted to have more contact with the teacher.

The teachers interviewed in this study expressed high satisfaction to work with a child with ASD. During the class time when the teachers worked with the child in the classroom and playground, the teachers were happy in doing activities with the

child. The teacher described the changes of the child comparing with the past stages of child's learning. They also described the changes of the child between the beginning of the year and the end of the year. So with these experiences and satisfaction the teacher had the intention to work with these children in the future with their qualifications and training.

The teachers in this study display inclusive practices, but still have much to learn in order for their practice to be truly inclusive. Even though the teachers seemed to be managing well with the children with ASD, their overall pedagogy was not sufficiently challenging and was about following a national curriculum without differentiation for the children with ASD. This is of concern. A recommendation is that the teachers in this study need to re-visit the agenda of the *Productive Pedagogies* era and to reflect on the intellectual quality of the tasks that are being offered through the new curriculum. This however, is a project that must move beyond the local to the level of the state.

Contributions to the Literature

The aim of this research was to explore and discover what participants believed quality teaching looked and felt like for children with ASD in Queensland's inclusive classrooms and special schools by describing the experiences of parents with a child with ASD and their teachers.

Findings from the current study that support previous research findings include: (a) the efficacy of the SCQ as a diagnostic measure for children with ASD (b) issues for parents in getting their child diagnosed and provided with appropriate support; (c) child characteristics and a variety of symptoms, including repetitive play, preferring to play alone, and using short phrases; (d) parents initial depression after the diagnosis; (e) the lack of assurance with parents about their child's future

prognosis; and (f) parents' satisfaction with the school.

The findings of the present study also expanded on many of the previous research findings. Parents have different types of supporting modes that relate to the education of their child. Parents have different views regarding their child's free time after arriving home from school, their homework activity, and their futures. Only some parents could articulate human rights issues in the education of their child and most parents could identify the idea of inclusive education. The teachers in this study also felt happy and confident working with a child with ASD within an inclusive classroom.

Implications for Future Research and Practice

These findings are significant for both research and practice. First, in terms of practice, the researcher now has a better understanding of practices that can be marshalled to help parents to realise and cope with the educational environment, to learn new ways to support their child, to measure how their child has changed his/her behaviour during the school phase, to manage their hopes and anticipations for their child's future, and how to maintain hope and optimism as they adapt to life with a child with ASD. For professionals, this study offers insight into the service that is provided to the students. The teachers can re-think what they are doing for these children, how they are adjusting to the school environment, how they are developing, and how they maintain their relationships with the parents. Teachers should undertake more training in this area to serve more of the children at school and to answer any parents' questions. This could be in the form of a course that is offered to parents who immigrate to Australia.

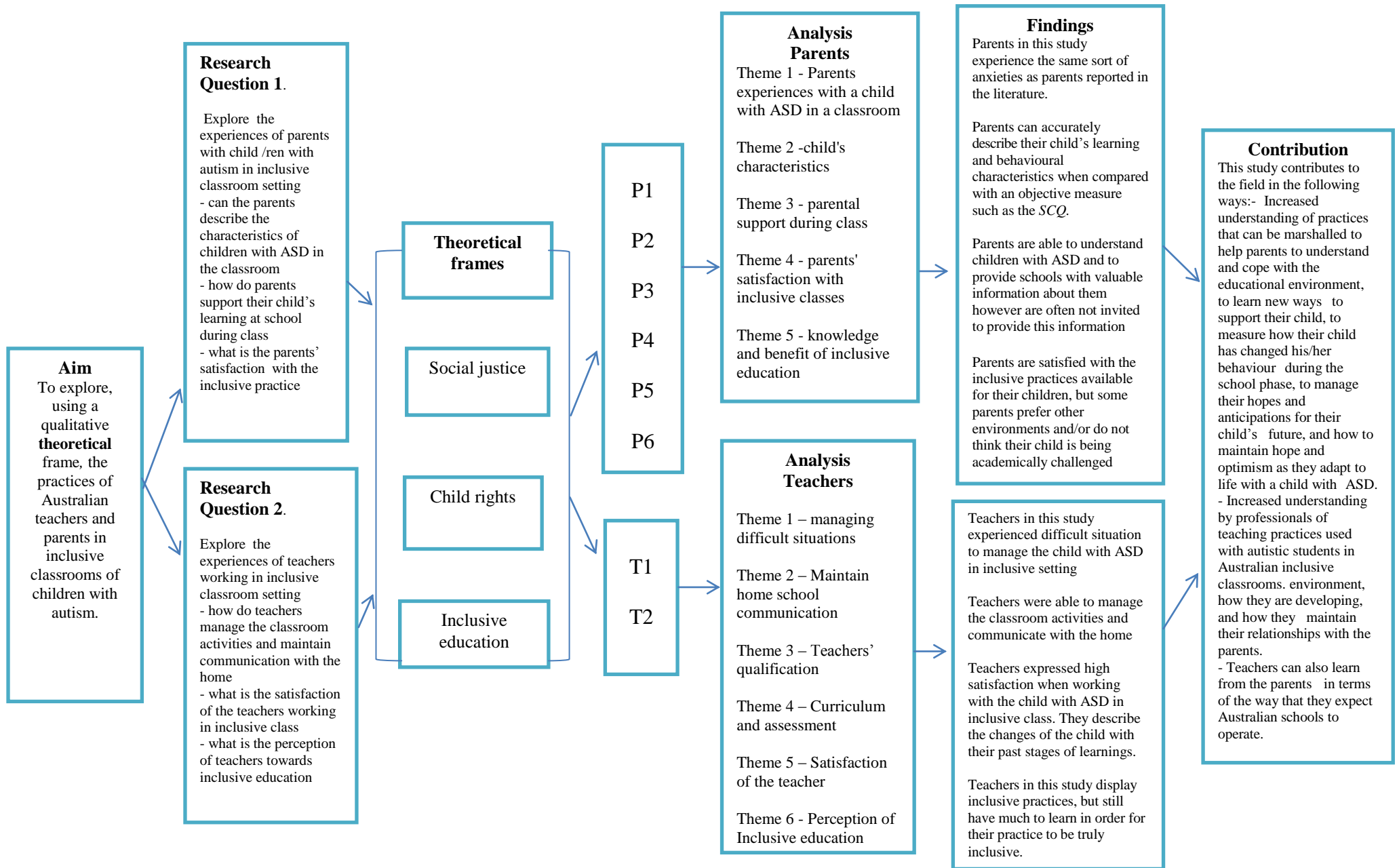


Figure 8.1 Research flow chart - Contribution

Finally, post- doctoral research could include utilising the results of this study to improve the educational system/inclusive education status and services in other countries and to maximise the effectiveness of such services. The researcher is interested in investigating more schools in Queensland using a similar topic and research design. She would also like to re-visit the teachers to see if their pedagogy has changed now that the national curriculum is more normalised and rationalised in schools. She would also like to follow these same parents over the years to see how their child fares in the future.

Limitations of the Study

Through qualitative methodology, parents were given the opportunity to speak candidly about the experiences of their child's schooling, services, and inclusive education that have not been explored in the literature to a huge extent. Despite what this study offers however, it is not without its limitations.

The small sample size is of course an issue. I could not undertake random sampling so used convenience sampling of 6 parents and 2 teachers and only one female child with ASD. A larger study would be more generalisable, however the comments of these individuals still resonate clearly in terms of their experiences. These experiences can be added to the corpus of knowledge that already exists and is thus worthwhile.

Another limitation was that this study was not extended to an equal number of inclusive and special schools. If the researcher had gained equal numbers of participants from the inclusive education school and special school, the results may have varied. In this study, most participants came from inclusive schools. Parents' of children who attend special school may have different perceptions and experiences from parents' of children who attend inclusive school.

Recommendations for further study

It is recommended that further research be conducted to gain a greater understanding of the experiences of students with ASD, including, but not limited to the following:

- 1) Future study using a more matched sample such as the mother's education, the socio-economic status of parents, a ratio of the inclusive and special schooling, the ratio of boys and girls, and with participants from other countries who are staying in Australia would be ideal;
- 2) A longitudinal study of these same students and their parents to learn more about their experiences throughout their future life;
- 3) Examination and comparison of experiences of parents of children with ASD with the same level of functioning such as lower functioning child with higher functioning child and make a comparison between these two groups.

References

- Abbeduto, L., Seltzer, M. M., Shattuck, P., Krauss, M. W., Orsmond, G., & Murphy, M. M. (2004). Psychological well-being and coping in mothers of youths with autism, Down syndrome, or fragile X syndrome. *American Journal of Mental Retardation*, *109*(3), 237-254. doi: 10.1352/0895-8017(2004)109<237:PWACIM>2.0.CO;2
- Aboud, F. E. (2006). Evaluation of an early childhood preschool program in rural Bangladesh. *Early Childhood Research Quarterly*, *21*(1), 46-60. doi 10.1016/j.ecresq.2006.01.008
- Agran, M., Alper, S., & Wehmeyer, M. (2002). Access to the general curriculum for students with significant disabilities: What it means to teachers. *Education and Training in Mental Retardation and Developmental Disabilities*, *37*(2), 123-133. Retrieved from <http://www.jstor.org/stable/23879820>
- Ahmed, M. (2015). Inclusive Education in Bangladesh: Stumbling blocks on the path from policy to practice. Corcoran, T., White, J., & Whitburn, B. (Eds.). *Disability studies: Educating for inclusion* (57-73), Australia: Sense Publishers
- Ahmed, M., Ahmed, K.S., Khan, N.I., and Ahmed, R. (2007). Access to education in Bangladesh: Country analytic review of primary and secondary education. *CREATE Country Analysis report Series*. Dhaka and Sussex: BRAC University Institute of Educational Development and University of Sussex Centre for International Education.
- Ahsan, M., & Burnip, L. (2007). Inclusive education in Bangladesh. *The Australasian Journal of Special Education*, *31*(1), 61-71. doi 10.1080/10300110701255807

- Ahuja A., Ibrahim M. D., & UNESCO Dhaka (2006). *An assessment of inclusive education in Bangladesh*. UNESCO-Dhaka.
- Ainscow, M., Booth, T., & Dyson, A. (2004). Understanding and developing inclusive practices in schools: A collaborative action research network. *International Journal of Inclusive Education*, 8(2), 125-139. doi 10.1080/1360311032000158015
- Ainscow, M. (2005). Developing inclusive education systems: What are the levers for change? *Journal of Educational Change*, 6(2), 109-124. doi10.1007/s10833-005-1298-4
- Ainscow, M. (2007). From special education to effective schools for all: A review of progress so far. In L. Florian (Ed.), the *SAGE Handbook of Special Education* (pp. 146-159). London: Sage.
- Ainscow, M., Booth, T., & Dyson, A. (2006). Inclusion and the standards agenda: Negotiating policy pressures in England. *International Journal of Inclusive Education*, 10(4-5), 295-308. doi 10.1080/13603110500430633
- Alam, G. M., Khalifa, M. T. B., & Shahjamal, M. M. (2009). Return from education system in Bangladesh: An investigation on comparative flashback scenario. *African Journal of Business Management* 3 (10), 567-575. doi 10.5897/AJBM09.202
- Alexander, R. (2008). Education for All, the Quality Imperative and the Problem of Pedagogy. *CREATE Pathways to Access No 20*. Brighton: University of Sussex.
- Al-Farsi, Y. M., Al-Sharbaty, M. M., Al-Farsi, O. A., Al-Shafae, M. S., Brooks, D. R., & Waly, M. I. (2011). Brief report: Prevalence of autistic spectrum disorders in the Sultanate of Oman. *Journal of Autism and Developmental Disorders*, 41(6), 821-825. doi: 10.1007/s10803-010-1094-8

- Ali, M. M., Mustapha, R., & Jelas, Z. M. (2006). An empirical study on teachers' perceptions towards inclusive education in Malaysia. *International Journal of Special Education*, 21(3), 36-44. Retrieved from <http://eric.ed.gov/?id=EJ843618>
- Allen, C. W., Silove, N., Williams, K., & Hutchins, P. (2007). Validity of the social communication questionnaire in assessing risk of autism in preschool children with developmental problems. *Journal of Autism and Developmental Disorders*, 37(7), 1272.
- Al-Salehi, S. M., Al-Hifthy, E. H., & Ghaziuddin, M. (2009). Autism in Saudi Arabia: Presentation, clinical correlates and comorbidity. *Transcult Psychiatry*, 46(2), 340-347. doi: 10.1177/1363461509105823
- Alshaiban, I. (2012). 120 children diagnosed with autism in the kingdom and demands of practical programs to work with children with autism, *Alriyadh news paper*. Retrieved from <http://www.alriyadh.com/2012/04/07/article725084.htm>
- Al-Shammari, Z. (2006). Special education teachers' attitudes toward autistic students in the autism school in the state of Kuwait: A case study. *Journal of Instructional Psychology*, 33 (3), 170–8. Retrieved from <http://www.thefreelibrary.com/Special+education+teachers'+attitudes+toward+autistic+students+in+the...-a0157946273>
- Alton-Lee, A. (2003). *Best evidence synthesis: Quality teaching for diverse students in schooling*. Wellington: Ministry of Education.
- Amr, M., Raddad, D., El-Mehesh, F., Bakr, A., Sallam, K., & Amin, T. (2012). Comorbid psychiatric disorders in Arab children with Autism Spectrum

Disorders. *Research in Autism Spectrum Disorders*, 6(1), 240-248. doi:
10.1016/j.rASDs.2011.05.005

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (DSM)*. Washington, DC: American Psychiatric Association.

American Psychiatric Association, D. S. M. Task Force, & American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Arlington, VA: American Psychiatric Association.

Andrews, J., & Lupart, J. L. (2000). *The inclusive classroom: Educating exceptional children (2nd ed.)*. Scarborough, ON: Nelson.

Angelo, D. (2013). Identification and assessment contexts of Aboriginal and Torres Strait Islander learners of Standard Australian English: Challenges for the language testing community. *Papers in Language Testing and Assessment (PLTA)*, 2(2), 67-102.

Applequist, K. F. (2007). No Child Left Behind Act (2001). *Encyclopedia of Special Education*. doi 10.1002/9780470373699.speced1479

Ardt, K., Hastings, C., Hopkins, K., Knebel, R., Loh, J., & Woods, R. (2005). *Report on primary education in bangladesh: Challenges and successes*. Bangladesh Bureau of Education Information and Statistics (BENBEIS) and Bangladesh Ministry of women and Children Affairs (MWCA), presented to the South Asian Society for Regional Cooperation (SAARC).

Attwood, T. (1998). *Asperger's syndrome: A guide for parents and professionals*. London: Jessica Kingsley Publishers.

Auerbach, C. F., & Silverstein, L. B. (2003). *Qualitative data: An introduction to coding and analysis*. New York, NY: New York University Press.

- Aunos, M. and Feldman, M.A. (2002). Attitudes towards Sexuality, Sterilization, and Parenting Rights of Person with Intellectual Disabilities. *Journal of Applied Research in Intellectual Disabilities*, 15(4), 285–96. doi 10.1046/j.1468-3148.2002.00135.x
- Australian Anti- Discrimination Act, Compliance Standards. (2005). A brief guide to the Disability Discrimination Act. *Australian Human Rights Commission*. Retrieved from <https://www.humanrights.gov.au/our-work/disability-rights/guides/brief-guide-disability-discrimination-act>
- Australian Bureau of Statistics. (2011). *Autism in Australia, 2009*. Canberra: Australian Bureau of Statistics. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4428.0main+features42009>
- Australian Bureau of Statistics. (2012). *Schools, Australia, 2011*. Canberra: Australian Bureau of Statistics. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4221.0main+features502011>
- Australian Human Rights Commission. (2005). *Disability Standards for Education 2005*. AGPS: Canberra.
- Australian Government Department of Education, Employment and Workplace Relations for the Council of Australian Governments. (2009). *Belonging, Being & Becoming: The Early Years Learning Framework for Australia*. Attorney-General's Department, National Circuit, Barton ACT
- Avramidis, E. & Norwich, B. (2002) Teachers' attitudes towards integration/inclusion: A review of the literature. *European Journal of Special Needs Education*, 17(2), 129–47. doi 10.1080/08856250210129056

- Aylaz, R., Yılmaz, U., & Polat, S. (2012). Effect of difficulties experienced by parents of autistic children on their sexual life: A qualitative study. *Sexuality and Disability, 30*(4), 395-406.
- Bangladesh Bureau of Statistics. (2012) *Gender Statistics of Bangladesh 2012*. Retrieved from http://www.bbs.gov.bd/WebTestApplication/userfiles/Image/Health_Demo/Gender_Statistics.pdf
- Bangladesh Ministry of Education. (2010). *National Education Policy*. Dhaka, Bangladesh: Author.
- Barry, B. M. (2005). *Why social justice matters*. Malden, MA; Cambridge, UK: Polity.
- Bauer, A. M., & Kroegeer, S. (2004). *Inclusive classrooms*. Upper Saddle River, NJ: Pearson.
- Beattie, J., Jordan, L., & Algozzine, B. (2006). *Making inclusion work: Effective practices for all teachers*. Thousand Oaks, CA: Corwin Press.
- Bensimon, E. M. (2005). Closing the achievement gap in higher education: An organizational learning perspective. *New Directions for Higher Education, 131*, 99-111. doi 10.1002/he.190
- Berg, B. L. (1998). *Qualitative research methods for the social sciences* (3rd ed.). Boston, MA: Allyn & Bacon.
- Bernadette Dierckx de Casterlé, Chris Gastmans, Els Bryon, Yvonne Denier. (2012). QUAGOL: A guide for qualitative data analysis. *International Journal of Nursing Studies, 49*(3), 360-371. doi 10.1016/j.ijnurstu.2011.09.012
- Berthelsen, D., & Walker, S. (2008). Parents' involvement in their children's education. *Family Matters, 79*, 34-41.
- Bogdan, R. C., & Biklen, S. K. (1998). *Qualitative research for education: An*

introduction to theory and methods (3rd ed). Boston: Allyn & Bacon.

Booth, T., Nes, K., & Strømstad, M. (2003). *Developing inclusive teacher education:*

Introduction. Booth, T., Nes, K., & Strømstad, M. (Eds.). *Developing inclusive teacher education*. Routledge

Boucher, J. (2009). *The autistic spectrum: Characteristics, causes and practical issues*. London: Sage.

Boutot, E. A., & Myles, B. S. (2011). *Autism Spectrum Disorders: Foundations, characteristics, and effective strategies*. Boston, MA: Pearson.

Brighouse, H. (2000). *School Choice and Social Justice*. New York, NY:Oxford University.

Bromley, J., Hare, D. J., Davison, K., & Emerson, E. (2004). Mothers supporting children with autistic spectrum disorders: Social support, mental health status and satisfaction with services. *Autism*, 8(4), 409-423. doi: 10.1177/1362361304047224

Bui, Y. N., Schumaker, J. B., & Deshler, D. D. (2006). The effects of a strategic writing program for students with and without learning disabilities in inclusive fifth-grade classes. *Learning Disabilities Research and Practice*, 21(4), 244-260. Doi 10.1111/j.1540-5826.2006.00221.x

Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York, NY: Routledge.

Bywaters, P., Ali, Z., Fazil, Q., Wallace, L. M., & Singh, G. (2003). Attitudes towards disability amongst Pakistani and Parents from Bangladesh of disabled children in the UK: Considerations for service providers and the disability movement. *Health and Social Care in the Community*, 11(6), 502-509. doi 10.10146/j.1365-2524.2003.00456.x

- Canadian Association for Community Living. (2005). *Canada's community inclusion initiative: Changing communities for people with an intellectual disability and their families*. Retrieved from <http://www.cacl.ca/english/cominc/>
- Carr, W. & Hartnett, A. (1996). *Education and the struggle for democracy: The politics of education ideas*. Buckingham: Open University Press.
- Carpenter, L. R., Emerald, E., & Clandinin, D. J. (2009). *Stories from the margin: Mothering a child with ADHD or ASD*. Teneriffe, Queensland: Post Pressed.
- Cashin, A., & Barker, P. (2009). The triad of impairment in autism revisited. *Journal of Child and Adolescent Psychiatric Nursing*, 22(4), 189-193. doi 10.1111/j.1744-6171.2009.00198.x
- Chambres, P., Auxiette, C., Vansingle, C. & Gil, S. (2008). Adult attitudes toward behaviors of a six year-old boy with autism. *Journal of Autism and Developmental Disorders*, 38, 1320–7. doi 10.1007/s10803-007-0519-5
- Chenoweth, L. (2000). Closing the doors: Insights and reflections on deinstitutionalisation. *Law in Context*, 17(2), 77-100. Retrieved from <http://search.informit.com.au/documentSummary;dn=145833987060962;res=IELHSS>
- Clough, P. & Corbett, J. (2000). *Theories of inclusive education: A students' guide*. Bonhill street, London: Sage.
- Commonwealth of Australia. (2012). Australian Curriculum, Assessment and Reporting Authority. ACARA. http://www.acara.edu.au/curriculum/student_diversity/students_with_disability.html
- Connell, R. (2007). *Southern theory: Social Science and the global dynamics of knowledge*. Sydney: Allen and Unwin.
- Connor, D. J., Gabel, S. L., Gallagher, D. J., & Morton, M. (2008). Disability studies

- and inclusive education—implications for theory, research, and practice. *International Journal of Inclusive Education*, 12(5-6), 441-457.
- Corcoran, T., & Finney, D. (2015). Between education and psychology: school staff perspectives. *Emotional and Behavioural Difficulties*, 20(1), 98-113.
- Corsello, C. M. (2005). Early intervention in autism. *Infants & Young Children*, 18(2), 74-85. doi: 10.1097/00001163-200504000-00002
- Council of Canadians with Disabilities (CCD). (2001). *Publications: A voice of our own*. Available at <http://ccdonline.ca/publications/Voice/election2004.htm>.
- Creswell, J. W. (2005). *Educational Research: planning, conducting, and evaluating quantitative and qualitative research* (2nd ed.). New Jersey: Pearson Education.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks: Sage.
- Crisman, B.W. (2008). Inclusive programming for students with autism. *Principal*, 88(2), 28–32. Retrieved from <http://eric.ed.gov/?id=EJ823092>
- Cruickshank, D. R., Jenkins, D. B., & Metcalf, K. K. (2009). *The act of teaching* (5th ed.). Boston: McGraw-Hill Higher Education.
- Daisy, S., Mohammad, Q., Alam, B., Hoque, A., Haque, B., Rahman, K.M., Khan, S.U. (2010). Epilepsy and abnormal electroencephalogram in children with Autism Spectrum Disorders. *Mymensingh Medical Journal*, 1; 19(2):264-6.
- Dahlberg & Moss (2005). *Ethics and politics in early childhood education*. Contesting Early Childhood series. G. Dahlberg & Moss, P. (Eds.). London & New York: Routledge.

- Danielson, C. (1996). *Enhancing professional practice: A framework for teaching*. Alexandria, Va: Association for Supervision and Curriculum Development.
- Danielson, C. (2011). *Enhancing professional practice: A framework for teaching*. ASCD.
- Darling-Hammond, L. (2000). Teacher Quality and Student Achievement: a review of state policy evidence. *Education Policy Archives*, 8 (1), pp. 1-45.
- Darling-Hammond, L. (2010). Teacher education and the American future. *Journal of Teacher Education*, 61(1-2), 35-47. doi:10.1177/0022487109348024
- deBoer, Sonja R. (2009). *Successful inclusion for students with autism: Creating a complete, effective ASDS inclusion program*. San Francisco, Calif: Jossey-Bass.
- DeGrace, B. W. (2004). The everyday occupation of families with children with autism. *American Journal of Occupational Therapy*, 58(5), 543-550.
- DePape, A.M., & Lindsay, S. (2015). Parents' Experiences of Caring for a Child With Autism Spectrum Disorder. *Qualitative health research*, 25(4), 569-583. doi: 10.1177/1049732314552455
- Dettmer, P., Knackendoffel, A., & Thurston, L. P. (2013). *Collaboration, consultation, and teamwork for students with special needs* (7th ed.). Boston: Pearson.
- Dion, E., Fuchs, D., & Fuchs, L. S. (2007). *Peer-mediated programs to strengthen classroom instruction: Cooperative learning, reciprocal teaching, classwide peer tutoring and peer-assisted learning strategies*. In L. Florian (Ed.), *The SAGE handbook of special education* (pp. 450-459). London: Sage.

- Directorate of Primary Education & CSID (2002). *Educating children in difficult circumstances: Children with disabilities*. Dhaka, Bangladesh: CSID.
- Disability News Asia. (2012, November). Bangladesh government to count children with autism. Retrieved from <http://www.disabilitynewsasia.com/home-mainmenu-1/1195-bangladesh-government-to-count-children-with-autism-html>).
- Dodd, S. (2004). *Understanding autism*. Marrickville, AU: Elsevier Australia.
- E-9 Ministerial Review Meeting (2000). *Recife Declaration of the E-9 Countries*. Recife, Brazil.
- Elliot, S. N., Braden, J. P., & White, J. L. (2001). *Assessing One and All: Educational Accountability for Students with Disabilities*. Council for Exceptional Children, 1110 North Glebe Rd., Arlington, VA 22201-5704
- Elsabbagh, M., Divan, G., Koh, Y. J., Kim, Y. S., Kauchali, S., Marcín, C., ... Fombonne, E. (2012). Global prevalence of autism and other pervasive developmental disorders. *Autism Research*, 5(3), 160-179. doi: 10.1002/aur.239
- European Agency for Development in Special Needs Education (EADSNE). (2001). *Inclusive education and effective classroom practices*. Middelfart, Denmark: Author.
- European Commission. (2002). *Key data on education in Europe: 2002*. Luxembourg: Office for Official Publications of the European Communities.
- European Commission. (2003). *Press event to mark the official European opening ceremony of the year of people with disabilities*. Athens, Greece: Author.
- Ewart, K. H. (2002). *Parents' experience of having a child with autism*. Unpublished doctoral dissertation, California School of Professional Psychology, Fresno
- Farzana, K. F. (2008). *The neglected stateless Bihari community in Bangladesh*:

- victims of political and diplomatic onslaught. *Journal of Humanities & Social Sciences*, 2(1), 1-19.
- Fenstermacher, G. D., & Richardson, V. (2005). On making determinations of quality in teaching. *Teachers College Record*, 107(1), 186-213.
doi:10.1111/j.1467-9620.2005.00462.x
- Fiore, D. (2014). *Creating connections for better schools: How leaders enhance school culture*. Routledge. instead of Whitaker, 2014
- Fisher, D., Roach, V., & Frey, N. (2002). Examining the general programmatic benefits of inclusive schools. *International Journal of Inclusive Education*, 6(1), 63-78.
- Florian, L. (Ed.). (2007). *The SAGE handbook of special education*. Longon: Sage.
- Florian, L. (2008). INCLUSION: Special or inclusive education: future trends. *British Journal of Special Education*, 35(4), 202-208. doi: 10.1111/j.1467-8578.2008.00402.x
- Foegen, A., Espin, C. A., Allinder, R. M., & Markell, M. A. (2001) Translating research into practice: Pre-service teachers' beliefs about curriculum-based measurement. *Journal of Special Education*, 34 (4), 226-236.
- Fombonne, E. (2003). The prevalence of autism. *The Journal of the American Medical Association*, 289(1), 87-89. doi: 10.1001/jama.289.1.87
- Fong, L., Wilgosh, L., & Sobsey, D. (1993). The experience of parenting an adolescent with autism. *International Journal of Disability, Development and Education*, 40(2), 105–113. doi:10.1080/0156655930400204
- Foreman, P. (2014). *Inclusion in action*. Melbourne: Cengage.
- Forlin, C., Chambers, D., Loreman, T., Deppeler, J., & Sharma, U. (2013). *Inclusive Education for Students with Disability: A review of the best evidence in relation to theory and practice*. Report to the Australian Government Department of

Foreign Affairs & Trade and Australian Research Alliance for Children and Youth, Canberra.

- Forman, J. & Damschroder, L. (2007), *Qualitative Content Analysis*,
in Jacoby, L., Laura A. Siminoff (ed.) *Empirical Methods for Bioethics: A Primer (Advances in Bioethics, Volume 11)* Emerald Group Publishing Limited, pp.39 – 62
- Fraser, N. (1995). From redistribution to recognition: Dilemmas of justice in a ‘post-socialist’ age. *New Left Review*, 212 (July): 68-93.
- Fraser, N. (2009). Social justice in the age of identity politics. *Geographic thought: A praxis perspective*, 72-91.
- Frazier, T. W., Youngstrom, E. A., Speer, L., Embacher, R., Law, P., Constantino, J., ... Eng, C. (2011). Validation of Proposed DSM-5 Criteria for Autism Spectrum Disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51(1), 28–40.e3. doi:10.1016/j.jaac.2011.09.021
- Freeman, B. J (1981). *The Behavior Observation Scale for Autism (BOS) Relationship of Frequency of Behavior to IQ*. Distributed by ERIC Clearinghouse, [Washington, D. C.]
- Freeman, B. J., Ritvo, E. R., & Schroth, P. C. (1984). Behavior assessment of the syndrome of autism: Behavior observation system. *Journal of the American Academy of Child Psychiatry*, 23(5), 588-594.
- French, L. R., Bertone, A., Hyde, K. L., & Fombonne, E. (2013). Epidemiology of Autism Spectrum Disorders. *The Neuroscience of Autism Spectrum Disorders* (pp. 3-24). San Diego: Academic Press.
- Friend, M., & Bursuck, W. D. (2002). *Including students with special needs: A practical guide for classroom teachers* (3rd ed.). Boston: Allyn and Bacon.
- Fuchs, L. S., & Fuchs, D. (2001). Helping teachers formulate sound test

- accommodation decisions for students with learning disabilities. *Learning Disabilities Research and Practice*, 16, 174-181.
- Fuchs, L. S., Fuchs, D., & Compton, D. L. (2004). Monitoring early reading development in first grade: Word identification fluency versus nonsense word fluency. *Exceptional Children*, 71, 7-21.
- Fukumoto, A., Hashimoto, T., Ito, H., Nishimura, M., Tsuda, Y., Miyazaki, M., ... Kagami, S. (2008). Growth of head circumference in autistic infants during the first year of life. *Journal of Autism and Developmental Disorders*, 38(3), 411-411-418. doi: 10.1007/s10803-007-0405-1
- Gale, T., & Densmore, K. M. (2000). *Just schooling: Explorations in the cultural politics of teaching*. Philadelphia, Pa: Open University Press.
- Garrick, B. (2014). Understanding Learner Diversity (1099 EDN-3141): Course content. Retrieved from learning@griffith. Date 2014.07.31
- Garrick, B., Winter, S., Sani, M. & Buxton, L. (2015). Managing the barriers in diversity education that we create : An examination of the production of university courses about diversity. Corcoran, T., White, J., & Whitburn, B. (Eds.). *Disability studies: Educating for inclusion* (117-136), Australia: Sense Publishers
- Gartin, B. C., & Murdick, N. L. (2001). The new IDEA mandate: The use of functional assessment of behavior and positive behavior support. *Remedial and Special Education*, 22, 344-349.
- Gewirtz, S., Ball, S., & Bowe, R. (1995). *Markets, choice and equity in education*. Buckingham, UK: Open University Press.
- Gilliam, J. E. (1995). *Gilliam Autism Rating Scale*. Circle Pines, MN: AGS Publishing

- Given, L. M. (2008). Semi-Structured Interview. *The Sage encyclopedia of qualitative research methods*. Vol. 2. Thousand Oaks, CA: SAGE Publications, Pp. 810-811.
- Greenspan, S. I. (2006). Understanding autism. *Scholastic Parent & Child*, 13,54-56.
- Grönlund, Å., Lim, N., & Larsson, H. (2010). Effective use of assistive technologies for inclusive education in developing countries: Issues and challenges from two case studies. *International Journal of Education and Development using ICT*, 6(4), 5-26.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. pp. 105-117). London, UK: Sage Publications, Inc.
- Hall, L. J. (2012). *Autism spectrum disorders: From theory to practice*. Pearson Higher Ed.
- Hanni, D. M. (2010). *Parental involvement in the classroom* (Doctoral dissertation). The State University of New York, Potsdam.
- Harding, J. (2013). *Qualitative data analysis from start to finish*. London: SAGE.
- Hastings, R. P. and Oakford, S. (2003). Student Teachers' Attitudes towards the Inclusion of Children with Special Needs. *Educational Psychology: An International Journal of Experimental Educational Psychology* 23(1): 87-94.
- Haq, I., & Le Couteur, A. (2004). Autism Spectrum Disorders. *Medicine*, 32(8), 61-63. doi: 10.1383/medc.32.8.61.43165
- Hay, J., & Beyers, C. (2011). An analysis of the South African model of inclusive education with regard to social justice. *Africa education review*, 8(2), 234-246. doi: 10.1080/18146627.2011.603226

- Heflin, L.J. & Alaimo, D. F. (2007). *Students with Autism Spectrum Disorders: Effective instructional practices*. New Jersey, NY: Pearson.
- Heiman, T. (2002). Parents of children with disabilities: Resilience, coping and future expectations. *Journal of Developmental and Physical Disabilities*, 14 (2), 159-171.
- Heiman, T. (2004). Teachers Coping with Changes: Including Students with Disabilities in Mainstream Classes: An International View. *International journal of special education*, 19(2), 91-103.
- Hieneman, M., Dunlap, G., & Kincaid, D. (2005). Positive support strategies for students with behavioral disorders in general education settings. *Psychology in the Schools*, 42, 779-794.
- Higgins, N., MacArthur, J., & Morton, M. (2008). Winding back the clock: The R e t r e a t of New Zealand Inclusive Education Policy. *NewZealand Annual Review of Education*, 17, 145-167
- Honey E., Hastings, R.P., & McConachie, H. (2005). Use of the Questionnaire on Resources and Stress (QRS-F) with parents of young children with autism. *Autism*, 9(3), 246-255.
- Hosain, G. M., Atkinson, D., & Underwood, P. (2002). Impact of disability on quality of life of rural disabled people in Bangladesh. *Journal of Health, Population and Nutrition*, 297-305.
- Horrocks, J. L., White, G. & Roberts, L. (2008) 'Principals' attitudes regarding inclusion of children with autism in Pennsylvania public schools.' *Journal of Autism and Developmental Disorders*, 38, pp. 1462-73.
- Hudson, P. (2006). Examining mentors' personal attributes. *Australain Association for Research in Education conference*. Retrieved from <http://www.eprints.qut.edu.au>.

- Hunt, F. (2008). *Dropping Out from School: A Cross Country Review of Literature, CREATE Pathways to Access*, Research Monograph, No, 16. Brighton: University of Sussex.
- Iarskaia-Smirnova, E.R. and Loshakova, I. I. (2004). 'Inclusive Education of Handicapped Children', *Russian Education and Society*, 46(12): 63–74.
- Iarskaia-Smirnova, E., & Romanov, P. (2007). Perspectives of inclusive education in Russia. *European journal of social work*, 10(1), 89-106. doi: 10.1080/13691450601143732
- Idol, L. (2006). Toward inclusion of special education students in general education. *Remedial and Special Education*, 27(2), 77-94.
- Inglis, C. H. (2006). *Parents' experiences raising a child with autism: A qualitative study* (Order No. DP20332). Available from ProQuest Dissertations & Theses Global. (1430543641). Retrieved from <http://search.proquest.com.libraryproxy.griffith.edu.au/docview/1430543641?accountid=14543>
- Islam 1, Z. (2008). Negotiating identities: the lives of Pakistani and Bangladeshi young disabled people. *Disability & Society*, 23(1), 41-52.
- Islam, F., Parveen,M., Parvin, R., Begum, D., Muslima, H., Khatun,M., Mahbub,M., ... Khan, N. Z. (2011). Child Psychiatric Disorders Presenting to a Tertiary Multidisciplinary Child Development Service in Bangladesh. *Bangladesh Journal of Child Health*, 35 (3), 84-89.
- Janzen, J. E. (1999). *Autism-- facts and strategies for parents*. San Antonio: Therapy Skill Builders.
- Kanner, L. (1943). *Autistic Disturbances of Affective Contact*. Publisher not identified.
- Kaur, J., & Arora, B. (2014). Inclusive education—An integrated approach. *IMPACT: International Journal of Research in Humanities, Arts and Literature* 2(2):

- Keane, E., Aldridge, F. J., Costley, D., & Clark, T. (2012). Students with autism in regular classes: A long-term follow-up study of a satellite class transition model. *International Journal of Inclusive Education, 16*(10), 1001-1017. doi: 10.1080/13603116.2010.538865
- Kemple, K.R. (2004). *Let's be friends. Peer competence and social inclusion in early childhood programs*. New York: Teachers College Press
- Killoran, I. (2002). 'A Road Less Traveled: Creating a Community Where Each Belongs', *Childhood Education, 78*(6): 371-77.
- Kim, K. (2008). *Constructions and reconstructions of autism: Teachers' perspectives at selected American and South Korean inclusive education sites*. (Thesis), ProQuest, UMI Dissertations Publishing. Retrieved from <http://griffith.summon.serialssolutions.com/link/0.html>
- Koydemir-Özden, S., & Tosun, Ü. (2010). A Qualitative Approach to Understanding Turkish Mothers of Children With Autism: Implications for Counselling. *Australian Journal of Guidance and Counselling, 20*(01), 55-68.
- Krug, D. A., Arick, J. R., & Almond, P. J. (1980). Behavior checklist for identifying severely handicapped individuals with high levels of autistic behavior. *Journal of Child Psychology and Psychiatry, 21*, 221-229.
- Kvale, S. (1996). *Interviews: An Introduction to Qualitative Research Interviewing*. London: Sage, Chapter 7: The Interview Situation, pp, 124-135; Chapter 8: The quality of the Interview, pp. 136-145
- Latunde, Y., & Louque, A. (2012). Investing in Collaboration: Preservice Special Educators and Their Readiness for Home School Collaboration. *Journal of Urban Learning, Teaching, and Research, 8*, 73-82.
- Laws, G., & Millward, L. (2001). Predicting parents' satisfaction with the education

- of their child with Down's syndrome. *Educational Research*, 43(2), 209-22
- Lembke, E., Deno, S. L., & Hall, K. (2003). Identifying an indicator of growth in early writing proficiency for elementary students. *Assessment for Effective Intervention*, 28, 23-35.
- Le Couteur, A., Rutter, M., Lord, C., Rios, P., Robertson, S., Holdgrafer, M., & McLennan, J. (1989). Autism diagnostic interview: A standardized investigator-based instrument. *Journal of Autism and Developmental Disorders*, 19(3), 363-387. doi:10.1007/BF02212936
- Lessard, A., Poirier, M., & Fortin, L. (2010). Student-teacher relationship: A protective factor against school dropout? *Procedia - Social and Behavioral Sciences*, 2(2), 1636-1643. doi:10.1016/j.sbspro.2010.03.250
- Lewis, J. A., Ratts, M. J., Paladino, D. A., & Toporek, R. L. (2011). Social justice counseling and advocacy: Developing new leadership roles and competencies. *Journal for social action in counseling and psychology*, 3(1), 5-16.
- Lincoln, Y. S. (2001). An Emerging New Bricoleur: Promises and Possibilities—A Reaction to Joe Kincheloe's "Describing the Bricoleur". *Qualitative Inquiry*, 7(6), 693-696. doi: 10.1177/107780040100700602
- Lingard, B. (1998). The disadvantaged schools programme: caught between liteacy and local management of schools. In P. Clough & J. Corbett (Eds.), *Theories of inclusive education: A students' guide*. Bonhill street, London: Sage Publication.
- Lingard, B., & Mills, M. (2007). Pedagogies making a difference: issues of social justice and inclusion. *International Journal of Inclusive Education*, 11(3), 233-244. doi: 10.1080/13603110701237472

- Lingard, B., Mills, M., & Hayes, D. (2000). Teachers, school reform and social justice: Challenging research and practice. *The Australian Educational Researcher*, 27(3), 101-115.
- Lombardi, T. P. and Hunka, N. J. (2001). "Preparing General Education Teachers for Inclusive Classrooms: Assessing the Process." *Teacher Education and Special Education* 24(3): 183-197.
- Lord, C., & Bishop, S. L. (2010). Autism Spectrum Disorders. *Social Policy Report*, 24(2).
- Lord, C., Risi, S., Lambrecht, L., Cook Jr, E. H., Leventhal, B. L., DiLavore, P. C., . . . Rutter, M. (2000). The Autism Diagnostic Observation Schedule—Generic: A standard measure of social and communication deficits associated with the spectrum of autism. *Journal of Autism and Developmental Disorders*, 30(3), 205-223. doi:10.1023/A:1005592401947
- Lord, C., Rutter, M., DiLavore, P. C., & Risi, S. (2001). *Autism diagnostic observation schedule*. Los Angeles, CA: Western Psychological Services.
- Lord, C., Rutter, M., DiLavore, P. C., & Risi, S. (2002). *The Autism Diagnostic Observation Schedule; Generic*. Los Angeles: Western Psychological Services.
- Lovett, S., & Fluckiger, B. (2014). The impact and effects of attempts to implement leadership for reading 'both ways': A case study in an indigenous school. *Journal of Educational Leadership, Policy and Practice*, 29(2), 18-31.
- Luke, A., Elkins, J., Weir, K., Land, R., Carrington, V., Dole, S., Pendergast, D., Kapitzke, C., van Kraayenoord, C., Moni, K., McIntosh, A., Mayer, D., Bahr, M., Hunter, L., Chadbourne, R., Bean, T., Alverman, D., Stevens, L. (2003). *Beyond the Middle: A Report about Literacy and Numeracy Development of*

Target Group Students in the Middle Years of Schooling, Volume 1.

Brisbane: JS McMillan Printing Group. ISBN 1 864996765

Lummis, C. D. (1996) *Radical Democracy*. Ithaca. Cornell University Press.

Luong, J., Yoder, M. K., & Canham, D. (2009). Southeast Asian parents raising a child with autism: A qualitative investigation of coping styles. *Journal of School Nursing, 25*(3), 222–229. doi:10.1177/1059840509334365

Macartney, B., & Morton, M. (2013). Kinds of participation: Teacher and special education perceptions and practices of ‘inclusion’ in early childhood and primary school settings. *International Journal of Inclusive Education, 17*(8), 776-792.

Machen, S. M., Wilson, J. D., & Notar, C. E. (2005). Parental involvement in the classroom. *Journal of instructional psychology, 32*(1), 13.

Maloni, P. K., Despres, E. R., Habbous, J., Primmer, A. R., Slatten, J. B., Gibson, B. E., & Landry, M. D. (2010). Perceptions of disability among mothers of children with disability in Bangladesh: Implications for rehabilitation service delivery. *Disability & Rehabilitation, 32*(10), 845-854.

Mansell, J. (2005). Deinstitutionalisation and community living: An international perspective. *Housing, Care and Support, 8*(3), 26-33.

Matson, J. L., & Kozlowski, A. M. (2011). The increasing prevalence of Autism Spectrum Disorders. *Research in Autism Spectrum Disorders, 5*(1), 418-425.
doi: 10.1016/j.rASDs.2010.06.004

McCullough, M. I. (2014). *Teacher self-efficacy in working with children with autism in the general education classroom*. (Dissertation/Thesis), ProQuest, UMI Dissertations Publishing. Retrieved from <http://griffith.summon.serialssolutions.com/2.0.0/link/0/eLvHCXMwnV>

3LTsMwEFyhniOQHm_5B8IYDt-
9AQSUPEBXFHLug5CCi5QEOrfs1vHEFp64Wg5SmTFmh3PemcBpDi7KB
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8B0IEf-
UgQkVqX1yuF5CFkD516Y_sjpA9hb8ZLDITNH0EWeUib14xg6728f4eSnI
OoL3226hg www.summon.com

- McDonnell, P. (2003) Developments in special education in Ireland: deep structures and policy making, *International Journal of Inclusive Education*, 7, 259–269.
- McDougall, J., DeWit, D.J., King, G., Miller, L.T. and Killip, S. (2004). ‘High School-aged Youths’ Attitudes toward their Peers with Disabilities: The Role of School and Student Interpersonal Factors’, *International Journal of Disability, Development and Education*, 51(3): 287–313.
- McLean, M. A. (2008). Teaching about disability: an ethical responsibility? *International Journal of Inclusive Education*, 12(5-6), 605- 619.
- Meijer, C. J. W. (Ed.). (2001). *Inclusive education and effective classroom practices*. Middelfart, Denmark: European Agency for Development in Special Needs Education.
- Meo, G. (2008). Curriculum Planning for All Learners: Applying Universal Design for Learning (UDL) to a High School Reading Comprehension Program. *Preventing School Failure: Alternative Education for Children and Youth*, 52(2), 21-30. doi: 10.3200/PSFL.52.2.21-30

- Miles, S., & Ahuja, A., (2007). Learning from difference: Sharing international experiences of developments in inclusive education. In L. Florian (Ed.), *The SAGE handbook of special education* (pp. 131-145). London: Sage.
- Mills, M., Goos, M., Keddie, A., Honan, E., Pendergast, D., Gilbert, R., Nichols, K., Renshaw, P., Wright, T. (2009) Productive pedagogies: A redefined methodology for analysing quality teacher practice. *The Australian Educational Researcher*. 36(3), 67-87.
- Miles, M. B., & Huberman, A. M. (1984). *Qualitative data analysis: A sourcebook of new methods*. Beverly Hills: Sage.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook*. SAGE Publications, Incorporated.
- Moh, T. A., & Magiati, I. (2012). Factors associated with parental stress and satisfaction during the process of diagnosis of children with Autism Spectrum Disorders. *Research in Autism Spectrum Disorders*, 6(1), 293-303.
doi: <http://dx.doi.org/10.1016/j.rasd.2011.05.011>
- Monroe, D. M. (2009). *Literacy and autism: Case studies of two kindergarten children, their teachers, and their parents*. (Dissertation/Thesis), ProQuest, UMI Dissertations Publishing. Retrieved from http://griffith.summon.serialssolutions.com/2.0.0/link/0/eLvHCXMwnV1JS8NAFB6kgogHrUtcYX5AE5tMOjPx4qFaBomtB_FSZr3YJtakiP_eN5MEY4sXT-EIEJJZvrfN-x5CJImG4QYmSA6GAM1oSi0zmdSxhnXNtIT9ItLYh3i7kYyWFaKZ7RYkPXLrQrmg-S0Zetuasfv3Vei6SLlsa9NSAyAZsDmtc7ebznsrgyXi7RXfP8jRrlH4koYFqpXpFkR7vTM5RMvfwZZOeVIn0LLF7PjfHzpCBw-

d_Hwf7Zj82DV2bg6BnCBRk2yoLyxyjQWs2nJ5h8egCnFZn0jEhcXVZ4Hf
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rleLOZx5jzIFHzMyz-fXKH9OoPkwi7XqFd9rM3NTzXWN1EQ2DU
www.summon.com

Moore, A. C., Akhter, S., & Aboud, F. E. (2008). Evaluating an improved quality preschool program in rural Bangladesh. *International Journal of Educational Development, 28*(2), 118-131.

Morcom, V. E., & MacCallum, J. A. (2012). Getting personal about values: scaffolding student participation towards an inclusive classroom community. *International Journal of Inclusive Education, 16*(12), 1323-1334.

Morton, M. & McMenamin, T. (2009). Families Choices: Choosing School(s) Part 1: Literature review, interviews and design of the questionnaire. *School of Educational Studies and Human Development, University of Canterbury*.

Munir, S. Z., & Zaman, S. S. (2009). Models of inclusion: Bangladesh experience. In M. Alur & V. Timmons (Eds.), *Inclusive education across cultures: Crossing boundaries, sharing ideas* (pp.290–298). New Delhi: Sage Publications India.

Myers, B. J., Mackintosh, V. H., & Goin-Kochel, R. P. (2009). My greatest joy and my greatest heart ache: Parents' own words on how having a child in the autism spectrum has affected their lives and their families' lives. *Research in Autism Spectrum Disorders, 3*(3), 670-684.

Myles, B. S., Simpson, R. L., & deBoer, S. (2008). Inclusion of students with Autism

- Spectrum Disorders in general education settings. In R. L. Simpson & S. B. Myles (Eds.), *Educating children and youth with autism: Strategies for effective practice* (2nd ed., pp. 357-381). Shoal Creek Boulevard, TX: Pro-ed.
- National Curriculum of the Text Book Board. (2012). *National Curriculum for Primary Level – 2012* retrieved from http://www.nctb.gov.bd/primary_curriculum_2012.php
- National Research Council. (2001). *Educating Children with Autism*. Committee on Education and Interventions for Children with Autism. Catherine Lord and James P. McGee, eds., Division of Behavioural and Social Sciences and Education. Washington, DC: National Academy Press.
- New Zealand Ministry of Education. (2005) *Local service national profiling report*. Wellington: Author
- Nicholas, J. S., Carpenter, L. A., King, L. B., Jenner, W., & Charles, J. M. (2009). Autism Spectrum Disorders in preschool-aged children: Prevalence and comparison to a school-aged population. *Annals of Epidemiology*, 19(11), 808-814. doi: 10.1016/j.annepidem.2009.04.005
- Nozick, R. (1973). Distributive Justice. *Philosophy and Public Affairs*, 3 (1), 45-126.
- Nozick, R. (2003). Distributive Justice. Matravers, E., & Pike, J. (Eds.). *Debates in contemporary political philosophy*, 73-81. Routledge.
- Odom, S. L. (2000). Preschool inclusion: What we know and where we go from here. *Topics in Early Childhood Special Education*, 20, 20-27.
- O'Hanlon, C. (1995). A comparison of educational provision for pupils with special educational needs in Europe. In P. Mittler & P. Daunt (Eds.), *Teacher education for special needs in Europe* (pp. 1-16). London: Cassell.
- Owen R. L., & Fuchs, L. (2002). Mathematical problem-solving strategy instruction for third-grade students with learning disabilities. *Remedial and Special*

Education, 23, 268-278.

- Ozonoff, Sally, Goodlin-Jones, Beth L., & Solomon, Marjorie. (2005). Evidence-based assessment of Autism Spectrum Disorders in children and adolescents. *Journal of Clinical Child and Adolescent Psychology : The official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53, 34(3), 523-540.* doi: 10.1207/s15374424jccp3403_8
- Palmer, D. S., Borthwick-Duffy, S. A., & Widaman, K. (1998). Parent Perceptions of Inclusive Practices for Their Children with Significant Cognitive Disabilities. *Exceptional Children, 64(2), 271-282.*
- Park, H. (2013). *Parent satisfaction with school services for children with Autism Spectrum Disorders: The meaning of satisfaction.* Unpublished Doctoral Thesis. Champaign-Urbana: university of Illinois
- Park, M. and M. Chitiyo (2011). "An examination of teacher attitudes towards children with autism." *Journal of Research in Special Educational Needs* 11(1): 70-78.
- Parliament of Australia (1992). *Disability discrimination act.* Australia.
- Partners in Policymaking. (2005). 'History of Services: Why this Topic is Important'. Available at <http://www.wvddc.org/piphistory.html>
- Patton, M. Q. (1990). *Qualitative Evaluation and Research Methods* (2nd ed.). Newbury Park, CA: Sage.
- Pearce, L. R. (2009). Helping Children with Emotional Difficulties: A Response to Intervention Investigation. *Rural Educator, 30(2), 34-46.*
- Peña, E. V., Bensimon, E. M., & Harris, F. III. (2012). The Equity Scorecard: Chronicling the change process. In Bensimon, E.M. & Malcom, L.E. (Eds). *Confronting Equity Issues on Campus: Implementing the Equity*

Scorecard in Theory and in Practice. Sterling, VA: Stylus.

- Pendergast, D. & Kapitzke, C., (2005). Virtual schooling service: Productive pedagogies or pedagogical possibilities? *Teachers College Record*, 107(8), 1626-1651. doi:10.1111/j.1467-9620.2005.00536.x
- Pendergast, D. & Kapitzke, C. (2004). Virtual vignettes and pedagogical potential: Insights into a Virtual Schooling Service. In Cavanaugh, C. (Ed.) *Development and Management of Virtual Schools: Issues and Trends*. Idea Group Publishing, 192-215.
- Peter, S., Johnstone, C., & Ferguson, P. (2005). A disability rights in education model for evaluating inclusive education. *International Journal of Inclusive Education*, 9:2, 139-160, DOI: 10.1080/1360311042000320464
- Phetrasuwan, S., Miles, M., Mesibov, G. B., & Robinson, C. (2009). Defining Autism Spectrum Disorders. *Journal for Specialists in Pediatric Nursing*, 14(3), 206-209. doi: 10.1111/j.1744-6155.2009.00200.x
- Poed, S. (2015). *Adjustments to curriculum for Australian students with disabilities - what's reasonable?* (Unpublished PhD thesis). Griffith University.
- Polesel, J., Dulfer, N., & Turnbull, M. (2012). The experience of education: The impacts of high stakes testing on school students and their families. Literature Review prepared for the *Whitlam Institute, Melbourne Graduate School of Education, and the Foundation for Young Australians*. Retrieved from http://www.whitlam.org/data/assets/pdf_file/0008/276191/High_Stakes_Testing_Literature_Review.pdf (accessed 20 september 2012).
- Pomerantz, E. M., Moorman, E. A., & Litwack, S. D. (2007). The how, whom, and why of parents' involvement in children's academic lives: More is not always

- better. *Review of educational research*, 77(3), 373-410.
- Potter, C. (2014). I didn't used to have much friends: exploring the friendship concepts and capabilities of a boy with autism and severe learning disabilities. *British Journal of Learning Disabilities*, 43(3), 208-218
- Public Law 94-142 (1975). *Ed cation for Handicapped Student Act*. United States Congress. Retrieved from http://en.wikipedia.org/wiki/Education_for_All_Handicapped_Children_Act
- Public Law 94-142 (1990). *Education for Handicapped Student Act*. United States Congress. Retrieved from <http://atto.buffalo.edu/registered/ATBasics/Foundation/Laws/specialied.php#IDEA>
- Public Law 94-142 (1997). *Education for Handicapped Student Act*. United States Congress. Retrieved from <http://atto.buffalo.edu/registered/ATBasics/Foundation/Laws/specialied.php#IDEA>
- Queensland Department of Education. (2001). *The Queensland School Reform Longitudinal study*. Brisbane: The State of Queensland (Department of Education).
- Rahman, M. (2010). Autism Spectrum Disorders. *Journal of Bangladesh College of Physicians and Surgeons*, 28(3), DOI: 10.3329/jbcps.v28i3.6506
- Rawls, J. (1971). *A theory of justice*. Cambridge, MA: Harvard University Press.
- Renzaglia A., Karvonen M., Drasgow E., & Stoxen C.C., (2003). Promoting a life time of inclusion. *Focus on Autism and Other Developmental Disabilities*, 18,140-149.
- Rock, M. L. (2000). Parents as equal partners: Balancing the scales in IEP

- development. *Teaching Exceptional Children*, 32(6), 30-37.
- Rodrigue, J. R., Morgan, S. B., & Geffken, G. (2010). Parenting stress and psychological functioning among mothers of preschool children with autism and developmental delay. *Autism : The International Journal of Research and Practice*, 13(4), 375–387. doi:10.1177/1362361309105658
- Rose, R. (2008). 10 Promoting inclusion in the primary classroom. *Reform, Inclusion, and Teacher Education: Towards a New Era of Special Education in the Asia-Pacific Region*, 129.
- Rose, D. H., & Meyer, A. (2002). *Teaching every student in the digital age: Universal design for learning*. Association for Supervision and Curriculum Development, 1703 N. Beauregard St., Alexandria, VA 22311-1714.
- Roza, D. (2009). Russia. Alur, M., & Timmons, V. (Eds.). *Inclusive education across cultures: Crossing boundaries, sharing ideas*. SAGE.
- Ruble, L. A., & Dalrymple, N. J. (2002). Compass: A Parent-Teacher Collaborative Model for Students With Autism. *Focus on Autism and Other Developmental Disabilities*, 17(2), 76-83. doi: 10.1177/10883576020170020201
- Rutter, M., Bailey, A., & Lord, C. (2003). *Social Communication Questionnaire*. Los Angeles: Western Psychological Services.
- Rutter, M., Le Couteur, A., & Lord, C. (2003). *ADI-R: Autism Diagnostic Interview—Revised Manual*: Western Psychological Services.
- Ryan, M. E., & Barton, G. (2014). The spatialized practices of teaching writing in Australian elementary schools: diverse students shaping discourseselves. *Research in the Teaching of English*, 48(3), 303-328.
- Sabates, R., Hossain, A., & Lewin, K. M. (2010). School Drop Out in Bangladesh: New Insights from Longitudinal Evidence. *CREATE Pathways to Access*.

Research Monograph No. 49.

- Salazar, M. J. (2012). Home–School Collaboration for embedding individualized goals in daily routines. *Young Exceptional Children*, 1096250612446870.
- Schopler, E., Reichler, R. J., DeVellis, R. F., & Daly, K (1980). Toward objective classification of childhood autism: Childhood Autism Rating Scale (CARS). *Journal of Autism and Developmental Disorders*, 10, 91–103.
- Schopler, E., Reichler, R. J., & Renner, B. R. (1988). *The childhood autism rating scale (CARS)*. Los Angeles: Western Psychological Services
- Schuntermann, P. (2002). Pervasive developmental disorder and parental adaptation: previewing and reviewing atypical development with parents in child psychiatric consultation. *Harvard review of psychiatry*, 10(1), 16-27.
- Schwartz, W. (2001). Closing the Achievement Gap: Principles for Improving the Educational Success of All Students. *ERIC Digest*.
- Scruggs, T. E., Mastropieri, M. A., & McDuffie, K. A. (2007). Co-teaching in inclusive classrooms: A metasynthesis of qualitative research. *Exceptional Children*, 73(4), 392-416.
- Sellar, S., & Lingard, B. (2015). 2 New literacisation, curricular isomorphism and the oecd’s pisa. *Literacy as Numbers Teacher's Book*, 17.
- Shu, B. C., Hsieh, H. C., Hsieh, S. C., & Li, S. M. (2001). Toward an understanding of mothering: The care giving process of mothers with autistic children. *Journal of Nursing Research*, 9(5), 203-213. doi:10.1097/01.JNR.0000347577.24468.ae
- Sigman, M., & Capps, L. (1997). *Children with autism: A developmental perspective*. Cambridge, MA: Harvard University Press.
- Siklos, S., & Kerns, K. A. (2007). Assessing the diagnostic experiences of a small sample of parents of children with autism spectrum disorders. *Research in*

Developmental Disabilities, 28(1), 9-22.

Simpson, R. L., Myles, B. S. (2008). *Educating children and youth with autism: Strategies for effective practice*. Shoal Creek Boulevard, TX:Pro-ed.

Sivberg, B. (2002). Family system and coping behaviors: A comparison between parents of children with autistic spectrum disorders and parents with non-autistic children. *Autism*, 6(4), 397–409. doi:10.1177/136236130-2006004-006

Slee, R. (1999). Special education and human rights in Australia: how do we know about disablement and what does it mean for educators? In P. Clough & J. Corbett (Eds.), *Theories of inclusive education: A students' guide*. Bonhill street, London: Sage.

Slee, R. (2008). Beyond Special and Regular Schooling? An Inclusive Education Reform Agenda. *International Studies in Sociology of Education*, 18(2), 99-116. doi: 10.1080/09620210802351342

Snyder, L., Garriott, P., & Aylor, M. W. (2001). Inclusion Confusion: Putting the Pieces Together. *Teacher Education and Special Education*, 24(3), 198-207.

Sobsey, R. (2005). Inclusive education research. In *Whole Schooling Conference*, Edmonton, Alberta.

Songlee, D. (2002). *Parents' satisfaction with the education of their child with autism* (Order No. 1413622). Available from ProQuest Dissertations & Theses Global. (250182900). Retrieved from <http://search.proquest.com.libraryproxy.griffith.edu.au/docview/250182900?accountid=14543>

Soodak, L. C. (2003). Classroom management in inclusive settings. *Theory into practice*, 42(4), 327-333.

- South Asian Islamabad Declaration on Education for All (May 23, 2003). *Meeting of the Ministers of Education from South Asian Countries*. Available at http://www.unescobkk.org/fileadmin/user_upload/efa/IslamabadDeclaration.pdf
- Stanovich, P. and A. Jordan. 2004. Inclusion as Professional Development. *Exceptionality Education Canada*, 14(2–3): 169–88.
- Starr, E. M., & Foy, J. B. (2012). In parents' voices: The education of children with autism spectrum disorders. *Remedial and Special Education*, 33(4), 207-216. doi:10.1177/0741932510383161
- Starr, E. M., Foy, J. B., & Cramer, K. M. (2001). Parental perceptions of the education of children with pervasive developmental disorders. *Education & Training in Mental Retardation & Developmental Disabilities*, 36(1), 55-68.
- Statistics Canada (2007). *Children with Disabilities and the Educational System—A Provincial Perspective*. Available at <http://dissemination.statcan.ca/english/freepub/81-004-XIE/2007001/childis.htm>
- Stecker, P. M., Fuchs, L. S., & Fuchs, D. (2005). Using curriculum-based measurement to improve student achievement: Review of research. *Psychology in the Schools*, 42, 795-819.
- Straus, J. N. (2010). Autism as Culture. *The Disability Studies Reader*, 535-62.
- Streatfield, P. K., & Karar, Z. A. (2008). Population Challenges for Bangladesh in the Coming Decades. *Journal of Health, Population, and Nutrition*, 26(3), 261–272.
- Stubbs, S. (2008). Inclusive Education. *Policy*, 72(72), 72.
- The National Constitution of Bangladesh. (1972). *The National Constitution of*

- Bangladesh*. Retrieved from
http://bdlaws.minlaw.gov.bd/print_sections_all.php?id=367
- Thomas, G., & Vaughan, M. (2004). *Inclusive education: Readings and reflections*. Berkshire, England: Open University Press.
- Thomas G., Walker D., & Webb J. (Eds.). (1998). *The making of the inclusive school*. London: Routledge.
- Thomson, K. (2002). Differentiating integration: Special education in the Russian federation. *European Journal of Special Needs Education*, 17(1): 33–47.
- Thomson, G., & Harbaugh, A. G. (2014). A preliminary analysis of teacher perceptions of the effects of NAPLAN on pedagogy and curriculum. *The Australian Educational Researcher*, 40(3), 299-314.
- Turnbull, A., Edmonson, H., Griggs, P., Wickham, D., Sailor, W., Freeman, R., (2002). A blueprint for schoolwide positive behavior support: Implementation of three components. *Exceptional Children*, 68, 377-402.
- Twoy, R., Connolly, P. M., & Novak, J. M. (2007). Coping strategies used by parents of children with autism. *Journal of the American Academy of Nurse Practitioners*, 19(5), 251-260. doi: 10.1111/j.1745-7599.2007.00222.x
- U.K. Department of Education and Employment. (1997). *Excellence for all children* (The Green Paper). London: The Stationery Office.
- UNESCO. (1960). *Convention against Discrimination in Education*. Paris, UNESCO Publications.
- UNESCO (1990). *World declaration on education for all and framework for action to meet basic learning needs*. Paris: UNESCO Publications.
- UNESCO (1994). *Salamanca statement and framework for action on special education needs education*. Paris: United Nations.
- UNESCO (2000). The Dakar Framework for Action. *Education for all: Meeting our*

collective commitments. Adopted by the World Education Forum, Dakar, Paris, 2000.

UNESCO (2010). *The millennium development goals*. UNESCO. Paris: France.

UN General Assembly, *Universal Declaration of Human Rights*, 10 December

1948, 217 A (III), available at:

<http://www.refworld.org/docid/3ae6b3712c.html> [accessed 13 April 2015]

United Nations Human Rights (1989). *Convention on the rights of the child*. United Nations.

Uzuner, Y. (1997). Sosyal bilimlerde niteliksel arařtırma yaklařımı. Eskiřehir:

Anadolu Üniversitesi Sosyal Bilim Arařtırmacıları Birimi (ESAM).

Uzuner, Y. (1999). Niteliksel arařtırma yöntemlerinin özellikleri. IV. Ulusal Eđitim

Bilimleri Kongresi Bildirileri içinde (s. 428- 439). Eskiřehir: Anadolu

Üniversitesi Yayınları.

Vakirtzi, E., & Bayliss, P. (2013). Towards a Foucauldian Methodology in the Study of Autism: Issues of Archaeology, Genealogy, and Subjectification. *Journal of Philosophy of Education*, 47(3), 364-378.

Vaughn, S., Elbaum, B. E., & Schumm, J. S. (1996). The effects of inclusion on the social functioning of students with learning disabilities. *Journal of Learning Disabilities*, 29(6), 599-608.

Veck, W. (2009). Listening to include. *International Journal of Inclusive Education*, 13(2), 141-155

Villa, R. A., & Thousand, J. S. (2003). Making inclusive education work. *Educational Leadership*, 61(2), 9-23.

Volkmar, F. R., & Pauls, D. (2003). Autism. *The Lancet*, 362(9390), 1133-1141. doi: 10.1016/s0140-6736(03)14471-6

Walzer, M. (1983) *Spheres of Justice* (Oxford: Blackwells).

- Walker, M. (2003) *Widening Participation, Social Justice and Higher Education Pedagogy*. Unpublished paper, School of Education, University of Sheffield.
- Wehman, P., Smith, M.D., & Schall, C. (2009). *Autism & the transition to adulthood*. Baltimore, MD: Paul H. Brooks.
- Westling, D. (1997). What parents of young children with mental disabilities want: The views of one community. *Focus on Autism and Other Developmental Disabilities*, 12(2), 67–78. doi:10.1177/108835769701200202
- Whitaker, P. (2007), Provision for youngsters with autistic spectrum disorders in mainstream schools: what parents say and what parents want. *British Journal of Special Education*, 34: 170–178. doi: 10.1111/j.1467-8578.2007.00473.x
- Williams, K., MacDermott, S., Ridley, G., Glasson, E. J., & Wray, J. A. (2008). The prevalence of autism in Australia. Can it be established from existing data? *Journal of Paediatrics and Child Health*, 44(9), 504-510. doi: 10.1111/j.1440-1754.2008.01331.x
- Willms, J.D. (2002). *Vulnerable Children: Findings from Canada's National Longitudinal Survey of Children and Youth*. Edmonton, AB: The University of Alberta Press.
- Wing, L. (1996). *The autistic spectrum: A guide for parents and professionals*, U.K: Constable Publishers.
- Wing, L., & Gould, J. (1979). Severe impairments of social interaction and associated abnormalities in children: Epidemiology and classification. *Journal of Autism and Developmental Disorders*, 9(1), 11-29. doi: 10.1007/bf01531288
- Wing, L., Leekam, S. R., Libby, S. J., Gould, J., & Locombe, M. (2002). The diagnostic interview for social and communication disorders: Background, inter-rater reliability and clinical use. *Journal of Child Psychology and*

Psychiatry,43(3), 307-325.

Woodgate, R. L., Ateah, C., & Secco, L. (2008). Living in a world of our own: The experience of parents who have a child with autism. *Qualitative health research*, 18(8), 1075-1083.

World Bank (2009). Education at a Glance: Bangladesh. *Washington D.C.: The World Bank Individual versus Social and Institutional knowledge*-pp.16 17.

Yeargin-Allsopp, M., Rice, C., Karapurkar, T., Doernberg, N., Boyle, C., & Murphy, C. (2003). Prevalence of autism in a US metropolitan area. *The Journal of the American Medical Association*, 289(1), 49-55.

Yıldırım, A. & Şimşek, H. (2003). Sosyal bilimlerde nitel araştırma yöntemleri. Ankara: Seçkin Yayıncılık.

Young, I. (1990). *Justice and the politics of Difference*. New Jersey: Princeton University Press.

Young, R. L., Brewer, N., & Pattison, C. (2003). Parental identification of early behavioural abnormalities in children with autistic disorder. *Autism*, 7(2), 125-143.

Appendices

Appendix A: Information and consent sheet for Parents



PARENT INFORMATION SHEET/CONSENT PACKAGE

Experiences and Outcomes for Australian Children with Autism in the Preparatory Year

Information Sheet for Parents

Researchers and Supervisors

Researcher (PhD Student): Ms. Mahbuba Naznin Sani School of Education and Professional Studies, Griffith University E-mail: mahbuba.sani@griffithuni.edu.au	Dr Barbara Garrick Lecturer School of Education and Professional Studies, Gold Coast Campus, Griffith University, QLD 4222, Australia E-mail: b.garrick@griffith.edu.au , Phone 07 555 29790 Professor Donna Pendergast Head and Dean School of Education and Professional Studies, Mt Gravatt campus, Griffith University, QLD 4122, Australia E-mail: d.pendergast@griffith.edu.au , Phone 07 373 51082
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Introduction

The research project detailed below is my PhD topic for achieving a Doctor of Philosophy at the School of Education and Professional Studies, Griffith University. I have had a long term interest in children with autism and their parents. I am very interested in working with you and learning from you. Your support in helping me to complete this project is a great value. The knowledge gained from this project will be utilised in the future in my own country, Bangladesh.

Reason for this project and expected benefits

This project will explore how the developmental outcomes of children with autism are influenced by individual child characteristics and the learning experiences provided in Queensland preparatory classrooms. To date, few studies have examined the child outcomes and child learning in preparatory or kindergarten classes in Australia. In addition, the project will also examine the level of educational support provided by parents in this first year of schooling and gauge level of parent satisfaction with the progress made by the end of preparatory year. From participating in this project, a number of benefits should be realised by you and your family. First, as parents, you should better understand your child, your child's learning, and the progress which your child has made during the first year at school. Second, the project should assist the family in building better school-family communication to support your child's learning now and in the future.

What you will be asked to do

The project will involve approximate 20 to 30 students with autism in preparatory classes throughout the Metropolitan Region. You and your child will be invited to take part in this research together with twenty to thirty other families across the number of schools. If you choose to participate in this project, I will be asking you to work with me, to have an informal interview with me, and to document information about your child at that same session. I will support you in the completion of a number of assessments checklists in order to get some initial measures of your child's abilities and their learning style. I will repeat this activity at the end of the year. I will provide you with some survey materials that you can complete at home and return to me confidentially in a sealed envelope through the class teacher, or directly to me. During this time period, I am going to ask you to complete interviews, questionnaires and checklists, as outlined in the following table.

Person Involved	Activities	Estimated time allocation	Timeframe		
			Phase 1 Mar	Phase 2 June-Sep	Phase 3 Nov-Dec
Parent supported by Researcher	Child History Interview	30 minutes	•		
	Social Communication Questionnaire (SCQ)	60 minutes	•		•
	Vineland Adaptive Behaviour Scale (VABS)		•		•
	Sensory Profile Checklist Revised (SPCR)		•		•
	Child Learning Style and Preference Interview (Gable, 2004; Janzen, 2003)	30 minutes	•		•
	Educational Support Interview	30 minutes		•	•
	Parents Satisfaction Interview using Enabling Scale (Dempsey, 1995)	30 minutes			•

Besides these activities, I will review the individual education plan and education adjustment profile of your child. For the child interview, I will withdraw your child from class. I will also observe the classroom activity of your child, and his/her interaction with the teacher and peers and how the teacher gives attention to your child and provides learning experiences. I will also be asking some questions of your child and asking your child's teacher for comments about your child and how your child is learning at school.

Why you were selected

This research is being conducted in primary schools within Brisbane-to-Ipswich corridor Metropolitan Region Education Queensland and your child with autism attends preparatory class at one of these schools. I am a Psychologist from Bangladesh completing a PhD and I am very interested in working with you and learning from you and your child.

Important points (Risk management, confidentiality, voluntary participation, reporting and questions) to know

The setting for interviews between you and me will be negotiated. Interviews can be conducted either at school or at your home and at the most suitable time to you. Information will be recorded and later transcribed for further analysis. The information will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. Anonymity of you and your family will be maintained in reporting the project's findings. On completion of the project, all collected data will be destroyed or given back to you, whichever you prefer. Participation in this project is completely voluntary. There is no pressure on you or your child to take part in project activities. At any time during the project, if you or your child wishes to withdraw from the project, I will respect your decision. Your withdrawal from this project will not impact your relationship and your child's relationship with the school as well as with your child's education and Education Queensland. At the end of this project, all participating families and schools will be given a summary of the research findings. Be assured that your family name, your child's name, and the name of the school will not appear in any report or other publications. If you have any questions about this project or what I am doing with you, you can ask any of my supervisors. And regarding ethical issues, please contact 37354375 (or research-ethic@griffith.edu.au). Griffith University conducts research in accordance with the National Statement on Ethical Conduct of Human Research (2007)

**Experiences and Outcomes for Australian Children with Autism in the
 Preparatory Year**

Consent Sheet for Parents

Researchers and Supervisors

Researcher (PhD Student): Ms. Mahbuba Naznin Sani School of Education and Professional Studies, Griffith University E-mail: mahbuba.sani@griffithuni.edu.au	Dr Barbara Garrick Lecturer School of Education and Professional Studies, Gold Coast Campus, Griffith University, QLD 4222, Australia E-mail: b.garrick@griffith.edu.au , Phone 07 555 29790 Professor Donna Pendergast Head and Dean School of Education and Professional Studies, Mt Gravatt campus, Griffith University, QLD 4122, Australia E-mail: d.pendergast@griffith.edu.au , Phone 07 373 51082
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- I understand that Ms Mahbuba is a higher degree research student at Griffith University and this project will lead toward the completion of the Doctor of Philosophy.
- My participation and that of my child in this project is completely voluntary and I can choose to withdraw at any time without question and without consequence.
- I understand that involvement in this project means completing some interviews and checklist during some sessions with Ms Mahbuba. At most, these activities will expect to take approximately 3 hours across the year.
- I understand that all collected data will be kept confidential, and will not be disclosed to third parties without my consent, except to meet government, legal, or other regulatory authority requirements. Anonymity of all participants will be maintained in reporting the project's findings. On completion of the research, any data that may identify any my family or my child will be destroyed or returned to me.
- I am aware that Ms Mahbuba will provide me with a summary of the research findings at the completion of this project.
- I understand that some minor possible risk is involved, and that there will be no direct benefit to me from my participation in this project.
- I understand that any questions I have, will be answered by Ms Mahbuba to the best of her ability.
- I understand that, if I have any further questions, I can contact the researcher's supervisors. I understand if I have any questions or concerns regarding ethical issues, I can contact the Manager, Research Ethics, at Griffith University Human Research Ethics Committee on 37354375 (or research-ethic@griffith.edu.au).
- I agree to participate with my child in this project.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Please complete this sheet, together with your child's assent sheet, and mail it to Griffith University in the envelope provided.

Ms. Mahbuba Naznin Sani (PhD Candidate)
 School of Education and Professional Studies
 Mt Gravatt Campus, Griffith University
 176 Messines Ridge Road
 MT GRAVATT QLD 4122

Appendix B: Information and consent sheet for Principal



PRINCIPAL INFORMATION AND APPROVAL PACKAGE

Experiences and Outcomes for Australian Children with Autism in the Preparatory Year	
Researcher (PhD Student) Ms. Mahbuba Naznin Sani School of Education and Professional Studies, Griffith University E-mail: mahbuba.sani@griffithuni.edu.au	Supervisors: Dr Barbara Garrick Lecturer School of Education and Professional Studies, Gold Coast Campus, Griffith University, QLD 4222, Australia E-mail: b.garrick@griffith.edu.au , Phone 07 555 29790 Professor Donna Pendergast Head and Dean School of Education and Professional Studies, Mt Gravatt campus, Griffith University, QLD 4122, Australia E-mail: d.pendergast@griffith.edu.au , Phone 07 373 51082

Introduction

The research project outlined in this package is the major component of my study toward achieving a Doctor of Philosophy at the School of Education and Professional Studies, Griffith University. I have had a long term interest in children with autism and their parents. Your support in helping me to complete this project is of great importance to me. The knowledge gained from this project will be utilised in the future in Queensland and in my own country, Bangladesh.

Why is the research being conducted

This project will explore how the developmental outcomes of children with autism are influenced by individual child characteristics and the learning experiences provided in Queensland preparatory classrooms. To date, few studies have examined the child outcomes and child learning in preparatory or kindergarten classes in Australia. In addition, the project will also examine the level of educational support provided by parents in this first year of schooling.

The basis by which participants will be selected

This research is to be conducted in primary schools within Brisbane. The researcher will contact each school principal to seek approval and then to subsequently contact the preparatory teachers in the school. Teachers will be provided with project information at an orientation session at the school. Teachers who agree to participate in the project will be asked to identify a potential student and his/her parent/s. Parents will then be sent information about the project and invited to attend an orientation session at the school. In this way, it is hoped that approximately 20 to 30 children with autism will participate in the project, together with their parents and teachers.

Child selection criteria for this research will be:

- (a) enrolled in a preparatory class in Brisbane
- (b) a formal diagnosis of autism, and
- (c) parent and teacher informed consent.

The expected benefits of the research

From participating in this project, parents should gain an increased understanding of their child. They should be able to better understand and reflect on their child's learning, and the progress which their child has made during the first year at school. Findings should assist the family in building better school-family communication to support their child's learning now and in the future. Teachers should gain a better understanding of how young children with autism learn in their first year of schooling. In addition, the research may provide recommendations on ways to better support young children in preparatory classrooms in future.

Research design, together with data collection, analysis and reporting

This project will employ a mixed method design where combination of quantitative and qualitative approaches will be used in a single study. The researcher will visit each school and collect all data in person. Table 1 details the data collection procedures to be employed with participating children, parents, and teachers.

Parents will have an informal interview with the researcher to document information about their child. The researcher will support parents in the completion of a number of questionnaires and checklists such as the Social Communication Questionnaire (SCQ), Vineland Adaptive Behaviour Scale – II (VABS-II) and the Sensory Profile Checklist Revised (SPCR), in order to get some initial measures of their child's abilities. They can complete these checklists at home and return to the researcher confidentially in a sealed envelope through the class teacher, or directly to the researcher in their home. The researcher will ask teachers to complete one questionnaire about the student. In addition, an interview will also be held with the teacher about the child's progress.

Parent and teacher interviews, together with direct child observation in class using child engagement questionnaire will be used to augment these measures. In addition, approval to access the Education Adjustment Profile (EAP), Individual Education Plan (IEP; if available), and teacher report of each child and any other reports on the child will be sought for document review.

Table 1. Data Collection Procedures with Child, Parent, and Teacher

Person Involved	Data collection tools	Estimated time allocation
Parent supported by Researcher	Child History Interview	30 minutes
	Social Communication Questionnaire (SCQ)	10 minutes
	Vineland Adaptive Behaviour Scale-II (VABS-II)	40 - 60 minutes
	Sensory Profile Checklist Revised (SPCR)	60 minutes
	Educational Support Interview	30 minutes
Teacher supported by Researcher	Vineland Adaptive Behaviour Scale-II (VABS-II)	20 minutes
	Child Outcomes Interview	15 minutes
Researcher	Document Review - EAP, IEP (if available), teacher and other reports	30 minutes
	Direct observation of child in structured and unstructured learning activities using the Child Engagement Questionnaire (McWilliam, 1991)	60 minutes

Data analysis

Numerical data will be analysed by using descriptive statistics (SPSS) and qualitative data will be analysed using the nVivo program.

Important points (Risk management, voluntary participation, confidentiality, reporting and questions) to know

The setting for interviews among parent, teachers and the researcher will be negotiated. Interviews will be conducted at parent's home and at the most suitable time for them. Information will be recorded and later transcribed for further analysis.

Voluntary participation

Participation in this project is completely voluntary. There is no pressure on parents or teachers to take part in project activities. At any time during the project, if any participants wish to withdraw from the project, I will respect their decision.

Confidentiality

The information will not be disclosed to third parties without participant's consent, except to meet government, legal or other regulatory authority requirements. All study-related information will be kept securely at the researcher's office at Mt Gravatt campus. All information about participants will be stored in locked file cabinets in the same office. All databases will be secured with password-protected access systems. Anonymity of participants will be maintained in reporting the project's findings. The names of the children will be recorded for research purposes with a survey number, but no names or personal identifiers will be disclosed without the consent of the participant. On completion of the project, all collected data will be destroyed or given back to the participants, whichever they prefer. No names of participants or the name of the school will appear in any report or other publications.

Reporting and dissemination

At the end of this project, all participating families, teachers, and schools will be given a summary of the research findings. Findings from this research will be presented in national and international conferences. Publishing in peer reviewed journals will be an option to disseminate findings. The researcher will take permission from the parents during the collection of data about case presentation as needed.

Questions / further information

If you have any questions about this project or what I am doing, you can ask either of my supervisors.

The ethical conduct of this research

Griffith University conducts research in accordance with the National Statement on Ethical Conduct of Human Research (2007). If potential participants have any concerns or complaints about the ethical conduct of the research project they should contact the Manager, Research Ethics on 3735 4375 or research-ethics@griffith.edu.au.

By signing below, I confirm that I have read and understood the information package.

I give approval for this school to participate in the project.

School	
Name	
Signature	
Date	

Appendix C: Flyer for research



Experiences and outcomes for children with autism during the Preparatory year in Queensland state schools

I am a Psychologist from Bangladesh, completing a PhD at the School of Education and Professional Studies, Griffith University. I need some parents and teachers as volunteers to participate in my research which is **“Experiences and outcomes for children with autism during the Preparatory year in Queensland state schools”**. My supervisors are Dr. Barbara Garrick and Professor Donna Pendergast from the same school. This project will explore how the children with autism develop by their individual child characteristics and the learning experiences provided in Queensland preparatory classrooms. The project will also explore the level of educational support provided by parents in this first year of schooling. Findings from this research will contribute to the children with autism, their parents and teachers in Australia as well as in Bangladesh.

I need 15 volunteers for this research. This invitation is open to all parents of children with autism and the teachers of that child. In this research, volunteers will be asked to complete questionnaire and participate in an interview which will take approximately 30-40 minutes. The setting for interviews with the parents and teachers will be negotiated. Interviews can be conducted either at school or at their home and at the most suitable time of them. The interview will be audio recorded and I will keep the confidentiality. The information will be used only for research purpose. After completing the research all the interviews will be destroyed or handover to the participants if they want.

Volunteer who wish to participate in this research or have any other queries about this research project, please feel free to phone or email me on my contact

details. I look forward to hear from you. Your support to assist the process of research is highly appreciated.

Contact person:

Mahbuba Sani, phone: 0469883709, 0426402513;

Email: mahbuba.sani@griffithuni.edu.au

Appendix D: Social Communication Questionnaire (SCQ)

1. Is she/he now able to talk using short phrases or sentences?
If *no*, skip to question 8. yes no
2. Do you have a to and fro "conversation" with her/him that involves taking turns or building on what you have said? yes no
3. Does she/he ever use odd phrases or say the same thing over and over in almost exactly the same way (either phrases that she/he hears other people use or ones that she/he makes up)? yes no
4. Does she/he ever use socially inappropriate questions or statements? For example, does she/he ever regularly ask personal questions or make personal comments at awkward times? yes no
5. Does she/he ever get her/his pronouns mixed up (e.g., saying *you* or *she/he* for *I*)? yes no
6. Does she/he ever use words that she/he seems to have invented or made up her/himself; put things in odd, indirect ways; or use metaphorical ways of saying things (e.g., saying *hot rain* for *steam*)? yes no
7. Does she/he ever say the same thing over and over in exactly the same way or insist that you say the same thing over and over again? yes no
8. Does she/he ever have things that she/he seems to have to do in a very particular way or order or rituals that she/he insists that you go through? yes no
9. Does her/his facial expression usually seem appropriate to the particular situation, as far as you can tell? yes no
10. Does she/he ever use your hand like a tool or as if it were part of her/his own body (e.g., pointing with your finger or putting your hand on a doorknob to get you to open the door)? yes no
11. Does she/he ever have any interests that preoccupy her/him and might seem odd to other people (e.g., traffic lights, drainpipes, or timetables)? yes no
12. Does she/he ever seem to be more interested in parts of a toy or an object (e.g., spinning the wheels of a car), rather than in using the object as it was intended? yes no
13. Does she/he ever have any special interests that are *unusual* in their intensity but otherwise appropriate for her/his age and peer group (e.g., trains or dinosaurs)? yes no
14. Does she/he ever seem to be *unusually* interested in the sight, feel, sound, taste, or smell of things or people? yes no
15. Does she/he ever have any mannerisms or odd ways of moving her/his hands or fingers, such as flapping or moving her/his fingers in front of her/his eyes? yes no
16. Does she/he ever have any complicated movements of her/his whole body, such as spinning or repeatedly bouncing up and down? yes no
17. Does she/he ever injure her/himself deliberately, such as by biting her/his arm or banging her/his head? yes no

CURRENT

Social Communication Questionnaire (SCQ)

AutoScore™ Form

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Sibel Kazak Berument, Ph.D., Catherine Lord, Ph.D.,
and Andrew Pickles, Ph.D.

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Name of Subject _____

Date of Birth _____

Date of Interview _____

Chronological Age _____ F _____ M
Gender

Name of Respondent _____

Relation to Subject _____

Clinician Name _____

School/Clinic _____

Directions

Thank you for taking the time to complete this questionnaire. Please answer each question by circling *yes* or *no*. A few questions ask about several related types of behavior; please circle *yes* if *any* of these behaviors were present during the past 3 months. Although you may be uncertain about whether some behaviors were present or not, please answer *yes* or *no* to every question on the basis of what you think.

Additional copies of this form may be purchased from WPS. Please contact us at 800-646-8857, Fax 310-478-7838, or www.wpspublish.com.

W-381A

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18. Does she/he ever have any objects (<i>other</i> than a soft toy or comfort blanket) that she/he <i>has</i> to carry around?	yes	no
19. Does she/he have any particular friends or a best friend?	yes	no
20. Does she/he ever talk with you just to be friendly (rather than to get something)?	yes	no
21. Does she/he ever <i>spontaneously</i> copy you (or other people) or what you are doing (such as vacuuming, gardening, or mending things)?	yes	no
22. Does she/he ever spontaneously point at things around her/him just to show you things (not because she/he wants them)?	yes	no
23. Does she/he ever use gestures, other than pointing or pulling your hand, to let you know what she/he wants?	yes	no
24. Does she/he nod her/his head to indicate <i>yes</i> ?	yes	no
25. Does she/he shake her/his head to indicate <i>no</i> ?	yes	no
26. Does she/he usually look at you directly in the face when doing things with you or talking with you?	yes	no
27. Does she/he smile back if someone smiles at her/him?	yes	no
28. Does she/he ever show you things that interest her/him to engage your attention?	yes	no
29. Does she/he ever offer to share things other than food with you?	yes	no
30. Does she/he ever seem to want you to join in her/his enjoyment of something?	yes	no
31. Does she/he ever try to comfort you if you are sad or hurt?	yes	no
32. If she/he wants something or wants help, does she/he look at you and use gestures with sounds or words to get your attention?	yes	no
33. Does she/he show a normal range of facial expressions?	yes	no
34. Does she/he ever spontaneously join in and try to copy the actions in social games, such as <i>The Mulberry Bush</i> or <i>London Bridge Is Falling Down</i> ?	yes	no
35. Does she/he play any pretend or make-believe games?	yes	no
36. Does she/he seem interested in other children of approximately the same age whom she/he does not know?	yes	no
37. Does she/he respond positively when another child approaches her/him?	yes	no
38. If you come into a room and start talking to her/him without calling her/his name, does she/he usually look up and pay attention to you?	yes	no
39. Does she/he ever play imaginative games with another child in such a way that you can tell that each child understands what the other is pretending?	yes	no
40. Does she/he play cooperatively in games that need some form of joining in with a group of other children, such as hide-and-seek or ball games?	yes	no

Appendix E: Productive Pedagogies Matrix Scoring Tool

Date:

Name:

	Dimensions	1	2	3	4	5
	Intellectual Quality					
1	Higher order thinking: simple reproduction (1) – all students almost all of the time engaged in HOT (5)					
2	Deep knowledge: Superficial (1) deep knowledge though exploration, reasoning and exploration (5)					
3	Deep understanding: Simple information (1) – demonstrate knowledge of problematic nature of information (5)					
4	Substantive conversation: Sustained teacher monologue (1) – ongoing and sustained conversation across nearly all of the lesson (5)					
5	Problematic knowledge: No knowledge is problematic (1) All knowledge as problematic, socially constructed					
6	Metalinguage (1) Consistently refers to language use in context – definitions only can only rank up to a 2.					
	Connectedness					
7	Knowledge integration (1) Subject area boundaries are unclear – complete integration					
8	Background knowledge (Student background knowledge and experience is consistently used throughout the lesson)					
9	Problem-based curriculum (A large problem is posed that will take several lessons to resolve/solve)					
10	Connectedness beyond classroom (strong connection between the work in the classroom and outside of the classroom).					
	Supportive environment					
11	Student direction (Students are able to make significant choices in the direction of their learning)					
12	Social support (5 = Social support is strong; the class is characterized by high expectations, challenging work, strong effort, mutual respect and assistance in achievement)					
13	Academic engagement (5 = Serious engagement but not universal; almost all students are deeply involved, most all of the time, in the substance of the lesson)					
14	Explicit quality performance criteria (explicit standards given and consistently reinforced through the lesson)					
15	Student self-regulation (teachers not having to make statements that aim to discipline students' behaviour)					
	Recognition of difference					
16	Cultural knowledges (explicit valuing of their identity represented in such things as beliefs, languages, practices, ways of knowing – more than one culture being present and given status)					
17	Representation of non-dominant groups (social inclusion/exclusion of gender, race, religion, economic status and physical abilities)					
18	Narrative (a sequence of events chained together including personal stories, biographies, historical accounts, literary and cultural texts).					
19	Group identities (group identities are positively developed and recognised while at the same time a sense of community is created).					
20	Active citizenship (meaning of active citizenship is discussed and practiced within and without the classroom).					

Appendix F: Ethics Approval

GRIFFITH UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE

26-Mar-2013

Dear Ms Sani

I write further to the additional information provided in relation to the provisional approval granted to your application for ethical clearance for your project "Experience and Outcomes of Children with Autism during the Preparatory Classrooms in Queensland State Schools" (GU Ref No: EDN/71/12/HREC).

The additional information was considered by Chair.

This is to confirm that this response has largely addressed the comments and concerns of the HREC.

This decision is subject to:

All conditions satisfied except provision of written confirmation from participating organisations.

However, you are authorised to immediately commence this research on the strict understanding that these matters are addressed and that you provide details of how they were addressed.

Please note that failure to provide a timely response to these matters may result in this authorisation being suspended or withdrawn. The standard conditions of approval attached to our previous correspondence about this protocol continue to apply.

It would be appreciated if you could give your urgent attention to the issues raised by the Committee so that we can finalise the ethical clearance for your protocol promptly.

Regards

Ms Kristie Westerlaken

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