A Comparative Analysis of the Predominant Educational Services available for Autistic Children aged 0 to 11 in Malta and England

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Abstract

Educational services for autistic children are shaped by interacting policy, funding, and professional arrangements, producing variability in provision across settings and systems. Such variability can lead to uneven access, inconsistent quality and divergent outcomes for children and families. Examining the models that underpin service design and delivery makes visible the assumptions guiding decision making, clarifies where practice supports or undermines inclusion and identifies system level improvements that can transfer across contexts. This dissertation presents a qualitative comparative analysis of predominant educational services for autistic children aged 0 to 11 in Malta and England and examines the disability models shaping how services are organised and delivered. The study takes the view that service pathways matter as much as diagnosis. Families encounter autism-related provision as a sequence of decisions, referrals, placements and supports that are shaped by governance, resourcing, professional roles and underlying assumptions about autism and inclusion.

Situated within a critical realist paradigm, the research adopts a descriptive-analytic comparative design to explore what services exist and how and why they take their current form in each context. Data was generated through Rich Pictures adapted from Soft Systems Methodology, semi-structured interviews with ten expert participants, four in Malta and six in England, working across education, health, social care, policy and non-governmental provision and documentary analysis of relevant policies, strategies and organisational materials. The dataset was analysed thematically, with ongoing refinement of the Rich Pictures.

Findings suggest that both systems promote inclusive education, but they do so through different structures. England's arrangements are more decentralised, with pathways shaped by local commissioning and varying across localities, contributing to uneven access and complex navigation. Malta's pathways are more centralised, providing a clearer route to assessment and school-based support. However, capacity constraints and waiting times can delay access and increase reliance on public-social partnerships and private provision. Themes spanned assessment, intervention, mainstream support and placement, with mixed deficit and rights-based framings.

The dissertation concludes by outlining implications for improving timeliness, coordination and equity of provision, particularly through stronger early years support, clearer navigation and more consistent inclusive practice across settings.

Keywords: Autism, Inclusive education, Educational services, Malta, England, Critical realism

Dedicated to my wife Monica

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Chapter 1: Introduction

1.1 Preamble

Across the past two decades, autism has shifted from being characterised predominantly as a low-prevalence condition to occupying a prominent position within education, health and social policy debates. Large-scale population studies indicate that around 1% of children worldwide are identified as autistic, with higher prevalence estimates reported in some high-income countries and particularly among primary school aged cohorts (Sacco et al., 2022; Talantseva et al., 2023; World Health Organization, 2025a). These developments are generally understood to reflect a combination of better recognition, changing diagnostic criteria and increased awareness among families and professionals. They also mean that more schools, early years settings and community services are encountering autistic children as part of their everyday work.

For autistic children and their families, what matters is not only whether a diagnosis is available, but how services are organised around it, that is how quickly concerns are recognised, which supports are offered, how decisions are made about placement, and whether children are treated as problems to be fixed or as learners entitled to participate on their own terms. Educational services play a particularly important role between birth and age 11, a period when communication, play, self-regulation and early academic foundations are established. When services are timely, coordinated and respectful, they can support autistic children to develop in ways that are meaningful for them. When services are fragmented or deficit-driven, families frequently experience long waits, conflicting advice and environments that are not designed with autistic learners in mind.

Malta and England offer a particularly instructive contrast in this regard. Malta is a small, highly centralised system with national pathways and strong public-social partnerships, while England has a larger, more decentralised system in which local authorities, Integrated Care Systems and schools have significant autonomy. Both countries have made commitments to inclusive education and to strengthening support for autistic learners, yet they have taken different routes in terms of legislation, strategy and service design. This dissertation uses that contrast as a lens to

examine how educational services for autistic children aged 0 to 11 are configured, and what assumptions about disability they embody, in each national context.

1.2 Overview of the study

This research is a small-scale, qualitative comparison of the educational services available for autistic children from birth to 11 years of age in Malta and in England. It addresses two closely linked aspects of provision.

One strand of the inquiry examines which services are available for autistic children in this age range, from early identification and pre-school support through to primary school provision, specialist settings and complementary programmes offered by non-governmental organisations. These forms of provision are treated as elements within broader service systems, in which health, education and social care providers intersect, and in which parental agency, statutory frameworks and voluntary sector initiatives all play a role. Mapping this system is important because families encounter services as a pathway rather than as a set of isolated interventions.

A further dimension of the research focuses on the disability models that underpin these services. The analysis considers whether provision is organised mainly around a medical or diagnostic model that emphasises remediating the child, a social or rights-based model that highlights environmental barriers, a social-relational or biopsychosocial model that brings together both perspectives, or more recent neurodiversity-informed approaches that centre autistic voice and acceptance. Rather than treating these models as purely theoretical, the dissertation explores how they are expressed in practice through eligibility criteria for accessing services, intervention aims and routine practices in schools and services.

In this study, three main sources of data are used: Rich Pictures of the two national service systems, semi-structured interviews with ten expert participants in Malta and England, and documentary analysis of policies, strategies and organisational materials. Rich Pictures, adapted from Soft Systems Methodology, were utilised both as a way of visualising complex service networks

and as a stimulus for discussion with participants. Thematic analysis of interview transcripts, read alongside the Rich Pictures and documents, generated the findings reported in Chapter 4 and discussed in Chapter 5.

1.2.1 A brief working definition of autism

The detailed historical and ontological debates about what autism is, are examined in Chapter 2. For the purposes of this Introduction, it is important to set out a concise working definition that guides the rest of the study.

In this dissertation, I utilise the term "autism" to refer to a neurodevelopmental difference in which people typically exhibit enduring differences in social-communicative abilities and interpersonal engagement, alongside characteristic ways of behaving, engaging with particular interests and processing sensory input, which can be recurring and markedly intense. These characteristics arise in early childhood, though they may be identified at different points in time, and they influence how children participate in daily environments such as domestic settings, childcare centres and schools (Autism Speaks, 2025a).

This working definition is consistent with recent clinical descriptions based on the American Psychiatric Association (APA)'s text revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) (2022) criteria, which emphasise enduring variations in interactional style and ways of responding rather than a single symptom profile (Autism Speaks, 2025a). In parallel, the dissertation is informed by neurodiversity-oriented scholarship that understands autism as one form of natural variation in human cognition, rather than solely as a disorder to be normalised or cured (Dwyer, 2022). This means that, when analysing services, I examine not only to how they address difficulties or distress but also to whether they respect autistic identities, reduce environmental barriers and create space for autistic children's own priorities.

1.2.2 Language and identity terms used in this dissertation

In this dissertation, I adopt identity-first language. I refer to "autistic children" or "autistic people" rather than person-first expressions such as "individuals with autism" or "persons on the autism spectrum". I also use the term "autism" rather than "Autism Spectrum Disorder (ASD)" or "Autism Spectrum Condition (ASC)". I recognise that scholars, clinical and educational staff, and autistic individuals do not share a uniform choice of language. However, an extensive UK-based survey of community members reported that many autistic participants aged 18 years and over, and a substantial proportion of caregivers and relatives, were more likely to select the label "autistic", whereas "person with autism" more frequently selected by respondents working in autism-related services. The qualitative comments in that study indicated that numerous autistic individuals regarded autism as an integral part of their identity and viewed identity-first language as more congruent with neurodiversity-oriented understandings that resist framing autism primarily as a deficit or disorder (Kenny et al., 2016). My choice of language therefore aligns with the preferences of many autistic people while remaining compatible with the broader theoretical stance outlined in this Introduction.

Throughout the dissertation, I also use the term "non-autistic person" when referring to people who are not autistic, rather than "neurotypical". This phrasing mirrors "autistic person" and keeps the analytic focus specifically on autism, without making assumptions about the presence or absence of other forms of neurodivergence such as attention deficit hyperactive disorder (ADHD) or dyslexia. It also avoids positioning non-autistic people as the normative standard, which was one of the concerns raised in Kenny et al.'s (2016) discussion of how terminology can reinforce stigma within the autism field. Nevertheless, I acknowledge that individuals and organisations may describe themselves differently. Where interviewees, policy documents or research publications employ alternative terms, I retain their original wording in quotations.

1.3 Aim of the research and research questions

The overall aim of this dissertation is to develop a comparative, qualitatively account of the educational services available for autistic children aged 0 to 11 in Malta and in England, and to analyse the disability models that underpin those services. In pursuing this aim, the study seeks to offer a structured map of existing provision, to identify key similarities and differences between the two contexts, and to generate reflections that can inform ongoing efforts to make services more timely, coordinated and neuro-affirmative.

The research is guided by two questions, which are utilised consistently throughout the dissertation:

1. What are the predominant educational services available for autistic children aged 0 to 11 in Malta and in England? What are the main similarities and differences between these services?
2. What model of disability do such services focus on?

The first question concentrates on description and comparison. It asks which services are most prominent in each system, how they are structured, and how they are experienced by professionals working in the field. It considers screening and diagnostic pathways, early years support, mainstream classroom arrangements, specialist and resource-centre provision, and the roles of non-governmental organisations.

The second question is more analytic. It examines the assumptions about disability that are embedded in service design and delivery, including how autism is framed, which goals services prioritise, and whose voices carry weight in decisions. By exploring both questions, the study extends the analysis beyond asking what is available, to asking how and why services take their current form, and what this implies for autistic children and their families.

1.4 Relevance and usefulness of the study

This study is relevant at several levels. It is significant for autistic children and their families, for practitioners and policymakers in Malta and England, and for the wider research community interested in autism, disability models and comparative education.

For families, existing evidence points to long waits for assessment, inconsistent information and a fragmented mix of services that can be difficult to navigate (Mendez et al., 2023). In parallel, parents frequently describe positive encounters with committed staff who are constrained by systemic factors rather than a lack of professional engagement (Attard & Booth, 2023). By tracing the main educational services in each context and examining how they are connected, the dissertation seeks to render these systems more visible and intelligible, which is a necessary step if provision is to be strengthened.

The study also contributes to current policy discussions. In Malta, the National Autism Strategy 2021-2030 (Government of Malta, Ministry for Inclusion and Social Wellbeing [MISW], 2021b) and the National Education Strategy 2024-2030 (Government of Malta, Ministry for Education, Sport, Youth, Research and Innovation [MEYR], 2024) emphasise cross-ministerial collaboration, inclusive schooling and smoother transitions between screening, diagnosis and educational support. In England, reforms to the Special Educational Needs and Disabilities framework (Department for Education [DfE] & Department of Health and Social Care [DHSC], 2022; DfE, 2023a) and the national autism strategy (DHSC & DfE, 2021b), similarly strive for more coherent and equitable provision. Placing a small, centralised system alongside a larger, more decentralised one makes it possible to consider how different governance arrangements shape experiences of timeliness, equity and continuity of support for autistic children and their families. The comparison highlights areas in which each system appears to offer particular strengths, as well as structural pressures that recur in both contexts.

In addition, the dissertation addresses specific gaps in the existing research base. There is a substantial body of work on autism prevalence, diagnostic pathways and inclusive education in

individual countries, and a growing number of analyses of autism policies and care pathways in parts of Europe (Mendez et al., 2023; Sacco et al., 2022). However, there is comparatively little qualitative research that concentrates on the period from birth to 11 years, that focuses specifically on educational service systems in a small EU Member State and a larger system such as England, and that examines how different models of disability are expressed in the organisation of services rather than only in formal policy texts. This study responds to that gap by combining Rich Pictures, interviews with expert participants and documentary analysis to develop a nuanced, system-level comparison of Malta and England. It does not claim to represent every possible perspective, particularly those of parents and autistic children themselves, but it offers an evidence-informed platform on which subsequent work can build.

The analysis is intended to be practically useful as well as conceptually informative. The comparative maps and thematic discussion can support policymakers, service leaders and practitioners to identify where pathways appear clear or confusing for families, to consider whether navigation or keyworker functions are sufficiently developed, to reflect on the balance between mainstream and specialist provision, and to scrutinise the extent to which stated commitments to inclusion and neuro-affirmative practice are reflected in the way services are configured and delivered. In this way, the dissertation aims to contribute both to scholarship on autism and disability models and to ongoing efforts to improve educational support for autistic children aged 0 to 11 in Malta and in England.

1.5 Motivation and Positionality as a researcher

Autism as a field of study has particular significance for me because I received an autism diagnosis in my early forties. Learning more about autism since that time has not only helped me to understand myself but has also highlighted the importance of recognising autistic strengths, such as a strong preference for structure, predictability and systematic ways of working. In my professional role within Malta's education sector, this is reflected in the detailed database I have developed to collate documentation on education-related dossiers discussed in EU fora, including national

submissions on the European Semester, rebuttals to European Commission analyses, and material on policy areas such as inclusive education, digital and green transitions, vocational education and training, higher education and education responses to crises. This database assists my colleagues and me in preparing Malta's positions and Speaking Notes for senior officials, and it illustrates how autistic ways of organising information can be an asset in complex policy environments. These experiences have motivated me to examine how educational services for autistic children are configured in Malta and England, and whether they create conditions in which autistic strengths can be recognised alongside support needs.

My positionality as an autistic, Maltese policy professional working in education influences how I approach this research. I am an insider to aspects of the Maltese service system, familiar with national strategies, cross-ministerial coordination and the kinds of constraints faced by policymakers and practitioners. In parallel, I am an outsider to the English context, engaging with it through documents and the expertise of participants rather than through lived experience. My analytic lens is shaped by a commitment to inclusive and neuro-affirmative practice and by scholarship on concepts such as the double empathy problem, which has helped me to reflect on mutual misunderstandings between autistic and non-autistic people and to make my communication with family members and colleagues clearer. These commitments may make me alert to deficit-based descriptions of autism and to weaknesses in how services fit together, but they also risk predisposing me to favour particular interpretations of data.

Throughout the study, I have therefore tried to be transparent and reflexive about my standpoint. I approached Rich Pictures, interviews and documents with an awareness that my own experiences of autism and of education policy work could both illuminate and bias my reading of the material. In analysing the material, I tried to slow down my reading, notice my immediate reactions, and revisit the data alongside Rich Pictures and policy documents from Malta and England so that I considered more than one possible interpretation. My intention is not to claim a neutral position, but rather to acknowledge that the analysis is shaped by my location as an autistic researcher

working within Malta's education system, and to use that situated perspective to contribute thoughtfully to debates on how services for autistic children aged 0 to 11 are organised in Malta and in England.

1.6 Structure of the dissertation

The remainder of the thesis is organised as follows. Chapter 2, Literature Review sets out the conceptual background to the study. It traces the historical development of autism as a construct, explores different models of disability and service delivery, and reviews literature on educational services for autistic children in Malta and England. The chapter highlights how definitions of autism have evolved and how these shifts influence current approaches to service design.

Chapter 3 Methodology explains the research design and methods. It describes the descriptive-analytic comparative approach adopted, the use of Rich Pictures as a data-gathering and sense-making tool, the sampling and recruitment of ten expert participants, and the procedures for semi-structured interviews and documentary analysis. The chapter also outlines the reflexive thematic analysis used to generate findings, and discusses ethical considerations and trustworthiness.

Chapter 4 Findings and Analysis introduces the final Rich Pictures for England and Malta and then presents a thematic analysis and examination of the services they depict, organised around key themes such as early identification and assessment, school-level support, specialist and alternative provisions, and coordination between education, health and social care services. Throughout, the chapter compares how similar issues appear in each country's service system.

Chapter 5 Discussion and Conclusion synthesises the findings in relation to the research questions and the literature. It analyses how different models of disability are interwoven in the design and delivery of services, discusses implications for policy and practice in Malta and England, and reflects on the limitations of the study and directions for future research. The chapter ends with

concluding reflections on how education systems might be reconfigured to better support autistic children aged 0 to 11 to learn, belong and flourish.

These chapters progress from context and concepts, through methodology and findings, to interpretation and implications. This Introduction has set out the rationale, aims and scope of the study, and the chapters that follow develop the argument in greater detail.

Chapter 2: Literature review

2.1 Introduction

In the literature review chapter, I will examine the historical context of autism, emphasising the importance of understanding its ontology (Kourti, 2021; Milton, 2012; Milton et al., 2022). The concept of 'ontology' here refers to the exploration of the fundamental nature or essence of autism, which is crucial for understanding how our perceptions and definitions of autism have transformed, thereby informing our present comprehension and the design of educational services tailored to autistic individuals. This ontological approach will focus on how the conceptualisation and definitions of autism has evolved over time. By analysing the shifts in how autism has been described and understood, we gain insight into its current meaning and implications for the development and delivery of autism-related services.

Some examples of views on autism are the social-deficit model (Kapp, 2019), medical model (Medicine, 2023), social model (Woods, 2017), right-based model (Sarrett, 2012), and social-relational model (Reindal, 2008). I will also analyse the various service delivery models which are used by service providers (such as educational services) to support the autism community: such as the diagnostic model (American Psychiatric Association, 2022), social learning model (Johnson, 2017), consultation model (Azad et al., 2018), health home model (Cheak-zamora et al., 2015; Todorow et al., 2018;), managing demand model (Autism Education Trust and Institute of Public Care, 2020), and problem-solving model (Stearns, 2017; Suarez et al., 2022). This analysis will also consist of service provision in Malta and England.

When first reported at the beginning of the twentieth century, autism was seen as a rare disorder that affected very few persons. However, today, the world prevalence rate of autistic children could be estimated as being 1 in 100 (World Health Organization, 2025a; Milton, 2017, p.3). It is important to note that there is a difference in prevalence reported in different countries (developed vs less developed countries) (Al-Shibli & Hamdoun, 2019; Missigman, 2017; Samadi et al., 2011). In the US, the prevalence is closer to 1 in 54 (Autism Research Institute, 2020).

To put my research question in perspective, queries that shall be explored are: Is there a clear definition of autism? How has the definition of autism developed over the years? Which views look at autism as a "deficit"? Are there arguments that challenge such outlooks? Are there perspectives towards autism that promote empowerment? How does all this inform autism services?

2.2 Early definitions of autism

The first time the word "autism" was used was by a Swiss psychiatrist named Paul Eugen Bleuler in 1911. He defined "autism" as being a symptom of "childhood schizophrenia" in its extreme form (Crespi, 2010; Evans, 2013; Mandal, 2019). For Bleuler, individuals with autism were disconnected from the outside world, "live in a world of their own" (Bleuler, 1911 as cited in Parnas et al., 2002, p.131) just as people with schizophrenia were cut off from what is carrying on in real life (History Scope, 2022, 4:53). They are also restricted in what they want in that they tend to stay away from what in reality they find as disappointing, and instead, lose themselves in imagination, illusions and dreams. Autism was taken from "autos" in Greek which means "self", and "autism" for Bleuler defined as an unusual interest in isolating oneself so as not to have obtrusive thoughts, and avoid unwelcome circumstances and unpleasant encounters with other people (Ashok et al, 2012).

Around 30 years later, there were two other important persons who lay the groundwork in autism analysis: an Austrian-American psychiatrist named Leo Kanner; and an Austrian psychiatrist Johann Friedrich Karl Asperger (known as Hans Asperger) (Mandal, 2019). These two worked separately and while Kanner examined those with severe autism, Asperger concentrated his autism research on persons who were very gifted, talented, bright and clever. While Kanner's observations lay the basis for early studies on autism, Asperger's endeavours were generally not recognized and acknowledged till 30 years later.

In 1943, Kanner conducted research on eleven children who had problems in socialisation, adjusting to different situations and habitual activities, were good at remembering, were hypersensitive to external physical activities such as noise, had a reaction to certain types of edible products, with a promising ability in acquiring of reading and calculating skills, with a tendency to

echo what other people say, and tend to over-think before embarking on doing something, rather than behaving in a free-spirited manner, doing what they feel as natural as good (Kanner, 1943). Unlike Bleuler, Kanner viewed autism as being a disease that was different from schizophrenia. He regarded autism as a product of "refrigerator mothers" i.e. parents who neglected their children's needs, and paid negligent attention to their children's upbringing (Cohmer, 2014).

More than 80 years have passed since Kanner's (1943) prototypical definition of "infantile autism", which is another term for childhood autism (Simpson, 1992). Eisenberg and Kanner (1956) describe autism as a peculiar and defective evolvement in communicable reciprocal action together with confined, repeated conducts (for example shaking one's body in a repetitive manner, and repetitively moving one's hands to-and-fro very quickly) and a limited interest in subjects, that manifest primarily at the early stages of one's life and continue all over one's lifetime. The scope of repetitive behaviour according to Kanner (1943) was to keep "unvariedness", which Kanner referred to as "preservation of sameness" (Harris, 2018). This term means that an autistic person vehemently favours repetitive schedules and dissents from modified action, since any disturbances with regard to this sameness might trigger considerable discomfort. When Kanner utilises the term "preservation of sameness", he is highlighting how autistic persons frequently display profound attention towards sustaining unalterableness within their surroundings and regular schedules (Harris, 2018).

Asperger, in 1944, also carried out research on children (Czech, 2018). The children he studied had characteristics similar to those studied by Kanner, however, rather than possessing difficulties in language, the way they spoke was similar to mature adults. Furthermore, he observed that most children he researched upon were generally less coordinated when compared to other children in the use of smaller muscle activity to perform tasks or manipulate objects.

Asperger (1944/1991) observed male children with interpersonal issues, uncommon restricted attentiveness, and well-expressed verbal language. Kanner (1943) gave importance to autism as pertaining to difficulties in physical learning that affect one's daily behaviour; while Asperger gave prominence to autism as a disorder associated with the cognitive aspect or in other

words one's mental functions. Asperger described how fathers of autistic children often exhibited the same characteristics as their children. Asperger's report (1944/1991) is what initiated contemporary debates on a wider meaning of autism and what later became called "neurodiversity".

2.3 The medical model of autism in the DSM: Shaping diagnosis and services

2.3.1 Historical background of autism diagnosis in the DSM

Autism's definition and identification in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) has transformed considerably after Leo Kanner outlined the term in 1943. Kanner's early insights into young individuals exhibiting inherent autistic challenges in emotional connection set the stage into what would ultimately be acknowledged as a separate phenomenon, defined by struggles in interpersonal engagement and reluctance to adaptation. Although Kanner's initial research highlighted autism's growth-related aspects, it inadvertently fostered confusion because autism was associated with schizophrenia which is a severe mental disorder (Rosen et al., 2021).

In spite of initial misunderstandings, autism was not officially acknowledged as a distinct clinical classification prior to DSM-III's release in 1980. Rosen et al. (2021) mention that this classification emerged after studies that identified autism as distinct from childhood schizophrenia and other mental health conditions. DSM-III categorised autism under a specifically established group of medical classifications known as Pervasive Developmental Disorders (PDDs), where the all-encompassing approach mandated that all evaluation standards be fulfilled (Rosen et al., 2021).

2.3.2 The evolution from DSM-III till DSM-V

DSM-III's strict standards quickly attracted scrutiny, prompting revisions in following versions. By 1987, through the release of DSM-III-R, "infantile autism" was substituted with "autistic disorder", indicating an increasingly adaptable and growth-centred framework (Rosen et al., 2021).

The new edition implemented non-exhaustive standards, where persons required to fulfil merely a portion of the specified traits to qualify as being autistic. DSM-III-R also added the classification of pervasive developmental disorder not otherwise specified (PDD-NOS) to address persons demonstrating certain, without fully meeting autism's characteristics (Rosen et al., 2021).

The release of DSM-V in 2013, represented a major change by merging former autism classifications such as autistic disorder, Asperger's disorder, and PDD-NOS, under one classification: Autism Spectrum Disorder (ASD) (Rosen et al., 2021). The modification was guided by studies indicating that the former classifications failed to effectively indicate variations in clinical signs or results (Rosen et al., 2021). A spectrum-based model was further implemented through DSM-V categorising ASD according to intensity of clinical signs (Rosen et al., 2021).

According to the DSM-V-TR (American Psychiatric Association, 2022), a child is diagnosed with autism depending on whether:

- there are continuous "deficits in social communication and interaction";
- together with "restricted, repetitive patterns of behaviour, interests, or activities";
- as exhibited by "stereotyped or repetitive motor movements, use of objects, or speech";
- "insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behaviour";
- "highly restricted, fixated interests that are abnormal in intensity or focus";
- and "hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment".

Such a medical model characterises deficit thinking on autism. Here, the emphasis is on perceiving the autism spectrum as a disease, where there are other conditions such as Asperger's

Syndrome or high-functioning autism, and Heller Syndrome which are also identified as developmental disorders.

2.3.3 Categorical vs. dimensional approaches

The transition from a fixed to a spectrum-based model in DSM-V highlights continuous discussions in the optimal framework for understanding autism. Previous DSM iterations relied on a strict framework whereby persons fulfilled the standards for a medical classification or failed to. The previous framework though, faced challenges to capture the range of signs expressed and intensity among autistic persons (Rosen et al., 2021).

By comparison, the spectrum-based model utilised in DSM-V facilitates an increasingly refined evaluation which addresses the variety of autism-associated signs. As an example, persons might differ both in the quantity of signs presented and the degree of intensity. The DSM-V model is considered to grant increased evaluation adaptability and accuracy, since it closely mirrors autism's wide-ranging nature. Having said that, the transition to a spectrum-based model has raised debates, primarily with regard to persons formerly classified according to DSM-IV standards, among them Asperger's disorder, might no longer qualify under the more rigorous DSM-V standards (Rosen et al., 2021).

2.4 Current debates and future directions

Although autism's evaluation structure has progressed, certain issues persist, and further studies are being carried out. The exclusion of Asperger's disorder from being an independent classification raised apprehensions regarding its implications for persons' self-perception together with eligibility to obtain the required educational and social services. Evidence indicates that eliminating Asperger's disorder might decrease the population eligible for an ASD evaluation, although it could be that the spectrum model increasingly captures the entire range of autistic traits (Rosen et al., 2021).

VanBergeijk (2012) indicates that 5% to 45% of persons who formerly met the eligibility for an autism classification might no longer qualify due to the more stringent requirements in place. Such an omission creates substantial difficulties, as persons who previously qualified but now fail to the evaluation standards may face barriers in securing assistance required for physical well-being and personal autonomy.

VanBergeijk (2012) underscores the possible financial repercussions of this change, observing that removing persons with Asperger's disorder from services to assist autistic persons might result in higher ongoing financial burdens. In the absence of timely involvement and assistance, persons who once were eligible for services might encounter diminished results, potentially necessitating lifelong publicly funded assistance.

Autism identification within the DSM and similar classification approaches is expected to progress as ongoing studies emerges. Increased awareness exists of the importance of involving autistic persons and caregivers in conversations on evaluation standards, with a growing emphasis on how biological identity, ethnicity and societal influences affect autism's expression and evaluation. With ongoing developments in knowledge, DSM's future updates are likely to adopt an increasingly comprehensive and integrative strategy towards autism assessment, focusing on a broader recognition of the diverse perspectives and requirements of autistic persons (Rosen et al., 2021).

2.4.1 The neurodiversity movement

In the late 1990s and 2000s, a new movement was created. It began by a sociologist from Australia named Judy Singer in 1998, who suggested to use the term "neurodiversity" (Spectrum Suite, n.d.), adopting a rights-based approach which is related to the social model of disability rather than the medical model. By adopting a rights-based approach, this means that "neurodiversity" was used in promoting social campaigns in favour of rights of persons who were treated in a disadvantaged manner because they were seen as medically different in their sensory characteristics. Singer positioned her thesis on Biodiversity, and that the more diverse an ecosystem is, the tougher it will become. In Singer's view, everybody has a different way of experiencing the world. Whereas

before, one only referred to biological diversity and cultural diversity, now there was also neurodiversity, meaning the way that there are different brains.

Furthermore, she also reiterates that one brain is not better than the other, but individuals are all different and unique, with people undergoing different experiences. This is more related to the social model of disability because disabled persons are not regarded as such because of their lack of ability such as because of their autism. Rather, it is society which does not take into consideration the persons' individual needs and that causes persons to not fit into the community. This contrasts to the medical model of disability which categorises people as being either "normal" and or "not normal", hence possessing some form of deficiency or being socially impaired, with an emphasis on a deficit mentality model.

The neurodiversity movement derived from self-advocate autistic people who challenged the prevailing conceptualisations of autism, as outlined in DSM-5 (2013), and actively championed the rights and autonomy of autistic individuals (Nicolaidis et al., 2015; Silberman, 2015).

To this effect, self-advocate autism activists who contributed towards the neurodiversity movement included Milton (2017; Milton et al., 2020), Sinclair (1993), Baggs (2020), Williams (1992), Dekker (2020), Walker (2021; 2023; Walker & Raymaker, 2021), Murray (2020; Murray et al. 2023), Lawson (Lawson, n.d.; 2021; Lawson & Lawson, 2017) and Dwyer (2022). Such authors contend that what is known on autism is often written by non-autistic people and they attempt to address this imbalance. In fact, what initiated from a small group of like-minded individuals, evolved into an effective societal influence through the establishment of online organisations such as the Autism Network International (ANI), Independent Living on the Autism Spectrum (InLv), Autreat conference (in the United States), and Autscape conference (in the United Kingdom) (Milton, 2021, p. 4).

A common aspect which was contested by such authors within their works, was the pervasive facet of ableism. Within the context of autism, ableism means discrimination, intolerance and bias in opposition towards autistic persons. This can be demonstrated through categorising, stereotyping, denouncing, stigmatising, and refusing favourable circumstances towards such

individuals, hindering them from succeeding in their endeavours, viewing autism as being intrinsically negative, unwanted and unwelcome.

On the other hand, the neurodiversity movement advances neurodiverse individuals. This means accentuating that autism is an essential and integral element within one's identity. To this effect, one early ground-breaking paper which served as a foundation toward the neurodiversity movement, that endeavoured in opposing ableist ideals, was Jim Sinclair's "Don't Mourn For Us" (1993). This paper is mainly addressed towards parents and caregivers of autistic individuals:

> "You didn't lose a child to autism. You lost a child because the child you waited for never came into existence. That isn't the fault of the autistic child who does exist, and it shouldn't be our burden. We need and deserve families who can see us and value us for ourselves, not families whose vision of us is obscured by the ghosts of children who never lived. Grieve if you must, for your own lost dreams. But don't mourn for us. We are alive. We are real. And we're here waiting for you" (Sinclair, 1993. p. 3).

In this article, Sinclair (1993) reframed autism as an authentic and significant mode of existence, with its unique spectrum of pleasures, challenges, and perspectives, starkly contrasting with the prevailing conventional view which perceived autism solely through the lens of tragedy, necessitating grieving or curing.

Though the flourishing of the community of autistic people has been crucial in the neurodiversity movement's development, the neurodiversity ideal was never intended solely towards autistic individuals. As time passed, different disability rights-based advocates increasingly engaged within the said movement and accompanying ideals. In fact, almost twenty-five years since its commencement, the neurodiversity movement continued to advance through published documents, online journals, cinema productions. While not specifically on autism, one American documentary film distributed by Netflix, is "Crip Camp: A Disability Revolution" (Newnham & LeBrecht, 2020) which narrates a disability rights movement's story of persons with disability who encountered emancipation and non-discrimination as full individual persons in society by living

together in a camp. With specific reference to autism, examples of pro-neurodiversity television programmes, mentioned by Milton (2021, p. 4), which were streamed, include “The Autistic Gardener” (Carre, 2015-2017) and one addressed towards children called “Pablo” (MacNamara, 2017-2023).

2.4.2 Insistence by the autistic community on participatory research

One key notion linked to the neurodiversity movement ideal is the phrase “nothing about us without us”. This notion echoes the insistence by the autistic community on participatory research. Fletcher-Watson et al. (2019) hold that involving autistic individuals in participatory research facilitates significant contribution in autism studies. It is a key method to break down obstacles to translating findings to implementation and guarantees that studies generate meaningful outcomes. The said authors claim that participatory research refers to integrating the opinions of autistic individuals and autistic advocates in determining which studies are carried out, the processes utilised, and the methodology by which results are put into practice. A fundamental aspect of participatory research is acknowledging and addressing the conventional control disparity separating the researching team and those involved in the study.

Participatory research can take various forms, such as autistic persons directing projects, collaboration with autistic individuals or autistic advocates in jointly contributing to insights, connecting with the broader public such as digital platforms, and collaboration with key stakeholders or regional associations. A key aspect of participatory research is inclusivity, requiring adjustments to the study setting, approaches and delivery channels to ensure the broadest participation possible and involvement of particular communities like non-verbal autistic individuals or those with co-occurring cognitive needs (Fletcher-Watson et al., 2019).

Den Houting et al. (2021) investigated the scope and characteristics of societal participation in Australian studies funded by Australia’s Cooperative Research Centre for Living with Autism (Autism CRC). Statistical results revealed that Australia’s participants in autism studies are generally in favour of public involvement in studies and reported beneficial encounters with collaborative

approaches. These results did not completely align with the descriptive data, as they pointed to contributors' unfamiliarity of the concept of participatory research and held perspectives which could obstruct its effective execution, claiming that current study frameworks are not structured to accommodate collaborative approaches. Den Houting et al. (2021) claim that scholarly and societal contributors stand to gain from improved knowledge of collaborative approaches, combined with applied and conceptual changes across institutional frameworks, meaning established structures, to guarantee that forthcoming involvement in autism studies are inclusive, fair, and advantageous for each party.

2.4.3 The Double Empathy problem

Having mentioned participatory research, as has already been stated, one author to promote the neurodiversity movement who challenges deficit approaches towards autism, is Damian Milton who is autistic himself. Milton (2012) addresses autism's ontological situation – meaning the way autism is defined – by examining autism through an analytic view, specifically considering the social challenges among autistic and non-autistic persons. The chief concept displayed is the "double empathy problem", that signifies that interaction challenges are not exclusively attributable to a deficiency in apprehension from the side of autistic persons. On the other hand, interaction challenges are a bidirectional dilemma in which each of the two, autistic and non-autistic persons strive to comprehend one another's viewpoint.

In 1978, Premack and Woodruff proposed the "theory of mind" hypothesis (Matsuzawa et al, n.d.). Such a theory says that autistic persons are likely to be seen so concentrated in their actions that they do not possess empathy, are not concerned about others and are not able to deduce and conceive what other persons are feeling.

Milton (2012a) criticises conventional opinions that regard autism as a sensory dysfunction depicted through deficiency in "theory of mind". Here, Milton argues that this viewpoint neglects to consider the combined misapprehension which might take place among persons who think in dissimilar manners. He observes that societal standards are frequently fabricated by non-autistic

persons, and diversifying from such standards by autistic persons are stigmatised instead of apprehended as a dissimilarity in the way one interacts.

Milton (2012b) notes that the term “theory of mind” was promoted by Baron-Cohen (Warrier & Baron-Cohen, 2018). Milton (2012b) points out that Baron-Cohen (2008) based his arguments on his perception that that autistic children aged 6 to 16 faired badly in false-belief tasks. An illustration of a task assessing false-beliefs involves presenting children with a scenario wherein a candy box is depicted as containing pennies instead of candies. Subsequently, they are prompted to identify what other items one might anticipate finding within the box.

Regarding this matter, Milton (2012b) posits out that autistic children may encounter difficulties when attempting tasks of this nature due to a number of challenges. Such challenges could potentially stem from their unique patterns of expressive and linguistic processing, or perhaps from their perception that there exists no discernible motivation or rationale behind the act of deception directed towards them. Furthermore, Milton (2012b) makes reference to Happe (1994) who mentions that the older children grow, the more they become capable in false-belief tasks.

Gernsbacher and Yergeau (2019) further elaborate that the assertion that autistic learners are devoid of theory of mind is unsupported by evidence because it falls short in terms of accuracy, applicability across contexts, consistency of results, and its capacity to foresee outcomes such as autistic and non-autistic persons’ empathic concern and emotional insight, together with interaction competences.

Milton (2012b) cites Tammet (2006), who hold that autistic persons possess difficulties in “executive functioning” or in other words “problem solving”. Milton (2012b) also mentions that Tammet (2006), remarks that those who are autistic struggle at switching from one task to another, multi-tasking, and easily get distracted by what takes place in their environment. In this regard, Milton (2012b) replies that those who are autistic succeed in completing tasks so long as there is no need of verbal processing. Moreover, this illustrates that autistic individuals process their thoughts in a diverse manner to non-autistic persons and hence this is not a deficit.

2.4.4 Monotropism

In extension of the preceding argument, Milton (2012b) diligently engages with the concept of monotropism, a theory extensively developed by Murray et al. (2005). Murray, a distinguished British author, educator, and advocate for autistic individuals, was herself diagnosed with autism and lived from 1946 and 2021. In Murray et al. (2005)'s view, monotropism means that autistic persons exhibit a type of reasoning whereby they are interested in and give attention to a limited number of subjects. This is mentioned both by the medical model on autism (DSM-5, 2013) and neurodiversity movement advocates (Grandin, 1995; Lawson, 2021; Milton, 2012b; Williams, 1992).

Milton (2012b) explains that non-autistic persons typically exhibit a broad distribution of attention across multiple subjects, whereas those on autistic individuals tend to engage in a more concentrated and detailed manner with a select few interests. Consequently, engagements such as interpersonal interaction, informal discourse, and the act of transitioning one's attention from one topic to another necessitate a propensity for maintaining a broad and distributed focus across various subjects, rather than exhibiting the hallmark trait of singularly concentrating on a specific subject matter.

Furthermore, Milton (2012b) cites Baron-Cohen (2008)'s "empathising - systemising theory" which posits that autistic persons, apart from being unable to understand other people's emotions, were good at organising systems, and in pre-empting how a system is going to work. They create rules by checking if two phenomena are related in a systematic way or not. They do not generalise, but are more interested in the way systems are different, rather than what is common between them. Here, Milton (2012b) suggests that this suggests that it is not true that autistic persons are unable to make a deep analysis of a situation.

Moreover, Baron-Cohen (2008) employs quotient questionnaires to measure personality traits in autistic persons. These are questionnaires with statements, wherein one makes a self-assessment to which degree one agrees with each statement. As a result, this draws out one's personality. This is based on Eyseneck and Rachman (1965, cited in Milton, 2012b)'s personality trait

theory. Milton (2012b) criticises such questionnaires in that one's replies would depend on one's culture. Along with Milton's critique, various scientifically sound criticism occurs with reference to utilising such-like questionnaires (Capriola-Hall et al., 2021; **Harrison** et al. 2017; Jones, 2022; Zeliadt, 2014). First, report (or self-report) bias is a considerable concern, meaning that particular people might not consistently precisely evaluate personal characteristics, intentionally or unintentionally, influenced by the desire to conform to social expectations or misinterpreting the questions. Second, such tools frequently to an oversimplification of autistic traits, diminishing perplexing conduct and thought patterns into rigid classification which might not represent the complete spectrum of reminiscences. Third, validity and reliability concerns arise, meaning that the questionnaires might not constantly assess what they are designed to across various demographics and circumstances, steering towards perplexities on their general applicability. Finally, such questionnaires present the problem of static measurement, meaning that they present an outline of traits which might change consistently and influenced by one's surroundings, especially concerning autistic persons whose conduct might alter conditional on one's surroundings (Capriola-Hall et al., 2021; **Harrison** et al. 2017; Jones, 2022; Zeliadt, 2014).

Turning again to Milton, he (2012b) also mentions Mischel (1968, cited in Butt, 2007) who criticises such questionnaires because they use terms like "often" which may have a diverse meaning to different people. In Milton (2012b)'s view, the empathising - systemising theory does not take monotropism into account. In fact, autistic persons might be either passionately involved and engaged in an undertaking or not be attentive to it in any manner. It could also be the case that a shift in focus from one subject to another, diverts one's preceding "secure" mindset to a great extent.

Milton (2012b) further elucidates how monotropism also accounts for autistic persons' delay in understanding information as new details are only processed based on the previous limited number of interests experienced. Hence, while this type of processing might not necessarily involve lack in considering full particulars in a subject, this results in autistic persons struggling to adjust to change.

Monotropism can also be said to be responsible for sensory overload, in that autistic persons are hypersensitive to factors such as bright light, sound but may lack interest in other occurrences. Murray at al. (2005) also mention that being attentive to social interactions might not take place within autistic persons' early age. In fact, autistic persons might only acknowledge other people so long as they are linked to their own interests.

Monotropic attention leads autistic persons to experience life in a fragmentary manner making it difficult to socially interact, bringing forth strenuousness in problem solving (theory of mind) (Milton, 2012b). Instead of being referred to as a deficit, this is expressed as being a result of possessing monotropic attention.

2.4.5 Critical realism

Amidst various conceptions of autism, Kourti (2021) delves into the implementation of critical realism to autism research, advocating for a proportionate perception which examines autism's corporeal and community-based aspects. Critical realism is a philosophical strategy which acknowledges autism's fact-based reality, as well as accepts that our apprehension of such occurrences is designed by community-based, ethnological, and historical circumstances. This strategy contests reductionist opinions which simplify autism so much that a distorted impression of it is given. In such reductionist views, autism's central point is exclusively based on perceivable behaviours and corporeal features. On the other hand, critical realism asserts for the incorporation of increasing, inherent processes together with social influences.

Hence, the ontology of autism, as discussed by Kourti (2021), explores how autism is apprehended and deliberated within philosophical concepts. Traditional views such as deficit-based, medical views on autism frequently set autism in biological science and manners in which one conducts oneself, especially towards others. Nevertheless, the author contradicts this with the neurodiversity movement's viewpoints, that highlights that autism is forged by social constructions - the community's definitions of autism manipulated by power connections together with ethnological standards.

In this context, power underlying aspects are key to how autism is explained and managed. Particular persons who are in positions of authority, for example medical professionals, are in charge of the characterisation concerning autism, conceivably diminishing autistic persons' opinions and involvement.

Alternatively, epistemology - the study of knowledge, centring on how we know what we know - examines the way we understand autism. In this regard, from an epistemological perspective, Kourti (2021) critiques traditional positivist strategies - techniques that highlight perceptible, quantifiable information and frequently presume an unbiased reality, which can be examined independently of the researcher. Such positivist strategies are denounced for disregarding autistic persons' individual insights. Critical realism denotes that hypotheses on autism are intrinsically imperfect and need to allow for modification, comprising empirical - observational information, together with autistic persons' partaken insights (Kourti, 2021).

2.5 Treatment modalities

2.5.1 Controversy surrounding Applied Behaviour Analysis (ABA)

Applied Behaviour Analysis (ABA) developed from behaviourist learning theory, particularly Burrhus Frederic Skinner's conditioning principles, and was popularised in autism intervention through Ivar Lovaas' work in the 1970s and 1980s, including discrete trial training (Mandal, 2019). ABA programmes use reinforcement to increase targeted behaviours and reduce behaviours deemed undesirable. In autism contexts, targets have historically included social-communication skills and learning behaviours, but also the reduction of autistic expressions such as stimming (Rudy, 2023).

Although ABA remains widely used, it is strongly contested. Cumming et al. (2020), drawing on perspectives of autistic people, caregivers, and educators across several countries, illustrates a clear divide: caregivers and educators often describe perceived improvements in behaviour and functioning, while many autistic participants report distressing experiences, describing pressure to "pass" as non-autistic and trauma-related impacts. This critique is echoed by autistic-led advocacy

organisations such as the Autistic Self-Advocacy Network (ASAN), which argue that support should prioritise autonomy, wellbeing and acceptance rather than normalisation.

A central issue in this debate is “social validity”: whether goals and procedures are meaningful and acceptable to the autistic people receiving the intervention. Cumming et al. (2020) stress that intervention goals should be shaped with autistic perspectives in mind and that professional standards and therapist qualifications can support more ethical practice. The same discussion also highlights that some early ABA-linked approaches used aversives such as shouting, physical restraint and unpleasant stimuli, practices that are now widely rejected in contemporary care.

Within and alongside ABA, Positive Behaviour Support (PBS) is often presented as a more contextual and values-oriented development, emphasising environmental adjustments, functional communication and quality of life outcomes, while still drawing on behavioural assessment and evidence-based monitoring.

At the same time, ABA’s controversy is amplified by competing characterisations of what ABA is. Anderson and Carr (2021) argue that misunderstandings are common, particularly the idea that ABA is inherently a “cure” for autism rather than a broader behavioural framework applied across settings. They also contend that some criticisms draw on selective portrayals of ABA as intrinsically punitive or inevitably harmful, whereas contemporary practice increasingly emphasises reinforcement-based procedures and strategies designed to reduce prompt dependency.

Critics nonetheless maintain that even “modernised” ABA can reproduce a deficit framing of autism and prioritise compliance over autonomy. Olsen (2023), discussing rights-based concerns raised in the literature, notes claims that ABA can undermine independence, neglect sensory needs, and embed a medical model that seeks to “correct” autistic difference rather than support neurodiversity. Cutting (2023) similarly cautions that a focus on conformity can shape communication in ways that feel inauthentic, potentially encouraging masking and disengagement, particularly when autistic sensory and emotional needs are not prioritised.

Supporters, including some practitioners and families, argue that ABA has evolved substantially and that, when individualised and non-punitive, it can help with practical goals such as reducing distress during transitions, improving functional communication and supporting learning in both autistic and non-autistic populations (Cutting, 2023). Evidence syntheses have reported positive effects across outcomes for some learners (Virués-Ortega, 2010) and early intensive approaches have been linked in some studies to cognitive gains (Dixon et al., 2021). Hence, the literature presents ABA not as a settled solution, but as a contested approach in which outcomes and ethical acceptability depend heavily on aims, methods, intensity and the degree to which autistic wellbeing and autonomy are treated as central.

2.5.2 Modern ABA practices and their ethical implications

In response to longstanding concerns, particularly those associated with early intensive programmes linked to Lovaas, modern ABA is frequently presented as having shifted away from punitive methods and towards reinforcement-based, skills-building approaches. Leaf et al. (2022) note that early ABA has been criticised for potential longer-term negative impacts such as anxiety and stress, with studies such as Kupferstein (2018) suggesting an association between ABA exposure and elevated distress among autistic people. A related ethical critique is that some ABA goals may target behaviours closely tied to identity such as suppressing autistic forms of self-regulation, raising questions about whether behaviour change is being pursued at the expense of autonomy and wellbeing.

Leaf et al. (2022) also describe how ABA is often defended institutionally, citing endorsements by major organisations such as Autism Speaks, Behaviour Analysis International, the United States Surgeon General, the National Institute of Mental Health and the American Psychological Association. These associations promote diverse approaches utilised by ABA advocates. For example, “shaping” involves gradual behaviour modification. “Discrete trial teaching (DTT)” consists of structured teaching sessions. “Incidental teaching” utilises spontaneous learning

opportunities deriving from the child's interests, based in their natural environment such as the home, class, or playground. Group-based learning is also promoted.

"Behavioural skills training" comprises four main areas: clear, succinct instructions, illustrating the desired behaviour, rehearsing the behaviour, and delivering constructive feedback. "Functional communication training" focuses on enhancing and rewarding learners' interactions. "Functional analysis" involves identifying challenging behaviours and analysing and modifying what precedes and follows these actions to develop intervention strategies.

"Extinction" attempts to eliminate undesired behaviours by halting positive reinforcement that upholds such behaviours. Lastly, "response cost" refers to removing positive reinforcers when a learner behaves in an unwanted manner (Leaf et al., 2022).

However, ethical debate persists. ABA is still criticised for promoting compliance and standardisation, and for framing autistic difference as something to be corrected (Leaf et al., 2022). The intensity often associated with ABA, such as recommendations of very high weekly hours, has also been questioned as potentially overwhelming for young children and insufficiently responsive to individual needs (Lynch, 2019).

Leaf et al. (2022) suggest various alterations with regard to ABA, highlighting requiring to ameliorate how appropriate, meaningful, and efficient the interventions are, from the viewpoints of those affected by the treatment. The authors support engaging autistic persons and caregivers when designing assistance aims, to guarantee that the aims dovetail with learners' requirements and moral principles. They also promote obtaining methodical evaluations from the persons acquiring ABA assistance. To aid such alterations, they highlight that it is crucial to instil a training culture among ABA administrators to confirm that ABA assistance is efficacious and well-received by society.

Moreover, they commend adapting the amount of ABA assistance according to one's particular requirements, instead of maintaining fixed stipulated periods. They also are in favour of "pivotal response training (PRT)", which proposes possibilities, alternates activities, using natural rewards such as participating in a game or giving a play object, and encouraging efforts, even if

imperfect. The authors also encourage "naturalistic developmental behavioural interventions (NDBIs)", which highlight pursuing a student's guidance, incorporating what amuses them within their learning, emphasising communication skills, and training caregivers. Such strategies intensify active participation and usefulness. Utilising rewards to incentivise desirable behaviour, instead of penalisation, is further featured to orient ABA with morally correct principles (Leaf et al., 2022).

2.5.3 The TEACCH approach

In 1971, a psychologist from Germany named Eric Schopler, founded the Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH) programme for autistic children. ABA and TEACCH are two diametrically opposed poles. While in ABA, the objective is to target behaviours to stop children from being autistic and targeting autistic-related behaviours, the TEACCH approach emphasises understanding the culture of autism. The culture of autism means a lifestyle which is based on autistic persons' common characteristics of expressing themselves, comprehending ideas and behaving, or behaviours developed within the locality where such persons live in (Gardner, n.d.). Hence, the TEACCH approach does not attempt to cure autism, but rather supports autistic children by (i) adapting the physical environment to the children's needs; (ii) exhibiting a plan on how to spend time which may easily be accessible at any time during the day; (iii) setting objectives to help be independent; (iv) giving priority to persistent regular habitual activity; and (v) displaying signs that can be seen, to remind them to carry out tasks (Applied Behavior Analysis Programs Guide, n.d.).

The TEACCH approach is based on creating an organised and structured and planned surrounding, together with clear illustrations, personalised learning, and being taught how to progress in amicable, dialogue and interpersonal competences. The TEACCH approach is a systemised education method meant for autistic children, together with those who require additional support related to school instruction, in particular apprehending one's surroundings along with performing tasks autonomously (Mesibov & Shea, 2010). It includes centring one's attention upon students' competencies, leisure pursuits, as well as requirements, utilising illustrations or

graphics, organising one's perceptible surroundings, along with educating in a manner that can be adapted and adjusted.

The teaching space layout is fundamental when making use of TEACCH, in that, evident perimeters along with designated zones aimed at distinct duties in particular educational endeavours, entertainment and games, moments for eating, together with areas for interchanging from one type of action to another. Such a system and layout causes education experiences to be foreseeable along with the aim of excluding ambiguity, assists learners comprehend upcoming outcomes, maintain tranquillity, together with facilitating the capacity of concentrating at pertinent responsiveness. Through organising one's surroundings, educators are in a position to construct areas in such a way that learners are able to participate in activities autonomously which would have been specifically formulated to meet their needs using TEACCH (Mesibov & Shea, 2010).

2.5.4 Evaluating the effectiveness of the TEACCH approach

Virues-Ortega et al. (2013) conducted a meta-analysis, which is a statistical technique used to synthesise the outcomes of various studies to assess the predominant efficacy of the assistance provided. Such a methodology permits for an exhaustive observation of diagnostic results through amalgamating statistics over various investigations, administering an increasingly realistic approximation of the assistance' efficacy. Their analysis comprehensively scrutinised 13 research works incorporating 172 autistic persons who endured TEACCH assistance. The research works evaluated a selection of impacts, inclusive of conceptual competences, physical coordination, everyday life skills, speech and comprehension, together interpersonal interactions. The meta-analysis concluded that TEACCH achieved minor impact on conceptual competences and physical coordination, obtaining combined result measurements of 0.26 for movements between the eye and hand, and 0.36 for subtle physical coordination such as the ability to button a shirt. The influence on everyday life skills, for example interaction, routine self-care tasks, and physical abilities was predominantly statistically insignificant, with result measurements starting from 0.32 to 0.34. Interpersonal interactions displayed a medium result measurement of 0.65, however progress

around such a field demand additional reduplication owing to the significant diverseness of research conclusions.

The analysis by Virues-Ortega et al. (2013) further delineated that TEACCH's efficiency was not modified through determinants, particularly assistance timespan, magnitude, or surroundings. Generally, while TEACCH indicated an amount of efficiency, considerably in developing interaction and ameliorating inadequacy to adjust to new situations, Virues-Ortega et al. (2013)'s results are to be regarded as provisional owing to the restricted amount of research and the inconsistency in their study procedures.

Zhou et al. (2024) conducted a single-case meta-analysis to explore the efficiency of the TEACCH approach in education institutions, especially in relation in enhancing autistic infants' autonomous assignment completion. A single-case meta-analysis is a research method which includes totalling and methodically measuring the outcomes of various singular-participant procedure analysis to more expansive deductions regarding the efficiency of assistive actions. Such a method is considerably beneficial when examining disability studies, whereby distinct results with reference to assistive actions might be broadly diverse. Through considering distinct circumstances and carrying out diverse reduplications, single-case meta-analysis permits a comprehensive apprehension of the way an assistive action such as TEACCH could take place over various backgrounds and inhabitants from different countries.

Zhou et al. (2024)'s study comprised fourteen singular-participant procedure analyses incorporating thirty-eight examinees. The meta-analysis identified that TEACCH has a considerable favourable impact in enhancing autistic infants' autonomous assignment accomplishment, along with a comprehensive Tau-U result of 0.85, demonstrating a prominent assistance impact.

The analysis further unveiled dissimilarities in efficiency derived from elements of the TEACCH approach vis-à-vis the handled core conducts. As an example, assistance centred on interaction and assignment accomplishment illustrated a more prominent impact in contrast to that intended for advancing being autonomous. The study also ascertained that TEACCH was positively

strategic over various examinee attributes, inclusive of stage of life, gender category, together with autistic grade, indicating its expansive fittingness (Zhou et al., 2024).

2.5.5 The SPELL Framework

Having mentioned the TEACCH approach, England's National Autistic Society (NAS), which is one of the England's outstanding charitable institutions that supports autistic individuals and relatives (National Autistic Society, n.d.), has designed a framework for comprehending autism, that could also be adequate for analysing and selecting strategies befitting specific individuals such as the TEACCH approach.

The framework is called the SPELL framework, which is a systemised strategy formed to assist autistic persons' distinct necessities. It includes five main concepts: "Structure, Positive approaches and expectations, Empathy, Low arousal, and Links" (National Autistic Society, n.d.). In fact, National Autistic Society (n.d.) explains that:

- The "*Structure"* concept concentrates on constructing surroundings expectable and secure by attributing apprehensible facilities, for example illustrations. Systemised surroundings assist to diminish uneasiness and encourage autonomy through permitting persons to understand which particular action to anticipate and fulfil what is required from their end.
- The "*Positive approaches and expectations"* aspect highlights the significance of constructing assertiveness by discerning on and utilising autistic persons' positive potential and skills. It recommends for prominent but achievable standards, customised to individual exclusive skills and hindrances, establishing an exhaustive apprehension of what they can achieve.
- The "*Empathy"* feature asserts the duty to regard society from autistic individuals' viewpoint, apprehending their incentives and concerns. Beneficial assistance is based on understanding, cultivating tranquil and foreseeable connections which diminish concern and intensify interaction.

- The "*Low arousal*" component promotes building tranquil, systematic surroundings to diminish concern and cultivate attention on tasks being undertaken. Such a component includes regulating environmental factors such as sound and illumination and supplying messages in a straightforward and obtainable method. The said component further acknowledges the duty for meticulously calculated presentation of different phenomena, together with utilising recreation techniques to encourage comfort.
- The "*Links*" element draws special attention to the significance of cooperation and interaction between autistic persons, relatives living in the same household, and experts. By encouraging accessible interaction and robust networks, the said element assists to minimise misinterpretations and stipulates an organised, constant strategy towards assistance provision. It further underlines amalgamating the person into their expanded assistive organisations and society.

2.6 Alternative approaches to autism interventions - child-directed vs. adult-directed interventions

To link to the above, Milton (2012a) touches on the significance of an ontological perspective of autism for educators and autism education services which favour strategies that highlight reciprocate apprehension and appreciation of autistic viewpoints instead of endeavours to regularise autistic conduct to concur with non-autistic criteria. The author invites readers to transfer regarding autism as a deficiency to acknowledging the mutual connection of communication and the joint accountability in overcoming interaction barriers. Such rethinking is necessary for emanating increasingly beneficial and considerate assistance structures for autistic persons.

Milton (2014) examines the sophisticated layout of autism assistance services. He bases on personal anecdotes as being autistic and father of a youngster who is autistic to explain that small amount of sturdy groundwork exists in relation to autism services that were being offered. The author claims that contrasting opinions amid experts, caregivers, autistic persons, and grown-ups,

have the tendency to determine which services are provided and pursued, causing severe challenges to bring about and establish like-mindedness. Research on autism services frequently indicate the amounts of abilities, uneasiness, tensions, and degrees of mental development, while excluding the consequence upon one's contentment. On the other hand, according to Milton, behavioural therapy, such as ABA, falls short of assessing autistic individuals' mental abilities and unique apprehensions. Milton believes that specialists who formulate services, ought to take autistic viewpoints in regard, instead of only taking account of opinions of persons who are not autistic.

Milton (2014) mentions intervention methods which are diametrically opposite to what he refers to as "traditional" ways of intervention such as ABA. Such practices focus on cooperation. Here he refers to the Option Process, which promotes comprehending one's motives why one acts or conducts oneself in certain manners and urges persons to assume commitment to advance one's own education and skills. Milton (2014) also refers to the Son-Rise Programme, which is characterised by caregiver-family-guided domestic household assistance for autistic children, based on a playful surrounding to develop a sincere connection between youngster and parent/guardian.

The author also names the floortime method, which is established on interdependence therapy whereby professionals interact with children on the floor (therefore the name), to try to create significant communication and social skills, building on children's strengths. Another strategy which aims at helping autistic children progress is the Social Communication, Emotional Regulation, and Transactional Support (SCERTS). This is concerned with advancing active connections and sociable cooperation competences, intends to assist persons to handle one's own mental states, and construct actions to aid autistic children to apprehend and react to one's societal surroundings.

Based on his personal experience as being autistic and a father of an autistic child, Milton (2014) positively observes that such processes are child-directed, promoting the well-being of the child, and not adult-directed. He intuitively prefers the intensive interaction method (Caldwell, 2013). This method highlights interaction essentials, such as gazing, facial cues, movements, and verbal expressions. It is based on entertaining games and interactions between caregivers and autistic

child. Furthermore, professionals engage with the child's conduct and react according to the method the child interacts, hence emphasising developing interconnectedness. The methodology is also a child-based focusing on what the child prefers to focus upon.

Milton (2017, p.16) suggests that a model on autism which could promote empowerment is one where professionals: recognise a person's way of experiencing learning and pursue a person's style rather than opposing it; to consistently be on the look-out to problems related to the senses; regularly check whether the way how the practitioner is pursuing actions to achieve results may be completely incompatible to the child's needs and to make use of what the latter is passionate about; diminish the amount of information that needs to be processed when a person is experiencing physical or mental pressure; and work together to ensue persistent attitude in cooperation.

2.7 The social-relational model of disability

In the late 1990s, Carol Thomas, from Lancaster University, UK, described the "social relational model" (Thomas, 1999). The difference between the social model on autism and the social relational model is that the latter acknowledges that there are differences between people which could create difficulties in life, since there are different ways of interacting with each other, particularly those who are neurodiverse. Hence it is an approach which recognises that people are diverse, and while such differences can have their strengths, they may also result in difficulties. To quote the definition from a social relational point of view:

"Disability is a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional wellbeing (Thomas, 1999, p. 60, cited in Thomas, 2004, p. 580)."

She refers to other authors such as Shakespeare, Watson, Bury and Williams (as cited in Thomas, 2004, p. 577), who criticize the social model of disability because of its concept that "impairment does not cause disability because all restrictions of activity [i.e. disability] are caused by social barriers."

The social model of disability, without undermining the great positive effect and benefit that it brought to the world of disability, highlights that disability results in an impairment because it is society that is disabling, meaning that society does not leave people free to pursue one's preferred life choices. Dwyer (2022) refers to this as the "strong" social model of disability, which has its shortcomings when applied to autism, because autistic individuals might experience obstructions even if the community were to enhance its inclusion measures. An example of this is when autistic persons who encounter challenges with transforming plans into action, struggle in analysing how to spend working hours and prioritise tasks, even though they have access to applications and schedules.

The strong social model of disability is different from the social relational model. While noting that there is a difference between "disability" and "impairment", in the strong social model, disability comes from the result of being excluded from society. not impairment. In the social relational model, disability enters the scene *only* when a person with an impairment is hampered from participating in an endeavour due to a reason which is purely social. Hence, through the latter model, impairments unequivocally bring about limitations to what one can somewhat pursuit. When such limitations are not invoked by society, this is not a disability (Thomas 2004).

A middle-ground view between the strong social model of disability and the deficit view of the medical model of disability is looking at neurodiversity which builds on the social relational model of disability. In this regard, disability deriving from the community exists side-by-side with constraints coming from distinctive impairments (Dwyer, 2022; Reindal, 2008; Thomas, 2004). Using neurodiversity within the social relational model's context implies including the use of the "impairment" concept when referring to neurodiversity. Bölte et al (2021, cited in Dwyer, 2022) refer to the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) which describes a mix of physical factors and external surroundings which affect the way one interacts, with 1,600 types of classifications, and could offer a mid-way mode of referring to neurodiversity.

Relative to this discussion, Walker (2023) mentions that “neurodiversity” can be interpreted in three diverse ways:

- One where people are regarded as different from each other and think in contrasting manners;
- One where neurodiversity is assumed to be a “paradigm” with no generally established definitions, but where there are set instructions on what action to take in view of people’s different thinking abilities and ways of dealing with information;
- One where neurodiversity is seen as a movement that promotes the freedom and well-being of people who are different and disabled.

2.8 A biopsychosocial perspective on autism

Alongside medical, social, neurodiversity accounts of disability, this study also draws on a biopsychosocial understanding of autism. The biopsychosocial model of disability was proposed in 1977 by George Engel, an American professor in psychiatry. The said model was a response in medicine research which tended to highlight biology in medicine. Instead, the said model highlights the combined influence of physical, mental and social factors on individuals’ wellbeing and day-to-day activities (Melchert, 2020). Applying this model to autism, Young (2026) builds on this, and suggests the term “biopsychosocial neurodiversity”. Young (2026) argues that the neurodiversity perspective is overly narrow because it portrays autism as arising chiefly from inborn, brain-based mechanisms. Biopsychosocial neurodiversity stresses that the lives of individuals are shaped as much by mental and relational factors and the surrounding milieu as by bodily processes. This framing can strengthen support for the rights and representation of autistic people and inform practices that enhance their wellbeing, while recognising them as active participants in co-constructing such responses (Young, 2026).

In practice, from this standpoint, autistic children’s learning and participation are influenced not only by neurological differences, but also by emotional wellbeing, family resources,

school practices and wider policy frameworks (cf. Melchert, 2020; Young, 2026). Educational services are therefore expected to respond to support needs at all three levels, rather than treating autism solely as an individual deficit or solely as a product of social barriers. In this study, a biopsychosocial lens is used together with neurodiversity-informed and social-relational perspectives to examine how policy, classroom practice and specialist provision in England and Malta influence autistic children's opportunities to communicate, learn and participate in everyday school life.

2.9 Support for autistic children in Malta

2.9.1 Experiences of inclusive education in Malta

Malta's National Curriculum Framework (Government of Malta, Ministry of Education and Employment, 2012) and Learning Outcomes Framework (Government of Malta, Ministry for Education, Sport, Youth, Research and Innovation [MEYR], n.d.) each highlight the significance of varied education tracks, confirming that each learner, even those who are autistic, are presented with the required assistance to prosper in mainstream education (Portelli, 2023).

The administration of early diagnosis for autism is available and is included in Malta's inclusive education. This ought to strive towards prompt assistance, to promote additional inclusivity for students in the early part of growth (Perceval-Maxwell, 2022; van Kessel et al., 2020).

In the year 2007, Inclusion Coordinators (INCOs) were established within Malta's learning environment. As at 2025, known as Heads of Department (HoDs) (Inclusion), these are specific educators who determine and help susceptible learners from a young age, systemise the supply of educational assistance for disabled students, and guide educational institutions to foster the capacity of Individualised Education Plans (IEPs) formation and evaluations (Galea, 2018). They also assist education institutions' administration in the functioning of educational inclusivity and systemise adaptations of disabled learners from primary education to middle schools and then to secondary education, in order that the shifts facing such learners would be unvarying to the greatest extent. Furthermore, HoDs (Inclusion) are responsible for learners' early evaluation, and suggest specialist

involvement (Galea, 2018). The precise term for education institutions' administration is "Senior Leadership Team", which is composed of the Head of School and Assistant Head/s of School running the education institution, that cooperate with HoDs together with HoDs (Inclusion). The latter also incorporate Learning Support Centre Coordinators (MEYR-NSSS, 2022a, 2022b).

Turning to autism, it is important to note that inclusivity within a learning environment assists autistic students to obtain possibilities in scholarly advancement, communication skills, and devising strategies for the world outside the education institution (Lynch & Irvine, 2009; Roberts & Simpson, 2016). Through incorporating autistic learners within mainstream education institutions, Malta seeks to cultivate a scenario in which learners could advance in scholastic knowledge as well as develop interpersonal competences by engaging in communication with non-autistic learners of similar age-group. Such a strategy aids cultivate apprehension, approval, together with connections with similar age-group learners, that are critical for autistic learners' advancement together with inclusivity (Muscat, 2024).

Within Malta, teachers have cultivated methodologies for utilising diverse education approaches to attend to autistic learners' distinct exigences, supporting one's advancement in integrating learning settings (Aquilina & Schembri, 2023). This includes utilising diverse procedures for example illustrations, planned activity to-do lists, together with motivation diagrams, that aid autistic learners comprehend educational requirements and handle one's routine efficiently. Through concentrating on straightforward interaction, positiveness, together with collaborative strategies, Malta's teachers are cultivating settings which encourages constructive feedback and tailored instruction, permitting autistic learners to cooperate and advance within general education classrooms (Aquilina & Schembri, 2023).

Furthermore, the specially designed involvement of Learning Support Educators (LSEs) and cooperative efforts between teachers, caregivers and specialists play a crucial role in guaranteeing that autistic learners' distinct requirements are constantly addressed, creating a benevolent and

comprehensive focus within mainstream education where they can advance (Attard, 2021; Saliba 2023).

Besides mainstream education, in Malta there are also resource centres which is another term for special schools for learners with significant and diverse learning challenges including disabilities affecting multiple senses, and advanced communication difficulties and/or cognitive disabilities. There are also Learning Support Centres for learners with severe interpersonal, emotional, and conduct-related challenges Situations may arise whereby a group of experts establish that particular learners would benefit more if learners frequent Resource Centres or Learning Support Centres instead of mainstream settings (European Commission, n.d.).

In this regard, Saliba (2023, p. 101) ascertains that according to Maltese educators who participated in Saliba's study, one of Malta's resource centre classroom surroundings in relation to autism are highly satisfactory.

Furthermore, when discussing favourable amelioration in inclusive education in Malta, the 2000 Ministry for Education's development of IEPs for learners statemented as being with educational needs, is essential to mention (Azzopardi et al, 2023). An IEP is a plan which incorporates diverse strategies designed to cater for distinct student exigences, together with the procedure of designing, administering, and analysing a curriculum schedule along with students' comprehensive advancement (Government of Malta, 2022a). Concerning autistic learners, IEPs assure that autistic leaners acquire customised assistance which contributes to their distinct requirements (Galea, 2018).

In the year 2018, the IEP procedure was further enhanced through the establishment of an online planning type of software. Such software was designed specifically for Malta's education system. This enabled teachers to construct and monitor individual students' IEPs, allowing students' advancement to be followed throughout their educational journey. Additionally, it facilitated the seamless progression of these records while learners advanced throughout compulsory education (Azzopardi et al, 2023).

The IEP is a succinct and reported strategy. Alterations and adjustments for the learners' necessities are detailed in the IEP. Furthermore, the IEP includes information on the services required to guarantee that learners possess complete access to learning opportunities outlined in the national academic standards (Galea, 2018). Certain learners might demand minute adjustments and low degree of assistance in contrast to those who might possess complicated requirements who might demand a further thorough IEP.

In this regard, tying this to autism, according to DSM-V-TR, there are three levels of autism:

- Autism level 1 is the bottommost classification whereby learners require miniature assistance in relation to light hardships while interacting with others and administering tasks.
- Autism level 2 is positioned midway. Here, learners require a substantial quantity of assistance and possess challenges which are effortlessly prominent, such as verbally interacting, being keen on a limited quantity of subjects, and displaying recurring repeated manner of conducting oneself.
- Autism level 3 is the utmost classification and demands excessive assistance. Displays connected with levels 1 and 2 above are nevertheless illustrated. Having said that, these are significantly more profound and take place with distinct complicated characteristics (American Psychiatric Association, 2022).

A deputy head of school and an educator are generally involved in designing an IEP, intending to become further acquainted with the learner and their requirements. Surplus resources which might be identified in an IEP might include particular assistance for learners with visual or auditory requirements, might include home-based education, early-support programmes and assistance for autistic learners who possess speech and language challenges. Emotional and social assistance is also offered, including advisory sessions, therapy and school-based psychological assistance. Moreover, coaching processes for diverse positions of education personnel are customarily provided by the National Students Wellbeing Services within Malta's MEYR (Galea, 2018).

2.10 Philosophy of Inclusive Education

Malta's Policy on Inclusive Education in Schools - Route to Quality Inclusion (MEYR-NSSS, 2022b) is based on various global resolutions related to education whereby Malta is a party in the agreement, specifically the 1989 United Nations Convention on the Rights of the Child (United Nations Office of the High Commissioner for Human Rights, n.d.) and the 2006 United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006). It is also within the framework of the European Union's 2021 Council Resolution on a strategic framework for European cooperation in education and training towards the European Education Area and beyond (2021-2030) (Council of the European Union, 2021). The latter prioritises enhancing excellence, fairness, inclusivity, and achievement for everyone in teaching and learning (MEYR-NSSS, 2022b).

The said policy furthermore fosters a comprehensive school-wide strategy for constructing favourable educational settings for all learners, which dovetails with the United Nations' Sustainable Development Goal 4 "Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all" (United Nations, n.d.). The policy regards distinct dissimilarities as potential scenarios to enhance education prospects (UNESCO, 2008). Therefore, it provides latitude towards education institutions to convert current academic, individual and managerial ideologies, perspectives and expressions, together with reorganising methodologies and procedures in such a way which react efficiently towards each student's requirements together with their community dynamics.

With reference to the said policy, the interpretation of inclusive education essentially conforms with the EU Council Conclusions on "Inclusion in Diversity to achieve a High Quality Education For All" which were adopted by the Council of the EU's education Ministers during Malta's 2017 Council of the EU Presidency (Official Journal of the European Union, 2017). This indicates that the subject of "inclusivity" in education is high on the Maltese Government's policy priority agenda. In fact, Malta's inclusive education policy (MEYR-NSSS, 2022b) takes into consideration how various

aspects of an individual's profile, such as one's social circumstances, competences, or gender, influence one's educational attributes.

To this effect, inclusive education denotes appreciating and affirming diverseness, towards its esteem and students' right to access to education, along with pertaining to esteemed active colleagues with the obliteration of hindrances deterring the engagement and accomplishment of each student, recognise varied requirements, competences and distinguishing traits.

Malta's National Inclusive Education Framework (MEYR-NSSS, 2022a) that supplements the above-mentioned policy is based on crucial fundamentals like shared responsibility by each team member, esteeming diverseness, and institutional independence. It recognises the advancement of inclusivity within educational strategies and procedures at the same time highlighting IEPs to match students' particular requirements, amongst whom are also autistic learners.

Education institutions are motivated to foster Universal Design for Learning (UDL) fundamentals, particularly withdrawing learning content, interactional, and environmental obstacles that hinder learners' full participation. Inclusive education in Malta is supplementarily sustained through arrangements which promote cooperation amongst teachers, caregivers, and localities, whereby education institutions acquire a diligent position in assuming focused assistance and facilities intended for proactive support and diagnosis.

2.11 Malta National Autism Strategy 2021-2024

2.11.1 General overview of the strategy

The Malta National Autism Strategy 2021-2030 (Government of Malta, Ministry for Inclusion and Social Wellbeing, 2021b) purports an extensive and forethoughtful plan that aims to tackle the requirements and issues encountered by autistic persons in Malta. The said strategy is designed on the *Persons within the Autism Spectrum (Empowerment) Act* (2016/2022), that acknowledged the legal safeguards of autistic persons and instituted the regulatory structure for their assistance. The strategy seeks to present a comprehensive and long-standing plan towards

assistance, in addition to therapeutic requirements, highlighting the significance of community integration, self-advocacy, learning opportunities, and workforce participation.

One distinguishing characteristic the said strategy is its prominence on the social model disability, meaning that it centres on clearing obstacles and enabling persons, instead of concentrating exclusively on medical treatment. By means of comprehensive discussions with collaborators such as autistic persons, relatives, experts, state bodies, schools, health services, civic institutions, and voluntary organisations, the said strategy was moulded to consider factual requirements and ambitions of the individuals it is designed to benefit.

The strategy is organised over various pivotal subjects including timely diagnosis and assistance, academic opportunities, career development, life transitions, and self-representation efforts. Every segment articulates distinct initiatives constructed to ameliorate aspects of autistic persons' nature and to guarantee seamless inclusion within the community. The broad-ranging objective is to construct living conditions in Malta inside of which autistic persons are enabled, embraced, and given the essential resources to thrive. This document is a centrepiece for comprehending contemporary and forthcoming trajectory of Malta's autism assistance (MISW, 2021b).

2.11.2 Problem representation in the strategy - Educational inclusivity and autism sensitivity

Utilising Bacchi (2012)'s "What is the Problem Represented to Be" (WPR) approach, the Malta National Autism Strategy 2021-2030 (MISW, 2021b) spotlights the requisite of diverging from a curative direction towards autism, alternatively endorsing a comprehensive view which incorporates community engagement and personal development. This problem is set up within the scope of guaranteeing that autistic persons acquire suitable assistance and are engaged in all sectors of community life.

A prevailing assumption underlying this problem representation which the strategy aims to address, includes the realisation that autism is frequently misinterpreted. This might instigate prejudice and marginalisation. The strategy indicates the noteworthiness of advancing acknowledgment and apprehension of autism to guarantee that autistic persons are regarded with fairness in all sectors in all circumstances, including learning and work. Another assumption which the strategy is concerned with, is that contemporary educational approaches and services require to be improved to fulfil autistic persons requirements. This includes supplying focused pedagogy for teachers and medical practitioners, together with establishing autism-supportive approaches throughout different spheres.

The central educational issue identified in the strategy is attaining surroundings which are furthermore accommodating and autism-responsive in Malta's educational structure. The strategy recognises that autistic learners might not be regarded identical to other students who are non-autistic, and it depicts initiatives to counteract such differences. These include improving the use of Individual Educational Plans (IEPs), promoting assistive communication tools, visual support techniques, speech therapy, and academic support. The strategy furthermore advances the notion that early diagnosis and autism support services implement uniform guidelines to ensure optimal benefits for those receiving care.

Additionally, the strategy favours counselling and aid towards autistic persons and relatives in pursuing early diagnosis and autism-related services, together with corresponding funding aid. Highlighting the significance of tailored support measures, the document emphasises the necessity to understand autistic persons' viewpoints within each initiative.

Ameliorating autism-related care services, with a focus on accessibility, is a further central purpose. The strategy endeavours at increasing cognisance by means of lobbies which explain the definition of autism. The objective of such lobbies is to confront resounding prejudice and sentiments of humiliation amidst relatives and autistic persons, as well as discrediting invalid suppositions on autism, its source, and diverse erroneous treatments.

In addition, the strategy focuses on applying "principles of Universal Design" (Council of Europe Committee of Ministers, 2001, 2009) establishing a framework for constructing objectives, methodologies, resources and evaluations which are accessible for all. This does not develop into a uniform solution. Instead, it promotes a versatile strategy which might be personalised and custom-made in conformity with a learner's requirements (Galea, 2018; Senechal, 2016).

The concept of Universal Design for Learning (UDL) was introduced within 1960 and 1990 by means of Ron Mace who was a designer who practiced in the United States. United States' law necessitated inclusive admission to establishments for persons experiencing needs (Galea, 2018; Lieberman et al., 2008). Hence, designers commenced to plan establishments that integrated accessible features like inclines, benefitting individuals utilising mobility devices. Utilising such a concept, UDL represents an educational approach which seeks to remove obstacles towards study, embodying teaching moulded for all learners, a learning framework accessible for all, and inclusive measures for measuring student performance (Galea, 2018; Senechal, 2016).

In teaching and learning, universal design signifies that communal, concrete together with instructional surroundings are appropriately developed to assist learner wellbeing, hence, lesson plans are structured to establish surroundings which can be utilised by all leaving no one behind (Galea, 2018; Lieberman et al., 2008). UDL elicits adaptability together with innovation. It provides a structure which supplies pedagogical options, teaching methodology and learner interaction (Galea, 2018; Moore, 2007).

With reference to programmes of study, UDL encompasses apprehensible objectives, understanding how to attain new skills, together with utilising different educational methods of teaching strategies, incorporating also digital technologies (Basham et al., 2020; Galea, 2018). Digital devices and UDL complement one another in education and advance engagement, and achievement of students with learning differences. UDL together with digital devices enable educators to conveniently determine "scaffolds", which in this context, means temporary assistance given to students within the learning process to aid them perform tasks which might not be able to be

completed in an independent manner, with the goal of progressively removing such assistance once students obtain competences.

Such “scaffolding” aids disabled learners perform tasks to reach learning outcomes. The perception of “scaffolding” in an educational setting was particularly championed by Leo Vygotsky, a Soviet psychologist and educational theorist, who proposed the concept of the zone of proximal development (ZPD). According to Vygotsky, there is a gap between what a student can learn on his/her own and what he/she can learn with the help of an experienced or more advanced colleague. This gap is called ZPD (Vygotsky, 1978a, 1978b). Through UDL, educators need to recognise what students can already do for themselves and provide the appropriate support and scaffolding to guide them to higher goals (Milton, 2014; Navaitienė & Stasiūnaitienė, 2021; Portella et al., 2024; Seo & Richard, 2021). Digital equipment involves basic tools like writing aids, marker pens, visual tracking tools, and magnifiers, to more sophisticated ones like narrated books, digital reading devices, speaking calculators, software for predictive typing, text-to-voice converters, and digital notebooks (Galea, 2018).

In the case of Malta’s Autism Strategy 2021-2030, UDL incorporates learners recognising being taken into consideration within lessons and extracurricular settings, establishments and mobility vehicles being inclusive for everyone, and promoting the EU Disability Card (MISW, 2021b). Within this context, UDL helps construct accessible, functional, uplifting, and captivating surroundings which accommodates every person’s necessity. This means that educators must develop teaching and assessment methods that engage all students through multiple means to spark and maintain interest, while presenting and expressing knowledge (Milton et al., 2017).

2.11.3 Implementation and broader implications

Malta’s Autism Strategy 2021-2030 tackles wider legislative, financial, community-based opportunities linked to accessibility and encouraging community integration within Malta. It consists of a segment of Malta’s wider endeavours to ensure global rights frameworks are respected in the field of equality and integration for all persons with differing abilities. Through highlighting self-

determination and community integration, the said strategy goes beyond meeting autistic persons' skill-building goals while furthermore reinforcing such persons' recognition in the community (MISW, 2021b).

In establishing its strategic plan of action, Malta adopted global expertise, encompassing various nations' experiences which rolled out comparative autism recommendations. Such global recommendations are clearly integrated in the said strategy, which adjusts them to Malta's distinct requirements. Such global outlook guarantees the said strategy is extensive and consistent alongside worldwide practices, yet tailored to Malta's specific circumstances (MISW, 2021b).

The said strategy is shaped by a background which highlights fairness, inclusivity and ensuring opportunities for persons who have diverse abilities. It centres upon producing actionable solutions which significantly improve autistic persons' daily experiences. By highlighting actionable application and measurable results, the said strategy reinforces its aim towards nurturing a community in which all neurodiverse persons are able to succeed (MISW, 2021b).

Malta's National Autism Strategy 2021-2030 acknowledges the need for available assistance services to cater for autistic persons' requirements. It recognises variables like personal background, life experience and ethnic context, allowing services to be adapted to the unique situation of each person. In this manner, the said strategy seeks to create a welcoming setting which embraces all autistic persons (MISW, 2021b).

2.12 Malta's National Education Strategy 2024-2030

Malta's MEYR is placing significant focus on inclusivity, particularly through its National Education Strategy 2024-2030. The third strategic pillar, "Equity and Inclusion," seeks to guarantee that every learner, including autistic learners, experience being embraced within the school community.

In fact, by means of equity, the objective is providing learners with unbiased just opportunities in such a way that a person's background does not determine one's potential

outcomes. Alternatively, inclusion works to make certain that all learners perceive that they are part of the educational surroundings, and receive the necessary possibilities to engage in them, no matter potential limitations. Early opportunities for equity, when supported through compulsory education can empower learners to develop a perspective focused on progress, pursue continuous education, actively engage within the community (United Nations, 2015).

Malta's National Education Strategy 2024-2030, featuring a six-year programme incorporating a present-day focus and future projections till 2050, plays a key role in the continuous reform of Malta's schooling development. It draws from previous successes and adopts an individual-focused methodology, prioritising collaboration, assistance, and personal development, with mental and emotional health at its core. Initiatives that specifically support autistic children include:

- An updated approach towards the Individual Education Plan (IEP) transforming it into an active resource usable by every party involved.
- Launch and reinforcement of a consultation approach: the objective is to broaden access to mental health experts in educational settings, offering key counselling services and guidance.
- An enhanced Peer Preparation Programme: such an initiative assists learners comprehend fellow autistic individuals' requirements, advancing inclusivity within the education setting.
- The step-by-step expansion of Reach Units: incorporated into regular education environments, such units ensure targeted services for autistic learners, aligning with equitable learning.

Forward-looking analysis and various evaluation methods are utilised to measure the success and impact of the strategy. By means of forward-looking methodologies, MEYR, working with national and international organisations, seeks to position the country to address upcoming developments. This incorporates developing an updated and resilient accessibility framework which meets modern school requirements, based on a detailed reassessment from the European Agency

for Special Needs and Inclusive Education (EASIE). The said agency had conducted a similar assessment in 2014 and this reassessment is being carried out ten years later.

Regular tracking and analysis form a key part of the strategy, utilising advanced instruments to assess developments and influence the formulation of upcoming initiatives and forward-looking planning. These activities are strengthened by means of the Policy Monitoring and Evaluation Directorate (PMED) within the said Ministry. The establishment of the PMED was a key initiative under Malta's Recovery and Resilience Plan (RRP)'s reforms, illustrating the manner in which current actions are being applied to accomplish far-sighted objectives (MEYR, 2024).

2.13 Educational support for autistic children in England

2.13.1 England's National Strategy for Autistic Children, Young People and Adults: 2021 to 2026

2.13.1.1 Overview of England's Autism Strategy (2021-2026)

England's National Strategy for Autistic Children, Young People and Adults: 2021 to 2026 (Department of Health and Social Care [DHSC] & Department for Education [DfE], 2021b) is a key English state plan focused on advancing autistic persons' experiences. It expands on previous plans and integrates stakeholder recommendations from entities like the All-Party Parliamentary Group on Autism (APPGA). It highlights a broad methodology incorporating various fields such as medical services, learning, careers, and community participation, centring on six core sectors. These sectors are: raising awareness and fostering recognition of autism, improving educational opportunities for autistic minors and adolescents, advancing autistic persons' job opportunities, together with bettering the way autistic persons are treated within the legal processes.

A major influence behind this strategy is the acknowledgement of the negative effects of COVID-19 on autistic persons, particularly highlighting diagnostic postponements and restricted availability of crucial assistance services. The strategy focuses on minimising such consequences and

guarantee that autistic persons' requirements are attended to promptly and in an appropriate way. Expanding on past programmes including "Think Autism" (Department of Health [DH], 2014), the strategy widens its reach to cover young learners and adolescents, underlining the critical need for timely identification and ongoing assistance.

The said strategy is further in line with England's wider national efforts such as United Kingdom (UK)'s National Disability Strategy (Disability Unit, Equality Hub, & Department for Work and Pensions, 2021), to maintain coherence in initiatives dedicated tackling disparities concerning neurodivergent persons. The overarching objective is to cultivate a community in which autistic persons are embraced and assisted, enabling them to actively engage in their surroundings by 2026.

2.13.1.2 Improving access and understanding in education for autistic students, together with training for educational staff

From an education perspective, England's National Strategy for Autistic Children, Young People and Adults: 2021 to 2026 (DHSC & DfE, 2021b) highlights the need to enhance opportunities for learning for autistic students. It points to an increasing trend of young learners and adolescents being identified as autistic, indicating that 1.8% of learners in England as being autistic. Even with such a rise in diagnosis, various autistic young learners still encounter challenges at education institutions, frequently unable to obtain the assistance they require because of insufficient knowledge on autism within the school system.

It further notes that various autistic young learners consider education surroundings overstimulating and encounter challenges adhering to conduct demands. An APPGA study (2019) referenced in the strategy indicates that autistic young learners frequently experience being misinterpreted or criticised by fellow learners for their actions, potentially negatively influencing their capacity in participation and academic achievement. Such a challenge is aggravated through insufficient timely assistance, which leads to lost possibilities to manage issues before they intensify and enable such young learners to maximise their abilities.

The policy proposes a succession of recommendations designed to tackle these concerns. A main objective is to enhance autism awareness among educators and school workforce. The strategy incorporates a pledge to supply £600,000 as financial support for skill development and career enhancement in educational institutions. The objective is to strengthen educators' and teaching assistants' capacity to recognise and tackle young autistic learners' requirements, thereby fostering further welcoming surroundings and lowering challenges encountered by autistic young learners within education institutions. Another main objective of the training programme is to enhance educators' confidence to effectively address autistic learners' requirements.

Additionally, the strategy proposes establishing supportive education environment that actively includes autistic young learners. By focusing on autism-friendly approaches in mainstream environments, the strategy aims to develop surroundings in which autistic young learners could benefit from timely assistance.

The said strategy further recognises autism can be expressed in diverse methods particularly between different genders. Consequently, training initiatives will focus on recognising and assisting young autistic female learners, who are frequently incorrectly recognised because autism is expressed variedly in girls. Highlighting gender-specific variations among the autistic community is critical for guaranteeing that every autistic young learner obtains the assistance required, irrespective of gender (DHSC & DfE, 2021b).

2.13.1.3 Early identification and special school provision

England's Autism Strategy further prioritises the critical role of promptly recognising autistic learners' requirements at a timely stage. The strategy highlights that refining the Special Educational Needs and Disability (SEND) system's ability to assist autistic young learners is key for providing them the necessary aid within education settings and external contexts. Timely detection is regarded as fundamental for averting increase in requirements and guaranteeing that young learners obtain the required services at the optimal moment.

The policy also underscores the significance of appropriate educational settings for autistic young learners. It accepts that although various autistic young learners excel in mainstream education, a number might depend on tailored learning settings. In line with the plan to assist autistic young learners, the English Government pledged to establish 37 free additional specialised educational institutions nationwide, with 24 designed to include tailored resources for autistic young learners and adolescents. The rollout of such additional special education availability was set for September 2022.

Furthermore, the strategy seeks to enhance caregivers' involvement in shaping SEND services. A commitment by the English Government to dedicate £8.6 million to assist the engagement of caregivers and adolescents in developing and shaping SEND programmes and provisions, ascertains that caregivers' perspectives are considered in the design and implementation of educational services. Such an emphasis caregivers' participation is regarded as crucial towards advancing a nurturing education environment that caters for autistic young learners.

In addition, the strategy stresses the necessity of comprehensive assistance involving collaborative efforts between medical, schooling, and social service sectors. It advocates for increased partnerships across such fields to ensure thorough assistance to autistic young learners and avoid their requirements reaching emergency circumstances. Such a coordinated approach aims to deliver improved achievement for autistic young learners through guaranteeing timely assistance from various fields in a timely manner (DHSC & DfE, 2021b).

2.13.1.4 Transitions and pathways to adulthood

England's Autism Strategy also emphasises assisting autistic young learners during critical development phases, especially progression from early years to mature years. The policy points out that such a stage is frequently marked by challenges for autistic adolescents, who might encounter ambiguity shifting from education institutions' predictable surroundings to a multifaceted adult sphere, that incorporates work and university prospects.

In response to these issues, the strategy proposes a range of actions aimed at ameliorating changes phases. Among the actions is the early inclusion of progression management in education programmes at an initial point, providing autistic adolescent learners with the necessary guidance, insights, and assistance to handle future changes. It further stresses the importance that educators and experts involved in the learning process possess the appropriate competences to assist autistic learners during such a significant stage.

Besides academic shifts, the strategy encourages career opportunities for autistic youth. The objective is to improve and advocate work placements, job training programmes and vocational training opportunities, that could offer autistic persons meaningful job exposure and competences building. To achieve such a process, the English Government intends to establish job assistance hubs in different regions whereby business leaders, career services, academic institutions, and caregivers to explore career options for youth with additional learning requirements including autistic learners.

Equitable learning and job prospects are identified as essential elements in reducing psychological distress in the case of autistic youth. Through ameliorating the assistance in changes to independent life, the strategy seeks to decrease the frequency of autistic persons who experience critical situations and necessitate intensive psychological treatment. Such a forward-thinking methodology towards assistance aims to foster sustained welfare for autistic youth as they progress to later years (DHSC & DfE, 2021b).

2.14 England's Autism Strategy Implementation Plan (2021-2022)

2.14.1 Improving the SEND system's support for autistic children

England's Autism Strategy Implementation Plan (2021-2022) (DHSC & DfE, 2021a) details essential steps focused on improving educators' autism expertise. An initiative to combat student intimidation is to be implemented in the education system, with the goal of enhancing learners' health and welfare, incorporating autistic persons. This initiative was set to be rolled out in September 2021. The plan further outlines working with prospective specialists for preparing school

mental health coordinators in educational institutions, with the objective to initiate the launch before the conclusion of the 2021/2022 scholastic year.

Such efforts illustrate the English Government's dedication towards equipping educators and support personnel with the essential competences to foster welcoming school surroundings for autistic learners, enhancing diversity and belonging throughout the learning spectrum.

The plan also emphasises methods to strengthen the Special Educational Needs and Disabilities (SEND) structure to meet autistic young learners and adolescents' requirements. Central to this is the dissemination and feedback process of the SEND evaluation, with the purpose of improving the structure to offer more effective assistance towards autistic learners. As soon as it would be released, the evaluation would present important findings and propose adjustments designed to improve the assistance structure in school settings.

Furthermore, the plan echoes England's Autism Strategy 2021-2026's aim to establish 37 free additional specialised educational institutions within England, with 24 designed to include tailored resources for autistic young learners and adolescents. Such a measure contributes to the overarching goal to address autistic learners' requirements within mainstream and specialised education.

Another significant initiative is identifying and tackling barriers encountered by autistic learners during their adjustment following COVID-19. The plan underscores the critical need to incorporate autistic learners' requirements into all facets of academic reconstruction, so that no learner is excluded in the pandemic's aftermath (DHSC & DfE, 2021a).

2.15 Inclusive education for autistic children aged 1 to 11 in England

2.15.1 Early Years (aged 1 to 5)

Within England, autistic learners' assistance services are initiated at a young age, with systems available for learners younger than five. Special educational needs (SEN)'s assistance in

relation to learners under five, incorporates a detailed developmental review when two years old, together with medical evaluations when two or three years old performed by a paediatric specialist. Learners also obtain a documented evaluation during the summer period in the initial stage of primary education. Such initiatives guarantee that learners are tracked for progress markers and provided with timely assistance when required.

The Early Years Foundation Stage (EYFS) framework is applied in nurseries, early learning programmes and Ofsted-certified childcare centres to guarantee that assistance for SEND learners is embedded into the educational experience. An example of the type of assistance for SEND learners is the use of sensory markers to meet the requirement of learners with needs. This framework aids the creation of an accommodating setting which encourages growth and educational opportunities for autistic learners.

In cases where minors are not enrolled in nurseries, early learning programmes or childcare centres, caregivers are recommended to approach a health practitioner to consider any potential assistance services. The focus is on recognising and responding to additional learning requirements at a prompt stage, guaranteeing an all-encompassing methodology towards assisting a learner's progress milestones (HM Government, n.d.).

2.15.1 Primary School Years (aged 5 to 11)

For learners who are 5 to 11 years old, if caregivers are of the opinion that learners require extra assistance, caregivers are encouraged to reach out to the Special Educational Needs Coordinator (SENCO) of the education institution the learners attend. This procedure is structured to recognise and address the requirements of autistic learners at a timely stage in mainstream school surroundings. This assistance can encompass personalised instructional schemes, extra guidance from educators and educational assistants, together with additional controlled surroundings such as limited-size cohorts.

Assessments during lessons or recess might be conducted to monitor learners' conduct level of engagement. Targeted assistance measures might incorporate aid in speech and interaction, personal hygiene, or guidance in handling everyday educational routines, including proper utilising restrooms or consuming food appropriately. Such a spectrum of assistance is essential to enable autistic learners actively involve themselves with the education surroundings (HM Government, n.d.).

2.16 Education, Health, and Care Plans (EHCPs) and access to independent support and advice

If a learner requires assistance which surpasses the capacity SEN assistance could offer, an EHCP might become essential. An EHCP is a formal enforceable file which details a learner's academic, medical, community assistance requirements, as well as the services needed to address such requirements. Such plans are designed for learners with specialised demands which exceed standard assistance offered by education institutions.

An evaluation with regard to an EHCP might be initiated by either caregivers or any specialist engaged with the learner such as a physician or educator. By 16 weeks, the regional council must determine if they desire to move forward with developing such a plan. Upon authorisation, the complete plan is released in 20 weeks, describing the extra assistance a learner would obtain, that might incorporate enrolment in a dedicated education institution for specific requirements if deemed appropriate.

A variety of external advisory are available to assist caregivers to obtain the suitable learning tools and aids. Entities including the Council for Disabled Children and regional Information, Advice, and Support (IAS) services help with regard to the SEN evaluation procedure and aid caregivers in understanding their entitlements and potential alternatives. Such services aim to equip caregivers with the tools they require to secure the most favourable conditions for learners (HM Government, n.d.).

Educational services available for autistic children aged 0 to 11 in England are hence comprehensive, ranging from early years assistance to EHCPs and availability of expert advice services. The emphasis is on timely detection, inclusive education, and well-rounded assistance structures to cater for the requirements of autistic learners and caregivers supporting them (HM Government, n.d.).

2.17 Caregivers and psychologists' perspectives on autism

Turning to caregivers' perspectives, Larcombe et al. (2019) delve into the views of caregivers and psychologists in relation to what abilities are required for autistic children to be prepared for the education system and what circumstances ameliorate their encounter with mainstream education. The said authors use a combination of methods with questionnaires and interviewing groups and individuals. The main reflections show that being prepared for the education system can be based on two variables: the autistic child, and the education system, with abilities in communication being the most important aspect for children. A student's learning encounters immensely depends on educators' and learning support educators' mindsets, indicating the requirement for additional continuous professional development and aid.

Consequently, Larcombe et al. also mention concentrating upon initial and classroom ongoing support within the education system and the importance of working together. The said authors' questionnaire asked caregivers and psychologists regarding important determinants for being prepared in the education system, such as communicating, interacting, and speech and thinking abilities. It also analyses how the education system and society affect whether and how autistic learners can be integrated favourably within the learning environment. Larcombe et al. (2019) demonstrate that autistic learners frequently struggle understanding mental states, being sociable, and cultivating interactions, which affects being prepared to infiltrate within the education system and sustain favourable outcomes in regular classes.

With particular reference to parents' experiences of autism in Malta, Camilleri (2022) showcases the extensive measures by male caregivers of autistic minors to assist them, while

furthermore revealing insights into their anxieties for what lies ahead. One extensive measure included the "Do Autism Differently" programme, previously called the "Son-Rise Programme", which is a child-tailored autism approach which promotes parental involvement in their child's world through interactive activities, with an emphasis on nurturing connection and dialogue (Autism Treatment Centre of America, n.d.). This programme incurred significant expenses on caregivers. Another measure was stem cell therapy which also incurred approximately 10,000 euros in costs. Stem cell therapy is an experimental approach designed to enhance brain function by utilising stem cells. However, its security and effectiveness are still unverified and debated (Institute for Stem Cell & Regenerative Medicine, n.d.). Hence, Camilleri (2022)'s study highlights that parents are consistently seek support for their autistic children, and that the types of support available across different countries can influence their overall quality of life.

2.18 Conclusion

In conclusion, the reviewed literature underscores the complexities and evolving nature of educational services for autistic children, highlighting the interplay of various models of disability and service delivery approaches. The comparative analysis between Malta and England reveals significant variations in how services are structured and implemented, each influenced by differing cultural, historical, and policy frameworks.

Having said that, this contextualisation makes it essential to answer the research questions of this study:

1. What are the predominant educational services available for autistic children from ages 0 to 11 when comparing Malta to England? What are the similarities and differences between the said services?

2. What model of disability do such services focus on?

Addressing these questions will gain valuable insight into the effectiveness and orientation of these services and help clarify where current services stand, provide a clearer understanding of

their foundations, and guide future efforts in shaping more inclusive and responsive educational practices for autistic children. This exploration is pivotal in informing policy changes and improving the lived experiences of autistic children and their families.

Chapter 3: Methodology

This chapter outlines the methodological approach adopted for the dissertation entitled "A comparative analysis of the educational services available for autistic children aged 0 to 11 in England and Malta". The study investigates the nature of educational provision for autistic children in these two contexts and the disability models that inform such provision.

The research is guided by the following questions:

- What are the predominant educational services available for autistic children aged 0 to 11 in Malta and in England? What are the main similarities and differences between these services?
- What model of disability do such services focus on?

To address these questions and building on the literature review which examined a range of service models, the study analyses the types of educational services for autistic children that are available in Malta and in England. The research adopts a descriptive-analytic comparative design, in which services and their underlying models of disability are both described and critically analysed.

3.1 Research design

3.1.1 Research paradigm

Given the study's focus on how educational services for autistic children aged 0 to 11 are organised and enacted in Malta and England, this dissertation is positioned within a critical realist research paradigm. Critical realism assumes that there is a real social world that can be investigated, but that our accounts of that world are always partial and shaped by interpretation. Ontology concerns what exists in the world, while epistemology concerns how we can know and study what exists. Critical realism argues that the nature of reality is not determined only by what we can observe or know about it (Fletcher, 2017). This stance fits the present topic because it allows the study to examine institutional structures that shape provision, while still taking stakeholders' interpretations seriously.

Critical realism conceptualises reality as layered into the empirical, meaning what people perceive and describe, the actual, meaning what occurs regardless of whether it is noticed, and the real, meaning the underlying generative processes and conditions that produce events (Fletcher, 2017). In this dissertation, the real includes relatively enduring structures such as legislation, resourcing decisions, service pathways, eligibility rules, training routes and accountability systems. These structures have causal powers that can enable or constrain practice, but their effects may vary depending on conditions in an open social system. The aim is therefore to explain how and why patterns tend to occur in this context, rather than to formulate general laws assumed to hold across settings (Fletcher, 2017).

At the same time, critical realism emphasises the interplay between structure, i.e. the wider system conditions that shape what is possible, such as rules, resources, roles and institutional arrangements; and agency, i.e. people's capacity to act, make choices, and interpret or respond to those conditions. My interview participants' ideas, meanings and decisions are treated as real and potentially causal, meaning they can influence what actions are taken and what support is provided in practice, while also being shaped by the institutional settings within which they work (Fletcher, 2017). Accordingly, policy stakeholders may interpret, prioritise and navigate the same formal rules in different ways and what is written in policy may be enacted unevenly across settings. Participants' accounts are therefore treated as valuable, but fallible perspectives on how the system operates, which are brought into dialogue with documentary evidence to support a more explanatory interpretation (Fletcher, 2017).

This paradigm aligns with the dissertation's descriptive-analytic comparative design. The comparison between Malta and England is not intended to rank one system as better, but to examine how education systems for autistic children are organised and enacted in two different national contexts. A critical realist stance supports interpreting similarities and differences in relation to contextual conditions by considering how particular mechanisms such as governance arrangements,

resourcing constraints or accountability pressures, are configured and how they tend to shape service pathways and forms of provision in each case.

The critical realist paradigm underpins the integration of methods used in the study. Documentary and policy analysis is used to examine intended provision and the formal architecture of services, including statutory duties, strategy commitments and official pathways. The iterative Rich Picture work and the semi-structured interviews with policy stakeholders capture how provision is understood, navigated and enacted in practice, including where everyday operation aligns with or diverges from, policy intentions. These sources support retroductive reasoning, meaning that the analysis works backwards from what is observed in the data to infer plausible explanations about what underlying mechanisms and contextual conditions must be in place to produce those patterns, shaping provision in Malta and England (Fletcher, 2017).

3.1.2 Data gathering tool

In this study, I used Rich Pictures, drawn from Soft Systems Methodology (SSM), as a core data-gathering and sense-making tool. SSM conceptualises social situations not as fixed, engineerable systems, but as complex, evolving configurations of relationships, shaped by multiple and sometimes conflicting worldviews. It offers an organised learning process through which researchers move from finding out about a situation to deciding on actions for improvement, using visual and conceptual tools to explore that situation in depth (Checkland & Poulter, 2020; Roderick, 2012). Within this framework, Rich Pictures are one of the main techniques for the initial finding out phase. They provide an informal, visual way of representing the entities, structures, processes and issues in a particular situation, and of making visible how these elements relate to one another. By portraying relationships graphically rather than only in linear prose, Rich Pictures can convey complexity at a glance and can surface tensions, gaps and ambiguities that might otherwise remain implicit (Checkland & Poulter, 2020).

Rich Pictures were well suited to this dissertation because the educational services available for autistic children aged 0 to 11 in England and Malta form a dense network of

organisations, pathways and practices. These include health, education and social care providers, statutory and non-statutory assessments, and a range of governmental and non-governmental actors. The conceptual models of disability that inform these services are also contested and diverse. A visual tool that highlights relationships, perspectives and boundaries was therefore appropriate for mapping how services are configured in each country and for examining how different elements connect or fail to connect in practice. In line with SSM's emphasis on accommodating multiple viewpoints, Rich Pictures allowed me to compare official structures with the lived realities described by participants, rather than assuming that formal policy diagrams fully capture how services operate.

Practically, I constructed the Rich Pictures digitally using Microsoft Paint on a Windows 11 laptop. The development of the Rich Pictures was developed in stages and spanned the whole period of data collection. I first produced preliminary Rich Pictures for England and Malta based solely on the literature review and an analysis of key policy and strategy documents relating to autism and inclusive education in both contexts. These initial diagrams concentrated on formal service structures, policy instruments and statutory processes. As I conducted the ten semi-structured interviews with experts working in the autism field, four in Malta and six in England, I returned to the pictures after each interview, adding, removing or re-labelling elements in light of participants' descriptions. In this way, the Rich Pictures functioned as a cumulative record of the evolving understanding that emerged from the dialogue between documents and interview accounts.

Over time, this process led to three final Rich Pictures, which are presented at the beginning of Chapter 4: one depicting services for very young autistic children in England, one for school-aged autistic children in England, and one for autistic children aged 0 to 11 in Malta. Earlier versions, including the initial literature-based diagrams and intermediate versions produced after selected interviews, are included in the appendices. These stages illustrate how participants' feedback and clarifications shaped the visual representation. For example, interviewees in England

highlighted discrepancies between policy provisions and everyday practice, leading me to shift some detail from the Rich Pictures into the subsequent thematic analysis, and to refine how certain pathways, such as the EHCP process, were depicted. Similarly, feedback from a Maltese participant led to a more accurate portrayal of the role of specific organisations such as Inspire. The inclusion of earlier versions provides an audit trail of how my understanding developed, which supports transparency and trustworthiness in the analysis.

Within the broader qualitative design, the Rich Pictures operated as both a data-gathering and an analytic device. As new information emerged from interviews and documentary sources, I checked it against the existing Rich Pictures, asking where it fitted, what it confirmed, and what it challenged. This often drew attention to gaps, contradictions or under-specified areas, such as where services were mentioned in policy but absent from participants' accounts, or vice versa, which in turn informed follow-up reading and lines of questioning in later interviews. In SSM terms, the Rich Pictures acted as a visual repository for the finding out phase that remained open to revision as learning progressed, rather than as static illustrations produced at the end of the study (Checkland & Poulter, 2020).

The Rich Pictures also provided a bridge between pictorial and textual forms of data in the subsequent thematic analysis (see Section 3.1.5). The themes reported in Chapter 4 were developed by reading interview transcripts and policies alongside the Rich Pictures and by examining how particular services, pathways and tensions were represented across these different sources. The Rich Pictures helped my research to be idiographic, in that they supported an in-depth understanding of the education and support available to autistic children in England and Malta, and strengthened the coherence and transparency of the overall analytic process.

3.1.3 Interview guide

Alongside the Rich Pictures, I utilised a set of semi-structured qualitative interviews with experts in the autism field in Malta and in England as a key source of verbal data. Qualitative interviewing was appropriate for this study because my research questions focus on how educational

services for autistic children are organised, experienced and understood, and on the disability models that shape these services. Interviews are well suited to exploring such issues, as they allow participants to describe practices, explain local arrangements and reflect on underlying assumptions in their own words, while the researcher can probe for clarification and examples. Methodological work continues to highlight that semi-structured interviews support in-depth accounts of participants' understandings and lived experiences, especially when examining complex service systems in education and health (Adeoye-Olatunde & Olenik, 2021; Chand, 2025).

The interviews followed a semi-structured format, guided by an interview schedule that ensured coverage of the key topics, while leaving space for participants to raise issues they felt were important. The development of this guide was driven directly by the two research questions. For the first question, on the predominant services for autistic children aged 0 to 11 and the similarities and differences between Malta and England, I drafted core questions asking participants to describe what they saw as the main educational services in their context, who is responsible for identification, and how different forms of provision operate in practice. These questions were designed to elicit detailed descriptions of provision pathways, organisational responsibilities and day-to-day practice, rather than only formal policy labels, so that the interviews could complement and challenge the service maps in the Rich Pictures.

For the second research question, which focuses on the disability models that inform services, I included questions that asked participants to reflect explicitly on different ways of thinking about autism. The guide invited comments on models such as the social model, deficit-based approaches and neurodiversity, and asked participants which ways of thinking were most evident in their own organisation and in the wider system. Additional questions on perceived strengths, weaknesses, and advantages and disadvantages of current services were intended to surface the values and priorities that sit behind practice, so that disability models could be explored both through direct discussion and through the rationales participants gave for what they regarded as effective or problematic provision. In each interview, I also asked how the system could be improved,

to encourage participants to articulate their vision for more inclusive and neuro-affirming arrangement, which fed into the later analysis of models of disability and recommendations.

The structure of the guide was also shaped by the Rich Pictures. Each interview began by inviting participants to comment on a draft Rich Picture for their national context and indicate whether it reflected their experience of the system. This opening question grounded the conversation in a concrete visual representation, gave participants an opportunity to correct or refine the initial mapping, and often led directly into discussion of missing services, informal practices or tensions between policy and everyday reality. Subsequent questions then moved from these visual maps to more detailed exploration of services, pedagogy and disability models, allowing the interview data to build on and deepen the picture created from documentary analysis.

To support cross-national comparison, I kept the structure and wording of the interview guides for Malta and England as similar as possible, while making minor adaptations to reflect national terminology and policy frameworks. For example, the England guide clarified how services related to special educational needs provision and statutory processes, while the Malta guide drew on local terms for key organisations and initiatives. Maintaining parallel questions across the two guides ensured that participants in both countries were asked about the same broad areas, namely service landscape, identification, pedagogical approaches, strengths and weaknesses, disability models and possible improvements, which supports systematic comparison of their accounts. In line with guidance on developing interview guides, the schedules combined broad, open questions with potential prompts and subsequent questions, to keep the focus aligned with the research questions while allowing participants to shape the direction and depth of their responses (Panyasai & Ambele, 2025). The full interview guides for Malta and England are included in the appendices.

3.1.4 Recruiting the sample

This study drew on ten expert participants, six based in England and four in Malta, who were recruited purposively on the basis of their involvement in educational and support services for autistic children aged 0 to 11. Purposive sampling was appropriate because the aim was not

statistical representativeness, but to speak with individuals who could provide informed, system-level insights into how services are organised and how different models of disability shape provision.

Participants were eligible for inclusion if they: (a) worked in roles connected to autism or disability services for children aged 0 to 11 in Malta or England, such as in education, health, social care, non-governmental organisations, or policy; (b) had sufficient knowledge of the broader service landscape in their context, rather than only a single classroom or clinic; and (c) were willing and able to take part in an audio-recorded interview in English or Maltese, having given informed consent. In order to include autistic perspectives as well as professional expertise, some participants were autistic themselves and chose to disclose this. Their dual positionality as autistic adults and professionals enriched the data by bringing the autistic voice into discussions of service design and practice.

Given the small sample and the specialist nature of participants' roles, I have not reported demographic or role specific background information in this section, as doing so could increase the likelihood of identification, particularly within the Maltese context. All ten participants met the inclusion criteria for the study. They were experts and worked in roles connected to autism or disability services for children aged 0 to 11 in Malta or England across education, health, social care, policy and non-governmental provision, including non-governmental organisations. Each participant also had knowledge of the wider service landscape in their context rather than experience limited to a single classroom or clinic, and each provided informed consent and took part in an audio recorded interview conducted in English or Maltese.

The final sample size of ten participants is consistent with contemporary guidance on qualitative interview research, which emphasises data adequacy rather than numerical thresholds. Work on saturation shows that in-depth interviews with relatively homogenous, information-rich participants can achieve thematic saturation within a relatively small number of cases, often in the range of 9 to 17 interviews (Hennink & Kaiser, 2022). Similarly, the notion of information power suggests that when a study has a focused aim, a specific sample, and rich dialogue with participants,

fewer interviews are required to generate analytically sufficient data (Malterud et al., 2016). In this dissertation, the research questions are tightly focused, the participants were selected for their specialist expertise, and the interviews were detailed and reflective. Considered collectively, these features support the argument that ten interviews provided adequate information power for the descriptive-analytic comparative design adopted here.

Recruitment strategies differed slightly between the two national contexts. In Malta, after ethical approval had been granted by the University of Malta's Faculty Research Ethics Committee (see Section 3.3), I contacted potential participants directly by email using institutional contact details. Each email included an information letter and consent form, outlining the purpose of the study, the expectations for participation, and how data would be handled. Individuals who met the inclusion criteria and were willing to participate then arranged a convenient time for interview.

In England, initial attempts to recruit participants directly, by emailing charitable non-governmental organisations working in autism and an academic author who had published extensively in the field, resulted in either no response or declined invitations. This reflects a wider challenge in qualitative research when approaching busy professionals without an existing relationship. To address this, I adopted a mediated recruitment approach using my dissertation supervisor as an intermediary. My supervisor circulated the study information letter to colleagues in England who were known to have substantial expertise in autism and special educational needs. Those who were interested were invited to contact me directly by email to arrange an interview. This intermediary strategy helped to establish trust and made it more feasible to engage senior professionals who might not otherwise have agreed to participate.

Concerns about whether any single interviewee could be knowledgeable about all aspects of autism and disability services were addressed in two ways. One response to this concern was that the sampling strategy deliberately included participants who were positioned in different parts of each system, such as policy, service delivery, and advocacy, so that their accounts could complement and, where necessary, challenge one another. Another way this was addressed was that, as

described in Section 3.1.1, the Rich Pictures were built from an ongoing dialogue between interview data, policy and strategy documents, and the wider literature. The visual maps were therefore not dependent solely on any one participant's account, but instead synthesised multiple sources. When participants were uncertain about particular details, these gaps could be checked against documentary evidence or other interviews, which strengthened the robustness of the comparative analysis.

All ten interviews were conducted between March and August 2024, providing a single time-point snapshot of participants' views on the organisation of services and the disability models underpinning them during that period. To protect confidentiality, all participants were anonymised. In the dissertation, Maltese interviewees are referred to as Malta Participant 1, Malta Participant 2 and so on, while English interviewees are cited as England Participant 1, England Participant 2 etc. The pseudonymisation of data is particularly important in Malta's small context, where professionals may be easily identifiable. Anonymity also created space for interviewees to share candid reflections on the strengths and limitations of current arrangements, including critical views of policy and practice.

In line with university ethical guidelines, the audio recordings and transcripts are stored securely and are not publicly accessible. Only I had access to the identifiable data, which were handled and analysed in accordance with the procedures approved by the University of Malta's ethics committee (see Section 3.3).

3.1.5 Conducting the interviews

All interviews were conducted online using Microsoft Teams. Before each interview began, I reminded participants about the purpose of the study, confirmed their informed consent, and asked specifically for permission to audio-record the conversation. Once consent was granted, I started the recording in Microsoft Teams and, at the same time, used a separate digital audio recorder as a back-up in case of technical problems with the online platform. I scheduled the meetings myself and sent

the calendar invitations and links to participants so that the recordings would be saved directly to my device, which reduced the risk of recordings being lost.

An initial pilot interview was carried out with the first England participant in order to test both the interview guide and the online arrangements. In this pilot, the participant hosted the Microsoft Teams meeting and created the link. On that occasion, Microsoft Teams did not generate a usable recording, which confirmed the importance of the parallel digital audio recording. The pilot interview also allowed me to begin to familiarise myself with the structure of educational services for autistic children in England, to receive early feedback on my draft Rich Pictures, and to refine the wording of the interview questions. In particular, England Participant 1 advised me to explain more clearly what I meant by the term "service" in the interview guide, and I revised the guide accordingly before conducting the remaining interviews.

After each interview, I transcribed the audio recordings in full. Interviews conducted in Maltese were first transcribed in Maltese and then translated into English for analysis, with attention to preserving the original meanings and nuances of participants' accounts. The English and translated Maltese transcripts then formed the basis for the subsequent thematic analysis described in Section 3.1.5.

3.1.6 Analysing the data

Data analysis was conducted using reflexive thematic analysis (TA), supported by the Rich Pictures and documentary material described earlier in this chapter. Braun and Clarke (2024) describe TA as a flexible yet rigorous approach for identifying and interpreting patterned meanings across collections of qualitative data in a way that remains closely anchored in the researcher's lines of inquiry and theoretical commitments. This approach was appropriate for my study because it allowed me to trace how participants described the organisation of services for autistic children and the disability models that shape those arrangements, while also accommodating the comparative focus on England and Malta.

The analysis was not postponed until all interviews were completed. Instead, reading, annotating and coding transcripts took place alongside ongoing data collection and the progressive development of the Rich Pictures. This overlapping design meant that early insights could inform later interviews and prompt further clarification, while the evolving visual maps of services acted as a reference point for examining how participants' accounts converged or diverged from policy descriptions.

Drawing on methodological discussions of TA, I treated it as a rigorously structured yet interpretative process rather than a purely mechanical technique (Braun & Clarke, 2022). I began by immersing myself in the transcripts, reading each one several times, making initial notes on recurrent issues related to service pathways, organisational arrangements, and references to disability models. During this stage, I read the transcripts alongside the relevant Rich Picture and policy documents for the same national context, so that early codes could reflect both the lived accounts of practice and the wider service architecture.

The coding strategy combined a predominantly deductive orientation with sensitivity to unanticipated issues raised by participants. Scholars of qualitative analysis distinguish inductive thematic analysis, in which codes and themes are developed primarily from the data, from deductive approaches, where the coding frame is informed by prior concepts, theoretical interests or research questions (Bingham, 2021). In this dissertation, the research questions, the preliminary Rich Pictures, and the earlier analysis of autism and disability policies in England and Malta provided an initial set of analytic concerns. These included, for example, how different services are accessed, how responsibilities are distributed across different bodies such as ministries, services, NGOs, schools and local authorities, and how autistic children are positioned within competing models such as deficit-based, social and neuro-affirmative framings. Using a mainly deductive strategy was therefore appropriate because the aim was to examine participants' accounts in relation to these clearly defined questions, and to compare how similar issues appeared in the two national systems. At the same time, the coding remained open to new patterns or tensions that did not fit neatly

within the initial expectations, reflecting contemporary arguments for blended or flexible uses of inductive and deductive logics in thematic analysis (Haan & Venema, 2025).

NVivo software was used to support, but not replace, this analytic work. All interview transcripts, including translated Maltese interviews, were imported into NVivo. Separate projects were created for the Malta and England datasets so that each context could first be analysed on its own terms before being brought into direct comparison. Within each project, I developed a coding framework that listed candidate themes and sub-themes, together with short analytic descriptions. Each code captured either a type of service, such as early intervention provision or specialist units, a process, such as assessment, transition, or coordination between different bodies, or a way of conceptualising autism and disability. NVivo's functions for organising coded segments, and examining how codes were distributed across participants, together with the NVivo workbook listing themes, sub-themes and their short descriptions, were used to keep a clear record of the analysis and to revisit interpretative decisions. Contemporary discussions of computer-assisted qualitative data analysis emphasise that NVivo is particularly useful for organising large sets of qualitative data, collating coded extracts, and documenting the evolution of the analysis, while the interpretive work remains with the researcher (Dhakal, 2022).

As coding progressed, I moved from a relatively detailed set of initial codes to a more focused set of themes. This involved grouping related codes, examining how they connected within and across interviews, and considering how strongly they illuminated the research questions. In this study, themes were treated not simply as labels for clusters of codes but as coherent patterns of meaning that captured key aspects of the organisation of services and the operation of particular disability models (Braun & Clarke, 2022). Potential themes were refined by checking them against the full set of coded extracts, against the Rich Pictures for each country, and against relevant policy documents. Where necessary, themes were re-defined, combined, or reduced so that each retained a clear focus and analytic purpose.

The final thematic structure for each country was finalised when the themes provided: (a) a descriptive account of the main forms of provision and pathways available to autistic children aged 0 to 11, and (b) an interpretive account of how different models of disability were reflected in participants' descriptions of these services. These country-specific themes were then compared to identify convergences and divergences between England and Malta, with particular attention to how similar service functions were organised differently and how specific disability narratives were privileged or marginalised in each system.

Chapter 4 presents the Rich Pictures and the thematic findings derived from this process, keeping the focus on what emerged from the data collected in this study. The subsequent discussion chapter brings these findings into dialogue with the wider literature and policy debates and offers a more interpretive and critical commentary. This separation between the presentation of themes and the later discussion was intended to support transparency for the reader about how conclusions were grounded in the qualitative data.

3.2 Reliability and trustworthiness of the study

In this qualitative, descriptive-analytic comparative study, reliability is approached in terms of trustworthiness rather than statistical reproducibility. Trustworthiness refers to the extent to which readers can have confidence in how the data was generated, interpreted and presented, commonly discussed through the interrelated ideas of "credibility, dependability, confirmability and transferability" (Ahmed, 2024; Kakar et al., 2023). In this section, I outline the steps taken to support these aspects of quality within the design described in Sections 3.1.1 to 3.1.5 above.

Credibility relates to how convincingly the findings reflect participants' perspectives and the service systems they described (Ahmed, 2024). This was addressed by purposive sampling of expert participants with substantial knowledge of autism-related services for children aged 0 to 11 in Malta and England, and by conducting in-depth, semi-structured interviews that allowed them to explain local arrangements in their own words. All interviews were audio-recorded, together with a back-up device, and transcribed verbatim, and Maltese interviews were translated into English with attention

to preserving meaning and nuance. The use of a pilot interview helped to refine the interview guide and clarify key terms, which strengthened the clarity of subsequent interviews. Credibility was further supported by bringing together three sources of evidence, interview transcripts, policy and strategy documents, and Rich Pictures, so that emerging interpretations could be checked against multiple forms of data rather than relying on any single account.

Dependability concerns the consistency and transparency of the research process over time (Ahmed, 2024). To support this, I documented the key stages of sampling, recruitment, data collection and analysis in detail, including inclusion criteria, recruitment routes in each country, and the interview procedures. Within the analysis, the NVivo projects for Malta and England contained the full set of transcripts, the evolving coding framework, and a workbook in which each theme and sub-theme was accompanied by a brief description. This created a written record of how analytic categories were defined and refined. The staged development of the Rich Pictures, from initial diagrams based on documents to revised versions informed by interviews, also created a visible record of how my understanding of the two service systems changed as new information was incorporated. These forms of documentation align with discussions that emphasise clear reporting and systematic record-keeping as key components of dependable qualitative research (Ahmed, 2024; Braun & Clarke, 2024).

Confirmability refers to the extent to which the findings are grounded in the data rather than in unchecked personal preference (Ahmed, 2024). In this study, confirmability was supported by working systematically from coded extracts towards themes and repeatedly returning to the original transcripts and Rich Pictures to check that each theme was supported by multiple examples. Within NVivo, all transcripts for Malta and for England were organised in separate projects, each using a single coding framework. Each NVivo workbook listed the themes and sub-themes with brief descriptions, which provided a stable structure for coding and for developing the thematic findings. These steps assisted to maintain a clear link between the data and the interpretations, while recognising my role as the sole analyst (Braun & Clarke, 2022).

Transferability concerns whether readers are given enough contextual detail to judge how far the findings may be relevant to other settings (Ahmed, 2024). To support this, the Findings and Analysis chapter provides a thick description of the Maltese and English contexts, including key features of each country's education and support systems for autistic children and the policy frameworks in which services are embedded. Studies on trustworthiness in qualitative research highlight that providing detailed contextual information assists readers decipher how far findings may apply to their own national circumstances (Stalmeijer et al., 2024; Younas et al., 2023).

Measures to protect anonymity and handle data securely, described further in Section 3.3, also contribute to the overall trustworthiness of the study by creating conditions in which participants could express their views openly about strengths and weaknesses in current provision, and by ensuring that the data was managed in line with ethical and institutional expectations.

3.3 Ethical issues

In this dissertation, I drew on deontological ethics, which emphasise duty and moral obligation (cf. Kant's 'categorical imperative' (Kant, 1785, p. 19), to frame the privacy of interviewees as a core ethical requirement (Cohen et al., 2018, p. 130). I also recognised that a method of dealing with privacy and minimising risk of harm is to make use of anonymity and confidentiality for those participating in research (Cohen et al., 2018, p. 129).

In my research, the type of qualitative analysis that I conducted, by its very nature, cannot guarantee non identification and non traceability of interviewees, especially those from Malta, since the particular information provided by the participants might lead to their identification (Cohen et al., 2018, p. 111). Hence, when I sent the consent form to the participants, I informed them that I could not guarantee their "anonymity and confidentiality" when reporting on the information they provide in my research (Cohen et al., 2018, p. 129). To reduce this risk, I removed identifying details from transcripts and reporting, avoided naming organisations, and reported findings at an appropriately aggregated level where possible.

The study was designed as low risk because it focused on service level provision rather than personal or sensitive individual data. Interviews were confined to professional perspectives on autism related supports, and no identifiable information about participants, children or families was sought or recorded. Participants were recruited in their professional capacity and were positioned to comment on service organisation and delivery. The purpose of the interviews was to document available supports and to examine how services for autistic children aged 0 to 11 are organised and experienced across Malta and England. This study received formal ethical clearance from the University of Malta's Faculty Research Ethics Committee (FREC; application EDUC-2023-00698). Where required, I also obtained permission from the relevant Ministry ethics route to approach staff participants.

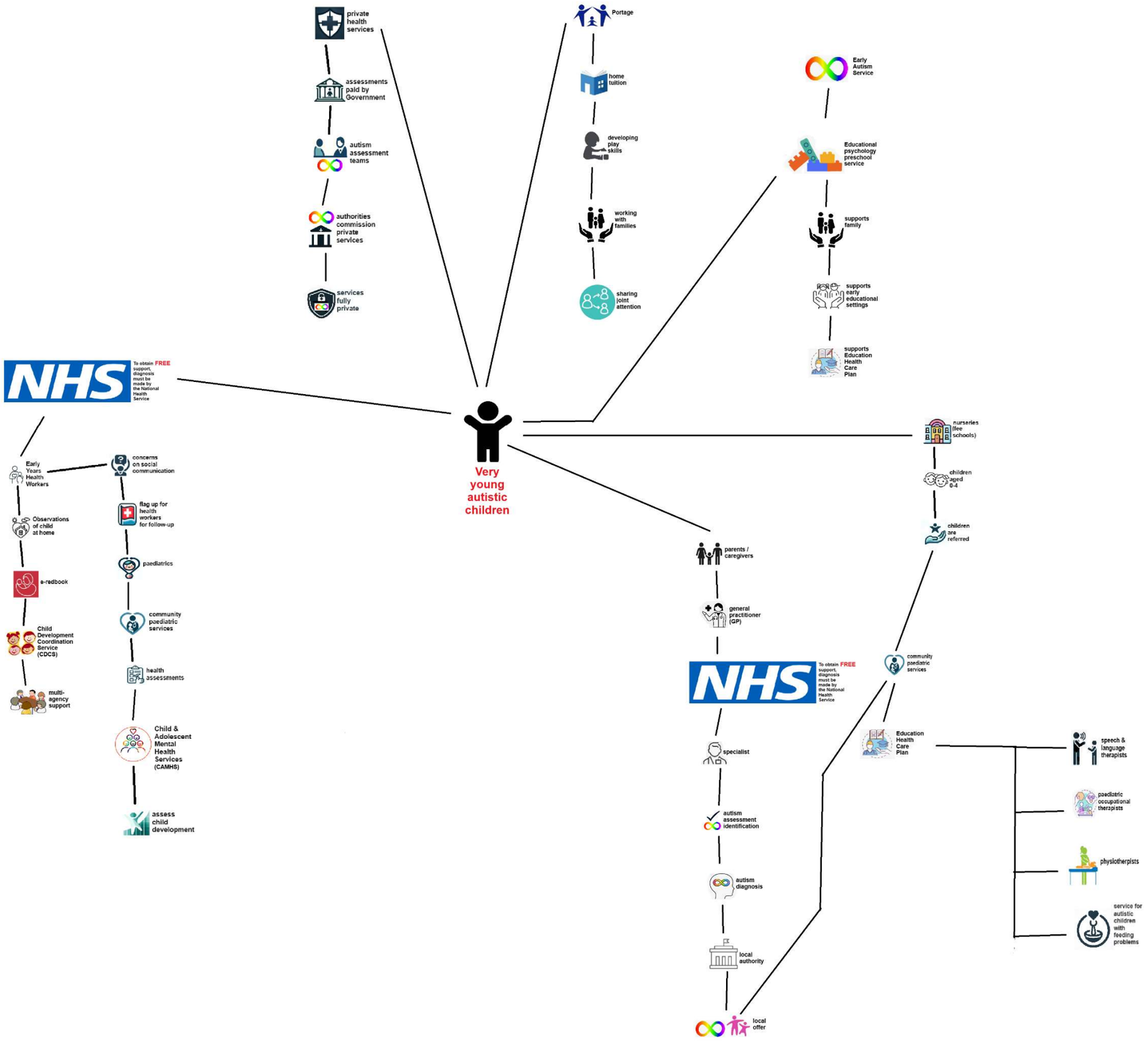
Pseudonymised interview data and consent forms were stored securely on a password protected external hard drive kept under lock and key, with access restricted to the researcher.

Chapter 4: Findings and Analysis

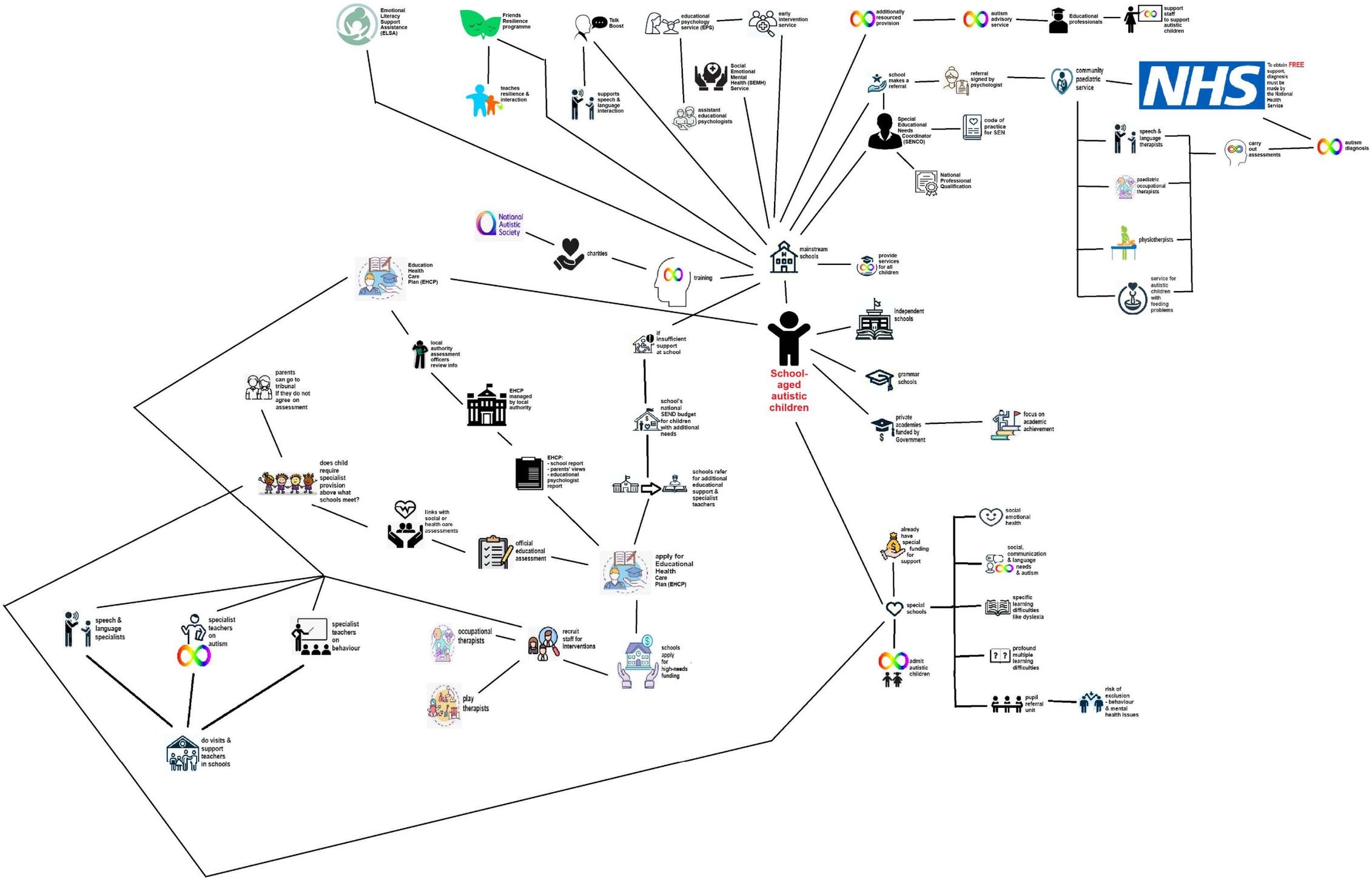
A. Rich Pictures

The following Rich Pictures I drew, illustrate the services available for autistic children in England and Malta. These represent the final versions, developed following the completion of all interviews with participants from both countries. Prior to conducting the interviews, I created initial Rich Pictures based solely on a review and analysis of the relevant literature. In some cases, I produced revised versions of the Rich Pictures after completing certain interviews to reflect emerging insights. The initial literature-based Rich Pictures, as well as the adapted versions developed after selected interviews, are included in the appendices following the main body of the dissertation.

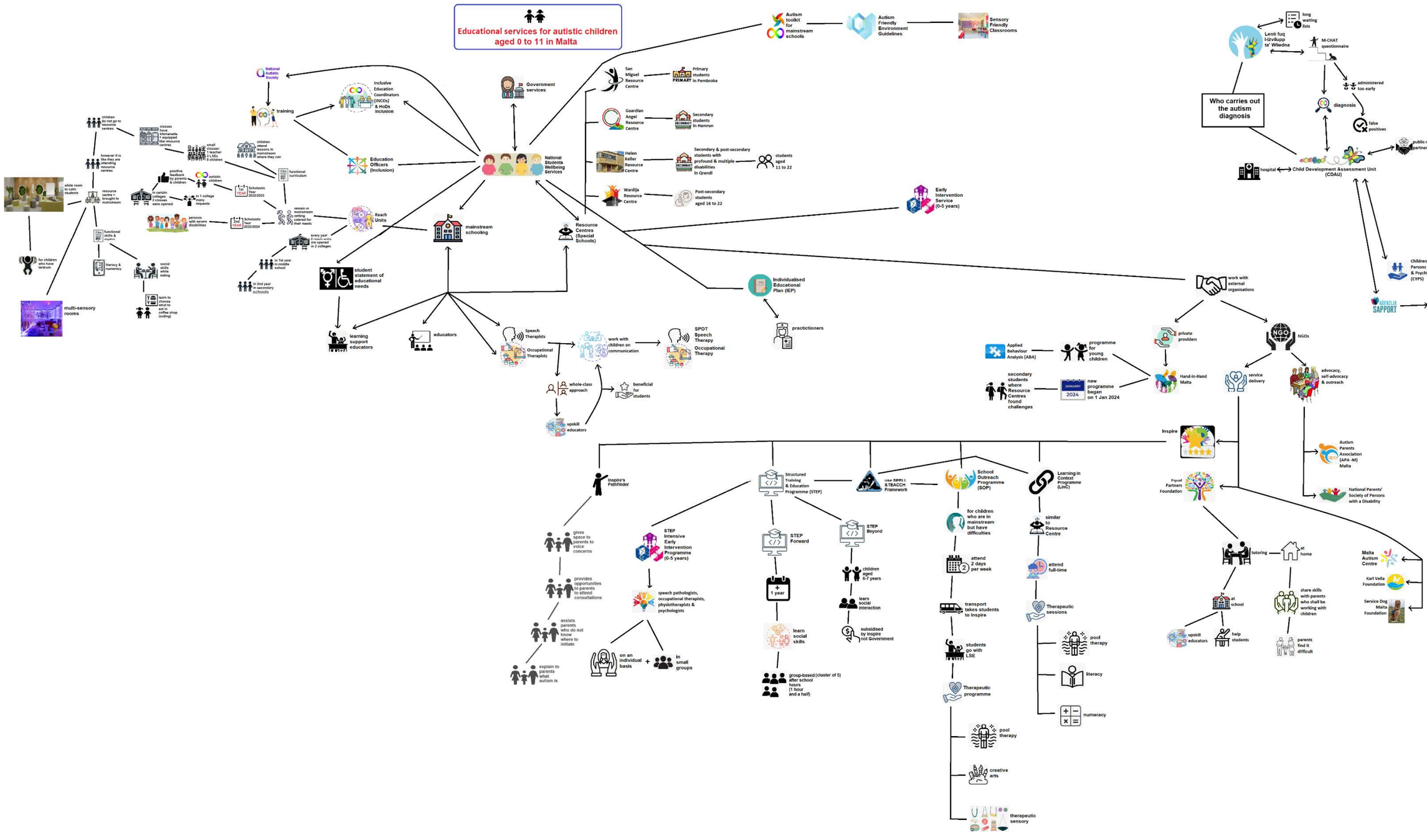
Rich Picture 1: Educational services available for very young autistic children in England



Rich Picture 2: Educational services available for school-aged autistic children in England



Rich Picture 3: Educational services available for autistic children aged 0 to 11 in Malta



One of the key differences between the initial and final versions of the Rich Pictures is the change in the symbol used to represent autism. England Participant 3 noted that the initial Rich Pictures included the jigsaw puzzle piece to symbolise autism. In my final versions, I adopted the infinity symbol. This change was informed by the participant's observation that the jigsaw puzzle piece is widely avoided by the autistic community, due to its association with the American charity Autism Speaks, which has historically promoted narratives focused on curing autism and funding research towards that aim. Such representations have been criticised as unethical by the autistic community, as they reflect a deficit-based approach to autism. Furthermore, England Participant 3 explained that the jigsaw piece implies that autistic individuals are broken or incomplete and in need of fixing, an interpretation that many within the autistic community strongly reject.

Another notable difference between the initial and final Rich Pictures is the shift in focus. In the initial versions, the emphasis was primarily on autism-related policies and legislation in England and Malta. However, England Participants 2 and 4 highlighted significant discrepancies between the provisions set out in official policies and legislation and the realities experienced on the ground. In response to these observations, the final Rich Pictures omitted detailed descriptions of structural weaknesses in service provision and participants' views on various models and approaches to autism. Instead, these aspects are presented in the thematic analysis section later in the dissertation. For instance, England Participant 4 expressed disagreement with the depiction in the initial Rich Picture, emphasising that funding considerations predominantly influence the structure and operation of the education system in England.

England Participant 2 also pointed out a factual inaccuracy in the initial depiction of the Education, Health and Care Plan (EHCP), which had been shown as linked to the National Health Service (NHS), whereas in practice, the EHCP is administered by educational authorities. In addition, England Participant 4 provided a detailed explanation of the role of community paediatricians, which contributed to a more accurate and nuanced representation of service pathways. As a result, I

developed two separate Rich Pictures for England, one focused on services available for very young autistic children and another centred on school-based provision.

Similarly, the final Rich Picture for Malta was refined following insights from the fourth Malta interview, particularly in relation to the services provided by Inspire Malta. The revised illustration offers a more accurate portrayal of the support structures in place within the Maltese context.

The subsequent thematic analysis builds upon and integrates the analysis of the services depicted in the Rich Pictures presented earlier.

B. Thematic Analysis and Examination of the services depicted in the Rich Pictures

Drawing on the interviews conducted with participants from both England and Malta, as well as the service structures illustrated in the preceding Rich Pictures, a thematic analysis was undertaken. This analysis led to the identification of the following key themes:

Theme 1: Early Identification and Assessment
1.1 Diagnostic, Assessment, and Referral Pathways
1.2 Role of Private Diagnostic Services
Theme 2: Specialist Early Intervention Support and Therapeutic Services
2.1 The role of Local Structures and Partnerships in Early Years Autism Support
2.2 Community-based Services, Multidisciplinary Teams, Speech and Language Therapy and Communication Support
Theme 3: Educational Support in Mainstream Schools
3.1 Inclusive Practice and Classroom-level Support, Adaptation of Curriculum and Learning Environment
3.2 Individualised Support, SENCOs, Role of Inclusion Coordinators, and Learning Support Educators
Theme 4: Specialist Teaching and Support Services
4.1 Interventions and Teaching Strategies
4.2 The Role of England's Education, Health, and Care Plans (EHCPs), Malta's Statementing Process and Individual Education Plans (IEPs) and Statutory Support
4.3 England's Specialised Schools, and Malta's Resource Centres
4.4 Implementation and Monitoring in Malta
Theme 5: Structural Weaknesses in Service Delivery
5.1 Service Provider Challenges: Overload, System Fragmentation and Funding Limitations
5.2 Service User Challenges: Parental Engagement, Misunderstanding of Services, and Sustainability of Support
Theme 6: Critical Perspectives and Areas for Growth
6.1 Inclusion, Segregation, and Systemic Tensions
6.2 Rethinking Diagnostic Models and Resource Allocation
6.3 Tensions between Educational Approaches and Competing Conceptual Models
6.4 Awareness, Advocacy, and Policy Support

Table 1: List of Key Themes

Theme 1: Early Identification and Assessment

Autistic children in England are first identified through health services, nurseries, and preschools, which refer children for further assessments. In Malta, early screening and assessment is also carried out to identify autistic children and provide appropriate support.

1.1 Diagnostic, Assessment, and Referral Pathways

Unlike Malta, England is a big country, and diagnostic pathways varies by locality area or region. Outside of a school setting, in England, the first contact that children have, is with England's NHS, specifically early years health workers who are called health visitors. These workers conduct developmental observations in people's homes. Children possess a so-called "red book", which keeps a record of children's development. This continues until around three years of age.

> *"The health visitor might identify concerns about social communication during routine home visits… these early health workers flag these to the health services for follow-up with paediatrics." (England Participant 2).*

Despite its name, England's NHS does not operate as a single, centralised national service. It comprises a multitude of diverse entities, varying in magnitude and function, and situated across multiple administrative levels assuming diverse duties. Over the years, English governments have constantly been restructuring the NHS, which has existed since 1948. NHS England is the governing body for the NHS. However, around 2022, in the last restructuring, more power was given to the local bodies, which are called integrated care boards (ICBs), and they commission services at a local level. They are very varied.

> *"So when it comes to commissioning autism diagnostic pathways, that is a local decision ICBs have to carry out… the way the ICBs commission autism diagnostic pathways… will change according to the local area's clinical decision that the children live in." (England Participant 3).*

For example, one interviewee referred to Bexley, where children who exhibit complex needs at birth, are identified by the NHS and are taken care of by Bexley's Child Development Coordination Service (CDCS) which is a multi-agency service which caters for children with very complex medical or physical challenges. CDCS is a service which autistic children might access; however, the service is not exclusively only for autistic children.

In certain areas, parents can refer to general practitioners who in turn can make a referral. However, in other areas, a local decision could be taken in that general practitioners do not see children frequently enough, and the ICBs only accept referrals from teachers or paediatricians who have spent more time with the children, or a psychologist. It might also be a team with a mixture of speech and language therapists.

Hence, there is also contact from nurseries, which are private schools in England, catering to children from birth to four years old. If children attending such schools illustrate autism-related differences, the school special educational needs coordinator (SENCO) could make referrals to speech and language therapy services in consultation with the parents or caregivers school staff.

> *"Generally, the school staff do not explicitly mention autism, but they make referrals… Specialist speech and language therapists can work with that preschool age child… they can pass the information through to the community paediatricians and they become part of the Autism Assessment Service (AAS)." (England Participant 4).*

In England, there are also so-called Team Around the Child meetings which could include educational psychiatrists, educational psychologists, Child and Adolescent Mental Health Services (CAMHS), SENCO representatives, and the family.

> *"In such cases, there is a meeting which is followed by the identification process, where different NHS-based autism identification charts are utilised." (England Participant 5).*

In Malta, by contrast, the gateway for identification is comparatively centralised through the Child Development Assessment Unit (CDAU), which is the primary free-of-charge public

institution for autism diagnosis and developmental delays in children. It falls under the Ministry responsible for Health, which in 2025 is called Malta's Ministry for Health and Active Ageing (MHA), and as at 2024, which is the year I conducted the interviews, was based at former St Luke's Hospital's premises. The CDAU conducts multi-disciplinary assessments based on referrals from midwives or private options or a national screening service called *Lenti Zvilupp t'Uliedna*, which mainly utilises a questionnaire called M-CHAT.

> *"Lenti was initially launched as a service focused on autism, but in reality, it identifies whether there are any developmental conditions. The M-CHAT does not definitively diagnose autism but highlights specific areas of developmental concern… further assessments are conducted by the CDAU… categorises cases as low, medium, or high risk… This process may identify autism or other developmental disorders beyond autism." (Malta Participant 2).*

With reference to the Lenti programme, interviewees highlighted the issue of misdiagnosis, false positives and wrong diagnostic results.

> *"What the M-CHAT attempts to do, is, to identify children early… the screening through Lenti is carried out before the child turns 3 years old… at that age, you get many false positives… up to 70% of cases may result in false positives." (Malta Participant 1).*

This would be unfair to both parents and children, particularly for new parents, as it could cause unnecessary anxiety. If, for example, the M-CHAT questionnaire results indicate that the child scores low or poorly, early intervention is initiated. While certain early interventions, like speech and language therapy, would not cause harm if a child is not speaking, however, the issue arises when parents are informed prematurely that their child might be autistic, causing unnecessary panic.

> *"Some argue that if children are not identified early, they might not catch up. However, 3 years old is the established age to perform a diagnosis, and it is not too late." (Malta Participant 1).*

1.2 Role of Private Diagnostic Services

In England and Malta, due to long waiting lists in public healthcare, some children access private autism assessments, which may be government-funded in some cases. In England, however, in order to avoid families who have access to more financial resources, skipping the queue and fast tracking, parents or caregivers who pay for the autism diagnosis may render those children ineligible or disqualified from receiving health or care services via England's NHS or services provided by the local authority. Hence, in England, if children have been examined by a private paediatrician and received an autism diagnosis, they would still need to be examined by a paediatrician who belongs the National Health Service.

> *"There is a long waiting list… so some parents go privately… [but] that may preclude… accessing services… [so] parents are… stuck… going through the public route." (England Participant 6).*

Having said that, in England, there are many different services for which families can access and pay for. Essentially, they replicate what is available through the local authority as well. Therefore, with reference to educational settings, families who obtain a privately funded autism diagnosis, could access privately funded speech and language therapy interventions, however, might encounter challenges if the school does not recognise the private diagnosis.

In Malta, parents can visit private clinics to obtain an autism diagnosis. This is recognised by the Maltese Government-funded and privately funded education service providers. To mitigate CDAU and public services' waiting lists, the State relies on public-social partnerships whereby the Maltese Government purchases services from organisations like Inspire Foundation Malta and Malta Autism Centre, which provide specialist support services for autistic children and children with disabilities.

> *"While the CDAU is the main Government department which carries out diagnostic assessment free of charge for parents, the latter possess the option to carry out the*

assessments privately or through Inspire's Pathfinder services. …parents inform Inspire that they financially cannot afford to carry out the assessment privately and hence Inspire's prices are kept… low to help such parents." (Malta Participant 4).

Theme 2: Specialist Early Intervention Support and Therapeutic Services

2.1 The role of Local Structures and Partnerships in Early Years Autism Support

In England, limited structured support exists for very young autistic children, making early identification and intervention crucial through nurseries and health professionals.

"The teacher cannot refer very young autistic children for early intervention because they are not at school. …a health visitor might identify difficulties during routine home visits… refer the child to the local education authority, which could request the certified psychology service to assess the situation." (England Participant 2).

"One of the … areas that the British authorities are looking at is support for early years. …an autistic child, the characteristics might appear before the age of three. …it is also about education, with the early years, the nurseries recognising that nursery workers… recognise the characteristics of autism." (England Participant 6).

One of the positive services available in England, particularly in Bexley, is the Portage service, which supports preschool children aged one to three, who exhibit complex higher level of communication interaction challenges, until they begin attending nursery. The Portage approach facilitates the development of early play skills in children who exhibit limited responsiveness to cause-and-effect toys. It also supports the emergence of foundational interaction abilities by fostering early relational connections, for example, through shared activities such as joint book reading, with the aim of gradually developing joint attention. Portage practitioners provide support to families by working directly with the child in the home environment. Additionally, for children

enrolled in early years educational or childcare settings, practitioners extend their support within these contexts as well.

> *"Portage services do not only support autistic children. It also supports children who possess other developmental challenges, such as global developmental delays, however, frequently, autistic children access the service too." (England Participant 4).*

In Bexley, there is also a Bexley Early Autism Service (BEAS) team, and the Early Years Advisors are also available. These support children presenting with socio-communicative developmental needs. Educational systems are exhibiting enhanced acknowledgement and responsiveness to the multifaceted needs of autistic learners.

> *"If children are recognised as finding social communication and interaction challenging… there is the Bexley Early Autism Service (BEAS) team. There will almost certainly be an educational psychologist involved… All early years settings have Early Years Advisers." (England Participant 4).*

In Malta, early intervention services for autistic children provided within Government childcare centres, kindergartens, and schools are overseen by the Ministry for Education, Sport, Youth, Research and Innovation (MEYR)'s National Student Wellbeing Services. These services are delivered in collaboration with a range of external entities through public-social partnerships. These entities include non-governmental organisations (NGOs) and foundations primarily engaged in service provision, such as the Inspire Foundation Malta (Inspire) and Equal Partners. Additionally, private providers such as Hand-In-Hand contribute to service delivery. Other NGOs, including the Autism Parents Association (APA) and the parents' society, are primarily oriented towards advocacy. Collectively, these diverse actors constitute a broad network of stakeholders, each playing a distinct role in supporting autistic children and their families.

> *"The work with NGOs, focusing more on public-social partnerships… work with external organisations …private providers like Hand-in-Hand, NGOs… that focus on service delivery, such as the Malta Autism Centre or Equal Partners. …Inspire is… a service*

provider… NGOs that focus on advocacy, such as the Autism Parents Association (APA) and the parents' society." (Malta Participant 1).

"[The Ministry] has another programme… from Hand-in-Hand, which is Applied Behaviour Analysis (ABA). …[The Ministry] also procures services from the Equal Partners Foundation [which procures] tutoring. …[This includes sharing] skills with…parents… and [supporting] the student …at school … [and] upskill[ing] educators." (Malta Participant 2).

2.2 Community-based Services, Multidisciplinary Teams, Speech and Language Therapy and Communication Support

England's NHS services offer specialist healthcare support through speech and language therapists, paediatric occupational therapists, and feeding teams, but long waiting lists persist.

"There is the support provided through healthcare by the NHS. This includes speech and language therapists, paediatric occupational therapists, and… physiotherapists if there are health issues. …[and] 'feeding teams'. These referrals usually come from assessments, but there are waiting lists." (England Participant 1).

In England, some parents only identify autistic traits in their children around age two, prompting a referral from a General Practitioner (GP) to a community paediatrician, who may initiate an autism pathway. These pathways, introduced around 2005, originally involved multidisciplinary input from health and education professionals, including clinical psychologists, paediatricians, psychiatrists, educational psychologists, and specialist teachers. However, austerity measures post-2008 led to service reductions and the loss of several specialist roles. While the pathways still exist, the comprehensive family and school-based support they once offered has largely been discontinued.

"We usually don't notice traits until children are around one or two. Parents may go to a GP, who can refer on to a community paediatrician who might put the child on an autism

assessment pathway. It used to be more multidisciplinary, with both health and education input, but funding pressures have reduced some specialist roles." (England Participant 2).

For England's school-aged children, referrals to the Community Paediatrics Service is initiated by the school, based on the child's presenting needs. The Community Paediatric Team reviews the referral to determine whether assessment for autism, ADHD, or other developmental concerns is appropriate. It is not the school's role to decide on the diagnosis. A referral must be signed by an educational psychologist to confirm that prior discussions have taken place and that referral is warranted, for example, to rule out trauma-related issues that may explain the child's difficulties.

The community paediatricians conduct a two-stage assessment. The first involves an in-person meeting with the child and parents to review the case and determine whether further evaluation is needed. This includes direct interaction with the child rather than relying solely on documentation. In clear-cut cases, particularly with older children, a video assessment may follow. Long waiting times are common.

"Once a child is in mainstream school, the school can refer to community paediatrics to consider whether an autism assessment is appropriate. The team triages the referral, and the school does not decide the diagnosis. Referrals are typically supported by an educational psychologist, and clinicians usually begin with an in-person meeting with the child and parents." (England Participant 4).

In Malta, early intervention and therapeutic services include structured therapies and interventions which should aim at equipping autistic children with skills rather than making them indistinguishable from non-autistic peers. Furthermore, when it comes to mentioning public-social partnerships, it is important to distinguish between what composes "educational tools" and what composes "educational services".

"It is important that… a clear distinction is made between what constitutes a tool and what constitutes an educational service. …Tools like Floortime… or play therapy… are not educational services. They are tools designed to help children better access educational opportunities. An educational service… adds value to formal, non-formal, or informal education." (Malta Participant 1).

However, Public Social Partnerships provide complementary support and should not be regarded as a substitute for mainstream education.

"Public-social partnerships… should never replace mainstream education". (Malta Participant 1).

This brings us to the next theme: mainstream education.

Theme 3: Educational Support in Mainstream Schools

3.1 Inclusive Practice and Classroom-level Support, Adaptation of Curriculum and Learning Environment

With reference to educational services being carried out in schools, Malta's National Students Wellbeing Services (NSWS) within Malta's MEYR regularly elevate their services to highlight shortcomings and secure extra support to assist learners.

"[MEYR] also assess[es] [its] services and identif[ies] gaps to procure additional support services for more children." (Malta Participant 2).

Malta's interviewees participants insisted on the importance of maintaining inclusive settings and to prevent isolation.

"Resource centres should not be used to segregate children. Resource centres may branch out as children grow older, but [learners] should remain in mainstream education. …additional support should be provided… such as more hands-on guidance." (Malta Participant 1).

This point is acknowledged in Malta's National Autism Strategy 2021-2030.

> *"[Malta's Ministry for Inclusion and the Voluntary Sector (MIV)] do[es] address it in the autism strategy." (Malta Participant 1).*

While autistic children frequently experience a sense of disconnection, when a learner perceives themselves as being entirely distinct, and is subjected to exclusion, this reinforces the perception of being a marginalised member of society.

> *"Autistic children often feel disconnected. If a child already feels different and is segregated from the outset, it's inevitable that they will feel even more isolated. If I am excluded, I will feel like an outsider." (Malta Participant 1).*

In this regard, Malta's MEYR, as part of its commitment to inclusive education, has established what are referred to as Reach Units, which are specialised classrooms integrated within mainstream schools, originally designed to support autistic children who experience difficulties with transitions. Each Reach Unit is staffed by one educator and three Learning Support Educators (LSEs) and accommodates a maximum of eight students. An evaluation process was subsequently conducted, involving both parents and the learners attending Reach Units. Given that the majority of these learners were non-verbal, alternative communication methods, such as the use of picture-based tools, were employed to facilitate their participation. Following the overwhelmingly positive outcomes observed during the first year of implementation, highlighting Reach Units' effectiveness and inclusivity, the scope of Reach Units was expanded to include learners with multiple and severe disabilities.

> *"(The Ministry is) exploring models from other countries… to help children stay in mainstream education. …Learners can join activities with peers while also receiving targeted support… to socialise and not feel isolated." (Malta Participant 1).*

> *"The purpose behind the Reach Unit was to support children who find transitions difficult… so that, rather than being separated from peers, …they remain in a*

mainstream setting with tailored support. …After the first year, an evaluation with parents and learners, including those who communicate differently, produced very positive feedback. …The model was then widened beyond autistic learners. …It is staffed by one teacher and three LSEs, with a maximum of eight learners …following a functional curriculum." (Malta Participant 2).

In Malta, "white rooms" are available within Reach Units to support learners with emotional regulation. Additionally, some schools are equipped with multi-sensory rooms designed to address and accommodate diverse sensory needs. Reach Units are designed to deliver the ASDAN curriculum, which is an internationally recognised highly adaptable, functional curriculum, allowing for adjustments based on the learner's emotional and behavioural state. Integration into mainstream settings is encouraged when appropriate, avoiding unnecessary segregation. Admission to Reach Units is based on observed need rather than parental request alone. The focus is on developing practical skills, with literacy and numeracy taught through applied, context-based learning. Classrooms are equipped with facilities such as kitchenettes to support experiential, hands-on learning.

"The focus is on functional skills, with numeracy and literacy taught in a more practical way. …The classroom is equipped with a kitchenette to make learning more hands-on. … we created a white room that they use for calming purposes. If the school has the space, we also set up a multi-sensory room." (Malta Participant 2).

Learners follow personalised timetables, attending mainstream classes for subjects in which they excel, accompanied by an LSE, and returning to the Reach Unit for additional support. They also participate in school-wide activities and outings, which are used to generalise social skills in real-world contexts. At the end of each academic year, students receive individualised certificates detailing the topics covered, the levels attained, and the objectives achieved, thereby providing a clear record of their progress.

"We tailor a functional curriculum… if a learner is strong in a subject, they can join the mainstream class with peers, supported by an LSE… We emphasise generalisation through real-life activities in the community… It is the ASDAN curriculum… and at the end of the year a certificate is issued summarising the areas covered and the level reached." (Malta Participant 2).

Reach Units are established across a range of school settings, and Malta's MEYR is actively working to expand their availability.

"[They are] expanding gradually… a small number of schools open each year… The main challenge is space, because you need several dedicated rooms for a unit to operate properly." (Malta Participant 2).

On the other hand, in England, one key educational service available to autistic children is Child and Adolescent Mental Health Services (CAMHS). While CAMHS is intended to support young people and their families, access is limited due to long waiting times, often up to two years, and a prevailing medical model that frequently attributes mental health difficulties solely to autism. This makes it particularly difficult for families of autistic children to obtain timely and appropriate support.

"There are places in England called CAMHS, which also conduct developmental assessments." (England Participant 1).

"We have services like CAMHS to support young people and families, but access can involve very long waits. The approach can be very medical, with difficulties attributed to autism, which makes it hard to get the right support." (England Participant 5).

3.2 Individualised Support, SENCOs, Role of Heads of Department (Inclusion), and Learning Support Educators

England's educational service framework is underpinned by the Special Educational Needs (SEN) Code of Practice.

"Educational services are shaped by the SEN Code of Practice." (England Participant 2).

In the English context, within the education field, school-based Special Educational Needs Coordinators (SENCOs) are often responsible for initiating the formal process of identifying autism, typically working in collaboration with parents to make referrals for assessment.

"The SENCO can initiate a referral in consultation with parents." (England Participant 5).

England's pedagogical approach for educating autistic children is grounded in a tiered model of inclusive education. At its foundation is *Quality First Teaching*, which emphasises adaptive, whole-class instructional strategies that benefit all learners, including autistic pupils. Rather than providing entirely separate tasks for autistic children, *Quality First Teaching* encourages teachers to implement universally accessible methods such as visual information and step-by-step instructions.

"We don't single pupils out… effective teaching benefits everyone, with adaptations like visuals and clear step-by-step tasks." (England Participant 6).

When a child shows signs of falling behind, a structured *assess-plan-do-review* cycle is initiated.

"If a pupil is falling behind, we use an assess-plan-do-review cycle." (England Participant 6).

If this targeted classroom intervention proves insufficient, the child receives *Tier 2 SEN Support* interventions involving classroom assistants and additional accommodations.

"If classroom changes aren't enough, that becomes Tier 2 SEN support." (England Participant 6).

When classroom interventions are insufficient or a teacher requires additional guidance, the school's SENCO becomes involved. A SENCO is typically a qualified teacher who has undertaken or is undertaking additional training in special educational needs. Over time, they develop expertise in areas such as autism.

"If it continues or staff need guidance, they go to the SENCO, a teacher with additional SEN training." (England Participant 2).

As of September 2024, in England, all SENCOs are required to obtain the National Professional Qualification (NPQ) for SENCOs. This qualification differs in structure from the former National Award for Special Educational Needs Coordination (NASEN Award), which was in place prior to September 2024, and is recognised as carrying greater professional status. The NPQ is mandatory for all SENCOs, including those who previously completed the earlier qualification, a requirement that has led to some frustration among experienced practitioners. Nonetheless, the new NPQ aims to establish a consistent standard across the profession, highlighting comprehensive knowledge of special educational needs legislation and guidance and the capacity to implement effective support strategies within schools, even in contexts with limited external resources.

"The SENCO Award was run by NASEN. There is now an NPQ for SENCOs. It's different and seen as higher status. It's mandatory even for people who already held the earlier award, which some find frustrating. The aim is a consistent standard and strong knowledge of SEND guidance and what schools can do with what they have." (England Participant 2).

SENCOs support classroom teachers by recommending and trialling targeted strategies. If these prove ineffective, and with parental consent, they coordinate referrals to *Tier 3 specialist support and external professionals*, such as occupational therapists, speech and language therapists or autism outreach services specialist services, ensuring that parental involvement is maintained throughout the process.

"When a learner's needs are affecting learning, you move to specialist input, such as speech and language support or specialist outreach." (England Participant 6).

Across all tiers, England's teachers are encouraged to draw from a broad repertoire of evidence-informed strategies, such as social stories, cartoon conversations, and communication

tools, to address individual needs. Nonetheless, the classroom teacher remains ultimately responsible for the learning and inclusion of all learners, regardless of diagnosis.

> *"Teachers can use a range of strategies to support autistic learners such as tools to help with emotions, friendships, focus, and communication. Ultimately, the class teacher remains responsible for inclusion and learning for every pupil." (England Participant 6).*

In Malta, MEYR has enhanced the capacity of Heads of Department (HoDs) (Inclusion) by providing them with specialised training in autism through collaboration with the United Kingdom's National Autistic Society. These professionals support schools by observing classroom practices, advising on evidence-informed strategies for autistic learners, and guiding staff on their implementation. They maintain regular follow-up to assess progress and adapt approaches as needed. HoDs (Inclusion) also play a key role in identifying when additional services beyond the education sector, such as mental health support, may be necessary.

> *"[MEYR has] HoDs (Inclusion) trained in autism… When schools raise a case, they suggest practical strategies, upskill the class team, and follow up to see what is working and what needs adjusting. They may also flag when support beyond education is needed." (Malta Participant 2).*

Just as in England there are classroom assistants, in Malta, there are LSEs. LSEs are assigned to a child through MEYR's Statementing Board.

> *"When a child is diagnosed, parents may request a statementing board review, and an LSE may be allocated." (Malta Participant 4).*

Theme 4: Specialist Teaching and Support Services

4.1 Interventions and Teaching Strategies

As previously noted, in Malta, one of the most significant public-private partnerships established by MEYR in the context of educational service provision for autistic children is its

collaboration with the Inspire Foundation Malta, hereafter referred to as 'Inspire'. The following section outlines the services provided by Inspire.

> *"Inspire works very closely with the National Students Wellbeing Services (NSWS) MEYR especially concerning the following programmes: STEP Intensive Early Intervention (STEP IEI), STEP Forward, School Outreach Process (SOP), and Learning In Context (LinC)." (Malta Participant 4).*

Following an autism diagnosis, whether through the CDAU or private channels, children may be referred to Inspire's STEP IEI programme.

> *"After diagnosis, public or private, families meet the statementing panel. That is when they can opt onto the waiting list for STEP IEI." (Malta Participant 4).*

Additionally, if school staff, including HoDs (Inclusion) and LSEs, observe that a child is spending substantial time outside the classroom, a referral may be made to NSWS MEYR, which then evaluates the case and determines whether the child should access Inspire's LinC or SOP programmes.

> *"Referrals to LinC and SOP come through NSWS MEYR... the HoDs Inclusion and the LSE ... report to NSWS MEYR... NSWS MEYR passes the child to Inspire, informing them that the child for example is either for SOP or LinC." (Malta Participant 4).*

MEYR retains full control over Inspire's waiting lists and Inspire itself does not manage or access this information.

> *"NSWS MEYR manages the waiting lists. Inspire does not access them, so we cannot check a family's place on the list." (Malta Participant 4).*

Introduced in 2024, Inspire's *Pathfinder* programme aims to address a gap in support for parents of newly diagnosed autistic children. While Inspire has traditionally focused on child-centred services, Pathfinder was established in response to parental feedback expressing uncertainty and emotional difficulty following an autism diagnosis. The programme offers consultations to guide

parents in understanding autism and coming to terms with the diagnosis. Additionally, Pathfinder provides access to diagnostic assessments at significantly subsidised rates, making it a more affordable alternative to private services, though the CDAU remains the primary public provider of diagnostic assessments in Malta.

> *"In 2024, Inspire launched Pathfinder to support parents soon after diagnosis. Parents often say they do not know where to start, so we offer consultations to explain autism and help them process the diagnosis. Pathfinder can also provide assessments at subsidised rates." (Malta Participant 4).*

Inspire provides an intensive early intervention programme known as STEP IEI (Structured Therapy Educational Programme Intensive Early Intervention), designed for autistic children from the point of autism diagnosis up to the age of five. This Government-subsidised service offers one-to-one and small-group sessions, guided by a multidisciplinary team that includes tutors, speech and occupational therapists, and psychologists. The programme focuses on developing foundational skills across various developmental areas, supporting children's participation in home, school, and community settings.

> *"[STEP IEI] helps identify each child's needs across key developmental areas. …It is publicly funded. …Support is delivered by tutors, with input from a multidisciplinary team, such as speech and occupational therapy, psychology. …Inspire also keep links with schools when needed." (Malta Participant 4).*

Children are grouped by developmental level and attend on designated weekdays. Each child has an individual tutor who delivers both one-to-one and group interventions. Utilising the SPELL (Structure, Positive approaches and expectations, Empathy, Low arousal, Links) framework and TEACCH (Treatment and Education of Autistic and Communication-handicapped Children) approach, Inspire's sessions take place in a purpose-designed environment divided into functional areas, using structured transitions and visual schedules to enhance predictability and reduce anxiety.

"Inspire uses SPELL and TEACCH. …The links are with parents and schools. …The environment is structured to support predictability, with clear routines and visual schedules. …Each child has an individualised plan, and Inspire adjusts routines and materials to reduce distress for particular children." (Malta Participant 4).

A key feature is Inspire's use of functional rather than diagnostic assessments to identify strengths and tailor interventions accordingly.

"Inspire uses a functional assessment to identify a child's strengths across developmental areas, so Inspire can build on those strengths and support further progress." (Malta Participant 4).

Complementing the child-focused approach of STEP IEI, Inspire also engages parents as active partners in the intervention process through structured training and support initiatives. As part of the programme's participation agreement, most families are expected to attend parent-focused seminars held throughout the year. In 2024, these took the form of four full-day workshops delivered outside Inspire's premises, covering core topics such as autism understanding, communication, and behaviour management. Sessions are led by Inspire's multidisciplinary team, including psychologists and speech therapists, and are designed to provide both professional insight and opportunities for peer-to-peer learning. Inspire also organises parent support groups to encourage connection among families, often leading to informal networks such as WhatsApp groups for mutual encouragement and experience sharing. In addition, regular parent-feedback meetings are held to inform service development, with families encouraged to suggest improvements rather than focus solely on positive remarks. Through these initiatives, Inspire aims to reduce isolation, strengthen parental capacity, and ensure that learning and therapeutic strategies extend beyond the centre into the home environment.

"Families are expected to attend regular parent training as part of the programme. …Sessions cover topics like understanding autism, communication, and behaviour, with input from different professionals. …Parents also learn from each other, and there are

support groups to reduce isolation and share strategies that can be used at home." (Malta Participant 4).

Following participation in STEP IEI, some autistic children transition to *STEP FORWARD*, a group-based after-school programme designed for those in compulsory education Year 1. Sessions are held for 90 minutes outside school hours to avoid disruption to the regular school day. Children are grouped in small clusters, typically five per group, supported by three adults. The programme maintains the same structured and visual-based communication strategies used in earlier Inspire services. While therapists are not directly involved, tutors lead the sessions and draw on internal consultation mechanisms when necessary. Like STEP IEI, the programme is fully Government-subsidised and free of charge to families.

"[STEP FORWARD] runs after school for about 90 minutes. …Children are in small groups with several adults and Inspire uses the same visual supports as in other programmes. …Tutors lead the sessions. Therapists are not present, but Inspire can consult internally when needed. …It is publicly funded." (Malta Participant 4).

For slightly older children, Inspire offered the STEP BEYOND programme, which further supported the transition into formal schooling. Aimed at children aged six to seven, meaning those who are in Year 2, this programme built upon the approaches developed in STEP IEI and STEP FORWARD. It was structured around two strands: one focused on enhancing social interaction and group participation, and the other targeted communication and early literacy skills, sometimes with input from a speech therapist. Unlike the earlier programmes, STEP BEYOND operated on a pay-per-use basis. However, during its implementation from 2023 until its conclusion in September 2024, Inspire covered 50% of the cost through its own fundraising initiatives, thereby easing the financial burden on families.

"Inspire is providing a service for autistic children aged 6 to 7 years… through the STEP BEYOND programme… with part of the cost subsidised. …It focuses on… social

participation in groups and… early literacy and communication… sometimes with speech-therapy input." (Malta Participant 4).

In parallel with these structured programmes, Inspire also offers the *School Outreach Programme (SOP)* to support autistic children who are enrolled in mainstream schools but face difficulties sustaining full classroom participation. SOP provides short, regular therapeutic sessions at Inspire's Marsaskala centre, typically two to three times per week, during school hours. Children attend with their LSE, and transport is arranged to facilitate access. The programme combines multisensory and therapeutic activities, including pool therapy, horseback riding, creative arts, and sensory sessions, delivered within a highly structured routine using visual supports and predictable transitions. Importantly, Inspire trains LSEs to implement consistent strategies across both settings, with the aim of gradually enhancing the children's ability to reintegrate into the mainstream classroom environment.

"[MEYR has] the SOP programme… for children in mainstream who experience difficulties. …A couple of days a week, they attend a therapeutic programme… with their LSE… including pool, creative arts, and sensory sessions." (Malta Participant 2).

"In [SOP] …a small number of children who find the classroom environment difficult… attend sessions two or three times a week with their LSE. …They use multisensory spaces and structured therapeutic activities… Staff also support LSEs to use similar approaches in school… and visuals are used to support turn-taking and expectations." (Malta Participant 4).

For autistic children whose needs exceed the support possible within mainstream settings, Inspire also provides the *LinC programme,* a full-time educational and therapeutic placement commissioned by Malta's MEYR. Designed for those experiencing significant sensory or behavioural challenges, LinC offers an adapted curriculum alongside structured therapeutic input, such as literacy and numeracy sessions, pool therapy, and behaviour regulation support. A key feature of the programme is its robust behaviour support framework, where all staff are familiar with and follow

each child's individual plan to ensure consistent implementation across the team. While the programme serves children who are unable to attend school, reintegration into mainstream education remains a long-term goal for some, assessed on a case-by-case basis following sustained progress.

> *"MEYR also procures the LinC programme… a full-time placement for children who cannot cope in mainstream… combining education with therapeutic input… including pool therapy and literacy and numeracy." (Malta Participant 2).*

> *"Children… who enter the LinC programme… are often not coping in the school environment… and may become overwhelmed. …The curriculum is adapted… and highly visual. …Staff follow an individual behaviour support plan consistently… so everyone carries out the same approach. …For some children, the long-term aim may be a return to mainstream, following review." (Malta Participant 4).*

In England, educational services for autistic children can differ significantly by region, with access and availability shaped by the practices and priorities of individual local authorities, making equity across areas uneven despite national intentions. To improve transparency and support for families, each local authority is required to publish a "local offer" on its website. This resource outlines the full range of services available in the area, including education, health, and social care, enabling parents to identify and access relevant support more easily.

> *"So much as we would like to think that it's equitable, actually it does vary in each different region as to what is available …[in each] local authority." (England Participant 4).*

> *"Every local authority… has to publish a 'local offer' online… so parents can see what education, health and social care services are available locally." (England Participant 6).*

In Bexley, a dedicated preschool educational psychology service is available for children typically aged three to five, before they enter formal schooling. This service engages with children in

a variety of early years contexts, whether they attend nursery, are cared for by a childminder, or are at home. Its primary aim is to work collaboratively with families and early years professionals to build a deeper, ongoing understanding of each child's developmental needs and strengths, acknowledging that these can evolve significantly during early childhood. The service also plays a key role in supporting children as they prepare for and transition into school settings.

> *"Specialist speech and language therapists… can refer young children… to a preschool educational psychology service… for children around three to five… until they go into a school setting… working with the child in nursery or at home… alongside families and early years settings… to understand needs and support transition into school." (England Participant 4).*

In Bexley, assistant educational psychologists (EPs) contribute to a range of targeted interventions designed to support children's development. These include communication and language programmes, such as "Talk Boost", which is implemented with children in Reception, Year 1, and Year 2. This programme aims to enhance communication, interaction, and language skills, and has been used with children who are either undergoing autism assessments, have a diagnosis, or present traits associated with autism. In addition, assistant EPs also deliver interventions addressing social, emotional, and mental health needs, such as through the "Friends Resilience" programme, which focuses on promoting resilience and positive peer interactions, and the "Emotional Literacy Support Assistant (ELSA)" programme, which helps children develop emotional understanding and regulation.

> *"Bexley… has assistant EPs who… offer targeted interventions… including communication and language support for children in Reception, Year 1 and Year 2… sometimes involving autistic children or those with emerging traits… and support for social, emotional and mental health needs, such as resilience and emotional literacy work." (England Participant 4).*

Schools are responsible for deciding which pupils may benefit from specific interventions and for assessing their suitability. This process typically involves using tools such as "Strengths and Difficulties Questionnaire" and other initial assessments to better understand the child's needs. These interventions are accessible to both autistic and non-autistic children.

> *"It is up to schools to identify who is appropriate… using baseline measures… such as a strengths and difficulties questionnaire… and it is open to autistic children as well as other children." (England Participant 4).*

In addition to publicly funded services, families may opt to access private provision, which often parallels the support available through the local authority. This may include independently funded speech and language therapeutic interventions, depending on the needs of the child.

> *"Regarding private services… families can also pay for similar support… such as privately funded speech and language therapy or other therapeutic input." (England Participant 4).*

In England, Applied Behaviour Analysis (ABA) is more commonly associated with private, fee-paying schools or therapeutic centres, as local authority provisions tend to approach it with caution due to perceptions of rigidity. While purely ABA-based models are generally confined to independent settings, elements of ABA may be selectively integrated within publicly funded services and schools. These adaptations are typically blended with other strategies rather than implemented as a standalone framework. TEACCH, by contrast, is more widely accepted and frequently used within both specialist and mainstream educational environments, particularly through structured teaching elements such as individual workstations and visual cues.

> *"ABA tends to be used mainly in private, fee-paying settings… local authorities are often cautious about it and may see it as too rigid. …Some publicly funded services and schools use elements of ABA, but they do not follow a purely ABA model. …TEACCH is more widely accepted, with structured teaching such as individual workstations and visual cues." (England Participant 4).*

4.2 The Role of England's Education, Health, and Care Plans (EHCPs), Malta's Statementing Process and Individual Education Plans (IEPs) and Statutory Support

Within the English context, the support available to autistic learners is significantly shaped by whether or not they have an EHCP. These plans outline the child's individualised needs across the three domains and are used to determine eligibility for specialist provision or additional support within mainstream settings. A high proportion of children with EHCPs are autistic, whereas those without, could present with other communication-related needs.

> *"An EHCP is a key document that sets out a child's needs across education, health, and care, and it can be the route to accessing additional support and services." (England Participant 6).*

Nonetheless, the presence of undiagnosed autism in English schools complicates provision. Mainstream classrooms often include children at different stages of the diagnostic process, including those with a formal diagnosis, those undergoing assessment, and others who may be autistic but remain unidentified. Teachers, therefore, face challenges in recognising and addressing diverse and sometimes hidden needs.

> *"In mainstream classes, there are learners with a diagnosis, learners still being assessed, and others who may be autistic but are not yet identified. As a teacher, knowing who needs what support can be difficult." (England Participant 6).*

EHCPs are developed based on a multidisciplinary input, typically including reports from schools, educational psychologists, social services (if applicable), and paediatricians who collate clinical assessments. However, local authority officers responsible for drafting these plans might lack in training, which may lead to an over-reliance on psychology reports.

"An EHCP is informed by several reports, including school and specialist input. But the staff who draft the plan may not have specialist training, so they can rely heavily on the psychologist's report. The process can be inconsistent." (England Participant 2).

Additionally, while the plans aim to be person-centred, they are often parent-led, potentially limiting the inclusion of the child's own preferences and learning profile.

"Even though EHCPs are meant to be person-centred, the child's voice can be missed, and their views can get lost." (England Participant 6).

Nationally, in the Maltese system, when a child receives an autism diagnosis, whether through public services such as the CDAU, through NGOs like Inspire, or via private channels, parents often request a meeting with the statementing board within Malta's MEYR. This board typically assigns an LSE and also enquires whether the child should be placed on the waiting list for the STEP programme.

"After a diagnosis, parents usually go before the statementing board. The board typically assigns an LSE and may also ask whether the child should be placed on a waiting list for [Inspire's] STEP programme." (Malta Participant 4).

Just as in England, there are EHCPs, in Malta, there are Individual Educational Plans (IEPs). Their aim is to provide learners with tailored, additional support. These plans are also supported through collaboration between schools and external service providers, which contributes to addressing specific concerns and strengthening provision.

"There is ongoing communication with schools. Staff work together, attend planning meetings, and share advice. This matters because the service provider can support the school when concerns arise." (Malta Participant 4).

4.3 England's Specialised Schools, and Malta's Resource Centres

England has a diverse educational landscape, with multiple institutions, bodies, and agencies, often interconnected with universities and national departments, contributing to policy

and practice development in special education. Special schools, including those with academy status, are directly state-funded but operate independently, which has at times led to tensions between academic performance pressures and the needs of learners requiring additional support. Mainstream schools may host specialist units for autistic pupils, but gaps remain in provision, particularly for autistic learners without cognitive delays.

> *"Free schools can be linked with universities and external consultants. Many mainstream schools are academies, state-funded but operating with greater independence, and some have satellite provision for autistic learners… Since these reforms, the focus has often shifted toward academic attainment, with less attention to accommodating children with additional needs, including autism." (England Participant 1).*

In response, a number of free and independent specialist schools have emerged, offering smaller class sizes and teachers with advanced subject knowledge and autism-specific training, aiming to provide suitable academic pathways such as GCSEs and A-Levels. This expansion seeks to address shortcomings in both mainstream and traditional special school models, especially in meeting the needs of cognitively able autistic learners.

> *"Free and independent specialist schools for autistic children have developed to fill a gap between mainstream and traditional special schooling, particularly for autistic learners without cognitive delay. They tend to offer smaller classes and more autism-specific expertise, supporting academic routes like GCSEs. In mainstream settings, staff may not be trained for autism, while some special schools may not provide the same academic level. So there is a gap in provision." (England Participant 5).*

According to Maltese practices, resource centres operate as specialised educational environments designed to provide tailored support to students with complex needs, including autistic learners. These settings differ significantly from mainstream classrooms through smaller student groups, typically no more than eight per class, and a high staff-to-student ratio involving a

teacher and three Learning Support Educators. The environment is adapted to students' needs, including functional classroom layouts with on-site facilities such as bathrooms and kitchenettes.

> *"Resource centres are specialised settings. Class sizes are much smaller than mainstream, around eight, with a teacher and several LSEs. The environment and curriculum are adapted, with a focus on functional skills and individual needs." (Malta Participant 2).*

The curriculum is individualised, often focusing on functional and life skills and organised by ability grouping. Speech and occupational therapists, employed by MEYR, contribute through a whole-class model, embedding therapeutic goals into daily learning routines and equipping educators to reinforce these goals.

> *"Speech and occupational therapists support resource centres through a whole class approach, embedding communication targets into daily routines and coaching educators to reinforce these targets consistently." (Malta Participant 2).*

Examples of Malta's resource centres include San Miguel (primary), Guardian Angel and Helen Keller (secondary), Wardija (post-secondary), and the Sannat Unit, which serves all levels. While these centres cater to a range of disabilities, not all students have autism as a primary diagnosis.

> *"Across different stages there are specialised centres, some serving learners with very complex needs, including profound disabilities. These settings are not exclusively for autism, although autistic learners are among those supported." (Malta Participant 2).*

4.4 Implementation and Monitoring in Malta

A key strength of Malta's support system for children with disabilities lies in its centralised structure, whereby services are located within Malta's MEYR's NSWS. This arrangement fosters effective interdisciplinary collaboration and enables a holistic approach to student support, particularly when addressing co-occurring needs.

"Having services under one roof is a real advantage in a small system. It makes collaboration easier and helps us support learners more holistically." (Malta Participant 2).

Within Malta's education system, specialised early intervention is also offered to children undergoing assessment, even prior to a formal autism diagnosis. Centralisation enhances visibility of school-level demands, allowing for timely adjustments in workforce planning and service delivery. In recent years, staffing levels across early intervention and psychological services have expanded in response to growing demand.

"Centralisation gives clear visibility of what schools need. When demand rises, the Ministry can adjust and expand staffing, such as by strengthening early intervention and psychology capacity." (Malta Participant 2).

Training gaps are identified and addressed, as seen in the development of targeted training for staff. Services also maintain links with non-state providers to ensure broader accessibility.

"The Ministry identifies training gaps and responds with targeted sessions, such as around relationships and sexuality for autistic learners. The Ministry also develops newer specialist provision when it sees a wellbeing gap that needs filling." (Malta Participant 2).

Additional initiatives include the establishment of multisensory rooms in primary schools with high incidence of disability. These rooms, along with nurture classes and learning support zones, promote functional life skills, social-emotional development, and therapeutic engagement. Designed to be inclusive and responsive, these services support students with diverse needs within the mainstream school environment.

"Sometimes the Ministry sees gaps in what external provision can offer, so the Ministry develops additional support and can monitor how services link up. The Ministry has introduced multisensory rooms in some primary schools with higher levels of need. They

are open to different disabilities and help with communication, regulation, and classroom participation. Where these rooms are not available, nurture classes support socio-emotional learning and practical independence skills within mainstream settings." (Malta Participant 2).

Theme 5: Structural Weaknesses in Service Delivery

5.1 Service Provider Challenges: Overload, System Fragmentation and Funding Limitations

England's education system has seen a rise in demand for highly specialised provision, as advances in medical care allow more children with complex needs to access schooling. As places in specialist settings become more limited, mainstream schools are accommodating children with significantly higher levels of need than in the past. This shift has occurred alongside reduced public funding and increased accountability pressures, leaving schools under-resourced and staff overwhelmed. Service providers, including educational psychologists, are under growing pressure to prioritise statutory assessments tied to funding eligibility, such as EHCPs, over early intervention and capacity-building support. This dynamic has restricted opportunities for preventative work and professional development within schools.

"Underfunding and understaffing create long waiting lists." (England Participant 1).

"Due to cuts, some professionals involved in assessment are no longer available. The pathway may lead to a diagnosis, but a label alone does not show the level of need.." (England Participant 2).

"Ultimately, it comes back to funding. As need has increased and specialist places are harder to access, more children are supported in mainstream with fewer resources. This drives greater reliance on EHCPs because they unlock funding, but it also pulls time away from earlier support, leaving staff feeling overwhelmed." (England Participant 4).

As a result, England's educators frequently face situations they feel unprepared for, lacking time, confidence, or training to implement inclusive strategies effectively.

> *"Staff often feel they do not have the space, time, or energy. In large classes, several pupils may have high levels of need and staff can feel stretched trying to support everyone." (England Participant 4).*

England's education system appears fragmented, with limited capacity to provide sustained guidance, support inclusive mindsets, or adapt curriculum expectations to the realities of diverse learner needs. The prevailing climate contributes to a sense of professional dissonance, where inclusion is recognised as important, but increasingly difficult to realise in practice.

> *"Progress often depends on having more capacity. There can be a tension between completing statutory reports linked to funding and having time to build staff skills and early support. Genuine inclusion requires rethinking assumptions about classrooms and learning, yet top-down curriculum pressures can make this difficult in practice." (England Participant 4).*

In Malta, early intervention is widely recognised as foundational to positive developmental outcomes, particularly in the early years when children are most receptive. Despite full Government subsidisation of Inspire's Early Years Programmes, increasing the intensity and duration of early intervention programmes remains financially challenging. Stakeholders have identified this as an area for improvement rather than a structural flaw.

> *"The more hours children receive in early intervention, the better the outcomes, because it builds the foundation early on. Ideally, programmes would offer more hours, but this is an expensive, publicly subsidised service. So I see it as an area for improvement rather than a weakness." (Malta Participant 4).*

Additionally, there is a marked decline in service availability as children grow older, with limited provisions for pre-adolescents and teenagers, creating a notable service gap.

"As children get older, the available services decrease, and that creates a major gap. Providers are trying to address this, but support tends to diminish from around age 10 onwards, and that is one of the weaknesses." (Malta Participant 4).

Service providers such as Inspire are operating at full capacity, unable to accommodate the rising demand, and often forced to turn away families due to space and resource constraints. Although efforts are being made to expand provision, limitations in infrastructure and staffing persist.

"Inspire's services have got a limit… and the services are currently at maximum capacity. Families still call for support, but there is often no space, and having to turn people away can be seen as a weakness." (Malta Participant 4).

Furthermore, the mismatch between the frequency of support required and what is currently delivered, often due to long waiting lists and high caseloads, means that many autistic children receive therapeutic input far less often than necessary.

"With more children being diagnosed, demand has outgrown supply, so services are not offered as often as needed… Support that should be weekly may end up being monthly." (Malta Participant 4).

Inconsistent access to timely diagnosis has also hindered children's ability to benefit from early intervention programmes during optimal developmental windows.

"Because of long waiting lists, some children are diagnosed later and miss early intervention at the best time. Recently, programme access and duration have improved, but more can still be done." (Malta Participant 4).

While needs vary across individuals, families are frequently required to seek private alternatives when public provision falls short. However, financial barriers often limit the feasibility of private support.

"Many children need therapy more frequently than once a month… some fortnightly, some weekly, even more. When public provision falls short, families often have to go private, but not everyone can afford it, and improving this would require more resources." (Malta Participant 4).

5.2 Service User Challenges: Parental Engagement, Misunderstanding of Services, and Sustainability of Support

Across England, tensions often arise between parents and local authorities regarding the allocation of support for autistic learners. Financial resources are frequently consumed in tribunals, meaning legal disputes rather than collaborative planning. Parents may seek judicial recourse when professional recommendations for support are not upheld by the local authority, which may impose limits on support hours or deny certain types of provision. The situation is further complicated by a lack of specialist knowledge within local authorities, which are local councils, responsible for education, health, and social care, leading to administrative decisions that may not reflect the diverse needs of children with complex requirements.

"There are funding issues linked to how resources are used. Large sums get spent on reviews and tribunals when parents challenge decisions to secure support. Sometimes clinical recommendations are disputed and support is limited, such as fewer hours or support only in certain parts of the school day. There are not many specialists in local authorities, yet they make decisions across education, health and social care." (England Participant 5).

Within the English context, structural and procedural barriers risk excluding families who may lack the capacity, energy, or resources to navigate lengthy waiting lists and complex systems of appeal. As a result, some parents disengage from pursuing entitlements altogether, which may lead to unmet educational and developmental support for their children.

"Teachers need to be aware that some parents would not have the energy to go through the system and would just give up." (England Participant 6).

Malta offers a wide range of publicly funded services for autistic children. However, ensuring that these services achieve their intended outcomes depends significantly on how they are used by families. While services are in place, their effectiveness is strengthened when parents actively engage in supporting their child's development outside formal sessions. For example, therapies that require continuity at home may be less effective if follow-up activities are not maintained between appointments.

"It matters that parents commit as well, because support must continue at home. It is not enough to attend therapy sessions if nothing is practised in between appointments." (Malta Participant 2).

While many parents are highly motivated to support their children, some may seek multiple services without fully understanding their scope or compatibility. In some cases, combining different approaches without professional coordination can lead to conflicting methods, particularly in communication-based interventions.

"Parents need structured, guided support, not just information on their own. Some misunderstand what services are for and choose overlapping or conflicting supports. When approaches are not coordinated, it can confuse the child and undermine progress." (Malta Participant 2).

With reference to the importance of using assistive technologies consistently across settings, there are instances where communication devices provided for use at home are returned unused, suggesting that families may benefit from more structured guidance on how to embed these tools in daily routines.

"Some families stress the importance of communication devices but do not use them at home. Devices are sometimes returned unused, which suggests a need for clearer guidance on consistent use across settings." (Malta Participant 2).

Service providers also observe varying levels of attendance and consistency in service uptake. Ensuring sustained participation is important both for the child's progress and for the effective use of public resources. In this regard, there is increasing attention on encouraging consistent engagement and clarifying the shared responsibilities between services and families.

"It is not only about offering services. It is also about consistent engagement. Some services track attendance and there is increasing action when people sign up but attend sporadically. These services are publicly funded and need to be used properly." (Malta Participant 2).

While the system provides considerable support, it is equally important to strengthen parental understanding of service aims and reinforce collaborative efforts across health, education, and social sectors. Supporting families in making informed use of available services contributes to more cohesive and meaningful outcomes for children.

"Parents also need clearer understanding of what services are for, and what their role is in helping these supports achieve outcomes." (Malta Participant 2).

Theme 6: Critical Perspectives and Areas for Growth

6.1 Inclusion, Segregation, Systemic Tensions and the Need for More Teacher Training

The education system in England demonstrates systemic limitations within its policymaking process. Its extensive consultations can dilute strong proposals due to competing interest groups, leading to stagnation in reform.

"In England, it can be difficult to make changes because policy development is heavily consultative. A proposal may start strong, but competing pressures can dilute it, and little ends up changing." (England Participant 2).

England's current funding structures and narrow conceptions of educational purpose contribute to continued segregation. A broader understanding of education, as preparation for citizenship and independent living, should be advocated, alongside early intervention to maximise long-term outcomes and public value.

"If I could redesign the system, I'd start with how we allocate funding and what we think education is for. It's not only academic attainment. It should also build participation and independence. Early investment is also more cost-effective over the long term." (England Participant 2).

A rights-based model of inclusive education, grounded in international frameworks like United Nations' Sustainable Development Goal (SDG) 4 ought be endorsed. The importance of teacher training to remove barriers and enable inclusive practices within mainstream settings merits emphasis. Instead of relying solely on formal assessments or diagnoses, ongoing, collaborative problem-solving involving teachers, parents, and learners is preferable. For instance, practical adjustments tailored to individual needs, such as minor changes to classroom routines, have the potential to yield a significant positive impact on both students and staff without requiring additional resources.

"Within mainstream schools, teachers need training to understand autism and remove barriers to participation. I support the principle of inclusive, rights-based education. Support should be shaped through ongoing problem solving with teachers, families and learners. I've seen small, practical adjustments to routines reduce distress and improve engagement without extra cost or a formal label." (England Participant 2).

Bureaucratic processes characterise England's education system, where formal EHCPs sometimes lead to unnecessary placements in special schools. One should maintain students in inclusive environments wherever possible.

> *"Too much effort goes into producing reports rather than solving problems. The process can become bureaucratic and formal plans may push children toward specialist placements even when practical changes could have supported them in mainstream" (England Participant 2).*
>
> *"I see problem solving consultation as part of everyday teaching, not something separate. Teachers need clearer modelling and training in problem solving approaches, informed by relevant learning science." (England Participant 6).*

Autistic individuals have demonstrated that, with appropriate support, they became successful adults contributing to society. Furthermore, a clear need exists for coherent support into adulthood.

> *"We… need to think about what happens as… children transition into adulthood… and put… processes in place to support them. …We shouldn't write children off or separate them unnecessarily. …If we include people and support them early, they can… become productive citizens, and we can redirect resources earlier in the system to improve outcomes." (England Participant 2).*

In terms of practice, national and charitable organisations, particularly England's National Autistic Society (NAS) are key providers of training and guidance for schools and families in England. These organisations offer up-to-date resources and fostering collaboration with parents to improve school-level inclusion and understanding.

> *"NAS is making an effort to train schools to meet the needs of autistic students. …There are charities… often donation-led… that include families and parents in their work. NAS is a key go to organisation recognised by educational services in England." (England Participant 1).*

"There are… charitable organisations… that offer advice and… parent training and support." (England Participant 4).

Similarly, within the Maltese education system, HoDs (Inclusion) have received specialised training in autism through collaboration with the NAS. This professional development has strengthened their capacity to support inclusive practices across schools.

"HoDs (Inclusion) were provided… with autism training… so they can continue to support schools. When cases arise, we also help put the right support in place for autistic learners." (Malta Participant 2).

Malta's HoDs (Inclusion) apply evidence-informed strategies to address the educational needs of autistic learners, carrying out classroom observations and offering tailored guidance to educators. They play a key role in mentoring class teams, monitoring the implementation of strategies, and evaluating their effectiveness over time. In addition to their educational remit, HoDs (Inclusion) also contribute to the identification of wider support needs, including referrals to external services where required, such as psychiatric assessments in cases involving complex behaviours.

"HoDs (Inclusion) have concrete strategies… for students on the spectrum. When there are challenges in the classroom… they observe and provide recommendations… for that learner. They also upskill the class team and follow up… on how things are progressing and what is working. …At times, they may also identify needs beyond education and recommend specialist assessment when behaviour is complex." (Malta Participant 2).

6.2 Rethinking Diagnostic Models and Resource Allocation

A national standard of good practice for working with autistic children is regarded as necessary within the English context.

> *"It's important to have... a national view of what counts as good... and poor practice... because some approaches to supporting autistic people are... controversial." (England Participant 3).*

Across England, tensions persist between medical and needs-based approaches to autism. While the diagnostic model focuses on identifying conditions to trigger specific interventions, a broader educational perspective emphasises recognising individual learning, social, physical, and sensory needs without relying on labels. This mismatch can create systemic confusion, where diagnosis is often pursued primarily as a means to secure access to limited resources, despite the fact that diagnostic labels alone do not reflect the diverse profiles or support requirements of autistic children.

> *"On one hand, there's a medical model: identify SEN and… offer… treatment. On the other, there's a view that children are different and we shouldn't focus on labels… we should focus on areas of need. …The two approaches don't fit together… well, and that creates a mismatch." (England Participant 2).*

As observed in English practices, a single label, such as autism, may encompass both individuals requiring intensive full-time care and others who manage well with minor classroom adjustments. The high demand for diagnostic assessments, further strains already limited support systems.

> *"I worked with an older pupil with… very high support needs who couldn't live at home and needed specialist residential provision. …And then you have other children with the same autism label whose needs are very different, and who manage well with small adjustments. …The label isn't always… helpful, but it's often… needed to access… resources." (England Participant 2).*

The growth in referrals reflects not necessarily a rise in prevalence but an increasing recognition and understanding of autism. These developments in England highlight the need to reconsider how resources are distributed, and support is delivered.

"More money will always help… In some areas, a very large proportion of pupils are waiting for an autism assessment, and we don't have the capacity to assess them in time or meet their needs in schools. …We're diagnosing better not because there are more autistic people, but because we understand it better." (England Participant 3).

"I think the other issue is… finance, it's money." (England Participant 6).

"Within the local authority, a SEND panel reviews new requests for EHC needs assessments and considers recommended provision in reports. …They decide what funding is attached to that provision. …That funding is to deliver what is specified in the EHCP, such as targeted support sessions, so that staff time is available to provide that support." (England Participant 4).

Although a range of services is available for children, parental support remains an area requiring improvement. Within the Maltese context, addressing this issue, calls for stronger collaboration across government ministries, namely education, health, and inclusion, alongside disability services and families themselves. A coordinated, community-based approach is necessary to ensure more consistent and holistic support for parents.

"Where improvements are needed… although there are many services for children, parental support still needs stronger, coordinated input across key services and families. It's a community wide effort." (Malta Participant 2).

6.3 Tensions between Educational Approaches and Competing Conceptual Models

Within the English context, the choice of educational approaches for autistic learners sometimes generates disagreement between schools and parents, especially when schools offer only one model such as ABA (Applied Behaviour Analysis) or TEACCH (Treatment and Education of Autistic and Communication-Handicapped Children). These approaches differ significantly in

methodology and underlying philosophy, with some professionals raising concerns about long-term impacts, particularly regarding independence and masking behaviours.

Diverging preferences and limited options may lead parents to seek statutory assessments, meaning an assessment that is official which is required by law, to access preferred provision or specialised support. This reflects broader systemic inconsistencies in how autism is conceptualised and addressed across local authorities and services.

> *"Schools might use TEACCH… or… ABA… which can lead to disagreements if parents want an approach the school doesn't provide. In those cases… it can mean going through the statutory assessment process. …ABA can produce results while contingencies are in place, but independence may not generalise once they are removed. …TEACCH focuses… on communication and supporting independence." (England Participant 2).*

> *"One weakness… is that… we still refuse to take a clear national line on what is right and what is wrong. …Some areas may still use… ABA… and some autistic people argue it promotes masking in childhood with harmful long-term impacts." (England Participant 3).*

A range of conceptual models inform practice, including the deficit-based, neurodiversity, social, rights-based, and biopsychosocial models. While the neurodiversity model is gaining ground, particularly in educational psychology and inclusive schooling initiatives, many services, especially in health and therapy, still operate largely from a deficit-oriented perspective. Each model brings strengths and limitations, and no single model is universally applied within the English education system. It is essential that the neurodiversity model adequately accounts for the experiences of autistic individuals with co-occurring learning difficulties.

> *"Many schools still follow a deficit-based approach, but we are trying to shift services toward the neurodiversity… and social model. …In healthcare… reports often remain rooted in a deficit lens. …There is pressure from referrers, including parents, to follow a*

medical fixing narrative… but what children often need is adjustments and understanding within their communities." (England Participant 1).

"The social model is the one I would promote… A school can be helpful or unhelpful… and an unhelpful environment can create disability. …The deficit-based model can help identify how a child differs and what support is needed, but it can become overly diagnostic. …For children with more severe difficulties, it can have a place. …A biopsychosocial model integrates biology, psychology and social factors… showing that difference becomes a problem when environments aren't supportive and encouraging changes across all three areas to improve outcomes." (England Participant 2).

"We incorporate a range of models… but there is a risk that some uses of the neurodiversity model overlook autistic people who also have a learning difficulty." (England Participant 6).

"The medical… deficit-based model is still very much around… It frames support as fixing… curing." (England Participant 5).

"The social model and neurodiversity overlap, but they aren't the same. …Neurodiversity frames autism as difference… rather than something inherently needing to be fixed." (England Participant 3).

Efforts to move away from pathologising, meaning medicalised, deficit-focused, language and outdated notions of functioning levels are essential, yet implementation remains uneven.

"That is… the big weakness… it's the message we're giving autistic people. …There's a tension between a neurodiversity model, difference rather than deficit and some non-autistic clinicians who still see autism as a problem to be fixed rather than a difference to be accommodated. …That is problematic… especially given links between masking and suicidality." (England Participant 3).

"Services… often come from a deficit-based model… with an idea of a 'textbook' average person as the ideal. …Anything outside that becomes: what is missing, what is not

working? …We're getting better in some early support services… at acknowledging difference as normal. …If a young autistic person is struggling, is it them who needs to change, or our expectations, or the situation itself? …But high external pressures on schools leave little space to rethink things. …And sometimes the neurodiversity model gets dismissed as a woke agenda." (England Participant 4).

The push for collaborative decision-making, where parents are empowered as active contributors rather than passive recipients, is an important step, although not yet fully realised in practice.

"Our 2015 SEND Code of Practice emphasised a parent-teacher partnership… where teachers and parents work collaboratively, recognising parents as experts in their own lives and in the life of their child." (England Participant 5).

Within the Maltese context, the Malta interviewees expressed critical views of the deficit-based model, often associated with medicalised understandings of autism that emphasise impairment and correction. There was strong preference for frameworks that recognise the individuality and strengths of autistic people, particularly the neurodiversity and social models.

The neurodiversity model was described as more affirming, acknowledging that brain differences are part of natural human variation rather than deficits to be fixed. The Malta interviewees highlighted the importance of avoiding terminology that frames autism as something inherently wrong, advocating instead for language and approaches that value difference.

"The deficit-based model is… the medical model… focusing on what is broken. That's why I dislike the term 'disorder'. I prefer 'developmental difference'… because people don't fit the same mould… and autism is lifelong. In medicine, 'disorder' assumes a 'healthy norm'… but the neurodiversity movement argues there isn't one single norm for development. Development is diverse." (Malta Participant 1).

In Malta, while the deficit model may be useful in certain contexts, such as accessing services, it often fails to account for the broader environmental and societal barriers faced by

autistic individuals. In contrast, the social model was identified as more just and appropriate in many educational and therapeutic contexts, as it shifts the focus from the individual to the need for systemic and environmental adjustments.

> *"One must consider which model is most just for each case. The social model often makes more sense… because some obstacles come from society, alongside the person's own needs. Neurodiversity reminds us that people think and behave differently… and autism is one form of neurodivergence." (Malta Participant 3).*

Some organisations, such as Inspire, operationalise the neurodiversity and social model ethos by adapting their environments to meet sensory and cognitive needs, rather than trying to change the autistic child. This approach seeks to empower individuals by identifying their strengths and building upon them, promoting integration on their own terms.

> *"There can be a gap between what one service tries to do and the wider system. I believe in the neurodiversity model… so we should adapt to different needs rather than trying to 'change' the child. [The service] adapts the environment, thinking about what is expected in the classroom and adjusting routines and spaces to reduce sensory overload. Using structured approaches, the aim is to build on strengths, set meaningful targets, and support participation in society on the person's terms." (Malta Participant 4).*

6.4 Awareness, Advocacy, and Policy Support

Across Malta's national landscape, Malta's Autism Advisory Council serves as a national coordinating body established under legislation to address autism-related matters raised either internally or by government and public entities. It is not a direct service provider but brings together representatives from ministries, academia, regulatory authorities, civil society, and non-state schools to provide input on autism-related issues.

Its structure reflects a cross-sectoral approach that includes education, health, employment, disability, and social policy domains. Strategic functions include providing guidance, facilitating inter-agency referrals, and overseeing implementation efforts, including coordination with civil society.

While conceptual models such as neurodiversity, the social model, and the deficit-based model are more commonly applied within service delivery, the Council adopts a participatory model that encourages individual involvement, particularly for autistic adults. The inclusion of autistic voices is prioritised, especially in discussions involving individuals aged 18 or over, unless there are legal constraints. This approach seeks to move beyond a parent-centric discourse towards direct representation and empowerment.

> *"As an organisation, the Autism Advisory Council… is not a service provider. [It is] established under national legislation to discuss autism related issues raised internally or referred by… Government or other entities. …[It] brings together representatives from key sectors connected to autism. …[It] strives to use participation as a model… When discussing a person over the age of 18, the individual should be present unless legal restrictions apply. …However, the models you're referring to are more applicable to service providers." (Malta Participant 1).*

Ensuring that services remain responsive to the evolving needs of society requires active engagement with autistic individuals themselves. Rather than relying solely on professional or representative perspectives, it is considered essential to centre the lived experiences of autistic people in policy discussions, service planning, and legislative developments. This approach aligns with the principle of "nothing about us without us," which emphasises the right of autistic individuals to participate meaningfully in decisions that affect their lives and wellbeing.

> *"Services must… keep in touch with society's pulse. …Autistic persons' voices should be heard… and listened to. …It is not enough to hear only from a so-called expert without hearing from someone living the experience. …'Nothing about us without us' means*

autistic individuals must have a central role in discussions on… policies… legislation, and services." (Malta Participant 3).

Furthermore, on Malta's policy support, as part of Malta's National Education Strategy 2024-2030, "equity and inclusion" have been identified as its third pillar. A renewed audit of inclusive practices and services took place, building on a previous review conducted in 2014. The findings from this updated audit are expected to shape strategic foresight and inform policy development in the field of inclusive education, including autism-related provision.

"Regarding links to autism in Malta's National Education Strategy 2024-2030… [equity and] inclusion [are] one of the pillars. [The Ministry] conduct[ed] an audit… in inclusion, and… conducted a re-audit… [It] will examine the recommendations that emerge… and these will inform the strategy moving forward." (Malta Participant 2).

Chapter 5: Discussion and Conclusion

The Discussion and Conclusion chapter answers two research questions by synthesising evidence from my semi-structured interviews, rich picture elicitation, and documentary analysis of policies, organisations, and related sources. The dataset was coded in NVivo and organised into themes on service models, system structures, and critical perspectives. The Discussion deliberately foregrounds my analytical voice to make interpretive judgements explicit.

The research questions are:

i. What are the predominant educational services available for autistic children from ages 0 to 11 when comparing Malta to England? What are the similarities and differences between the said services?

ii. What model(s) of disability do such services focus on?

The first research question maps the service ecology for autistic children aged 0 to 11, a period that spans early identification, pre-school entry, and the primary years when foundational communication, regulation, and learning habits are formed. A clear map of what exists is a necessary baseline before judging quality or equity. Placing Malta and England side by side enables a structured comparison between a smaller, more centralised system and a larger, more devolved one. Examining similarities and differences helps to: identify convergent practices that may be transferable; surface context-specific features that should not be lifted uncritically; and locate common constraints to both. In policy terms, the comparison is designed to yield practical lessons for improving timeliness, continuity of support, and classroom implementation in each context.

The second question interrogates the assumptions about disability that services embody, since these shape eligibility rules, goals, intervention methods, and definitions of success. By analysing which models predominate in design and delivery, this question tests alignment between stated inclusion aims and everyday practice. It asks whether support is organised primarily around remediating the child, removing environmental barriers, or integrating both perspectives; and whether pupil voice and family expertise are treated as central or incidental. This analysis matters because models guide resource allocation such as diagnostic gateways, pedagogical choices, such as

withdrawal against classroom-embedded support, and accountability, such as outcomes focused on normalisation against participation and autonomy. It also speaks to compliance with rights-based frameworks and to the ethical quality of provision.

5.1 Research Question 1: What are the predominant educational services available for autistic children from ages 0 to 11 when comparing Malta to England? What are the similarities and differences between the said services?

The following is a comparison table of the educational services available for autistic children aged 0 to 11, which are listed in my Findings and Analysis chapter 4:

Topic	**England: what rich pictures and interviews show**	**Malta: what rich pictures and interviews show**
Identification gateway	Multiple local pathways: health visitors, GPs, nurseries, SENCOs; referrals shaped by Integrated Care Boards; variation by area.	More centralised through CDAU and national screening “Lenti Żvilupp t’Uliedna” using M-CHAT; triage by risk.
Early years support	Portage; Bexley Early Autism Service (London Borough of Bexley); preschool educational psychologist offer; early support even without diagnosis.	Government-owned Foundation for Educational Services (FES) childcare centres, private childcare centres, kindergarten with NSWS within MEYR; public-social partnerships: Inspire, Equal Partners; work with private providers: Hand-in-Hand.
Private diagnosis and use	Private diagnoses often need NHS confirmation to access services; schools may not accept diagnosis obtained from a private clinician or service.	Private diagnoses, including Inspire’s Pathfinder service are recognised across education; State also buys NGO services.

Waiting lists	Significant waits, especially Speech and Language therapists, and CAMHS; post-austerity loss of roles; pathway often “diagnosis only”.	Long waits delay diagnosis; intensity and frequency of therapy often below need.
Multidisciplinary teams	Autism pathways intended to be multi-disciplinary; current provision uneven.	CDAU multi-disciplinary; NSWS within MEYR coordinates across services.
Mainstream classroom support	Tiered model: (i) quality first teaching; (ii) SEN support; (iii) specialist input; SENCO pivotal.	Heads of Department (HoDs) Inclusion support teachers; strategy coaching, observations, follow-up.
Legally enforceable education plans	EHCPs determine access for learners and funding for schools; EHCP parent-led sections; uneven local authority officer expertise; tribunals common.	Statementing Board allocates LSEs; IEPs used; close school-NGO links in IEPs.
Specialist provision	Special schools, academies, satellite units; growth of fee-paying autism schools for cognitively able pupils.	Resource Centres with small classes, high staff ratios; therapy integrated; Reach Units in mainstream.
In-school alternative and time-limited, school-embedded interventions	Local authority interventions, such as Talk Boost, Friends Resilience programme, Emotional Literacy Support Assistant (ELSA) programme; “local offer” portals.	Reach Units in mainstream, ASDAN functional curriculum, white rooms, multisensory rooms; nurture classes, learning support zones.
Mental health services	CAMHS intended first-line but long waits; often framed via medical model.	HoDs Inclusion flag external needs, such as psychiatry services when required.
Work with external organisations such as NGOs and public-social partnerships	Charities, such as NAS, train and advise; ABA mostly present in private settings, but this is contested; TEACCH elements common.	State-purchased services from Inspire, Equal Partners, Hand-in-Hand, Autism Centre; Inspire programmes include Pathfinder, STEP IEI, STEP Forward, STEP Beyond, SOP and LinC.

Inclusion vs segregation	Inclusion under strain; funding and accountability pressures increase special placements.	Policy push to avoid segregation; Reach Units to prevent exits to Resource Centres at transition.
Parent engagement	High conflict with local authorities; tribunals common; some parents disengage due to complexity.	Strong emphasis on parent training and participation in Inspire's seminars and parent support groups; attendance consistency monitored by Inspire. Services to support families are also offered through Agenzija Sapport.

Table 2: Comparison table of the Educational services available for Autistic Children aged 0 to 11, which are listed in Findings and Analysis chapter

5.1.1 Early identification and early support: England's decentralised pathways vs Malta's centralised model

With reference to this study's findings and analysis' theme of early identification and assessment, the comparison between the English and Maltese systems reveals shared structural constraints in both England and Malta: notably, long waiting lists, as acknowledged by this study's participants and Parr et al. (2024) on the English system; and in Malta's case, growing recourse to private services, as noted by this study's Malta participants. However, the two systems diverge significantly in organisation and governance. In this study, England participants emphasised that England's decentralised system, shaped by integrated care boards (ICBs) within integrated care systems (ICSs) and local authorities (see NHS England, 2024), allows for localised decision-making and service tailoring, though this can lead to variations in access often referred to as a "postcode lottery" (see Appendix 7: Abbreviations and Rich Picture terminology). In contrast, Malta's centralised model, anchored in the CDAU and the national screening service *Lenti Żvilupp t'Uliedna*, offers system-wide consistency and a clearly signposted entry point.

England's arrangements are largely devolved and locally commissioned, which can lead to heterogeneity in service pathways and access. In the absence of a single national pathway, families' experiences may vary by locality, with provision shaped by each local authority's Local Offer, as

elaborated by this study's England participants. In this regard, Attar et al. (2025) note that for some, navigating options at the point of suspected autism diagnosis can be complex.

As recognised by this study's Malta participants, Malta's model is comparatively centralised, which may support greater standardisation, however, both jurisdictions face waiting times and administrative complexity. In both English and Maltese contexts, some children may experience delayed identification and support. In England, public access typically proceeds through England's NHS. As mentioned by this study's England participants, while this promotes clinical governance and equity, the multi-step process can be experienced by families as administratively demanding.

In practice, England's multi-agency collaboration supports context-sensitive, locally designed packages of support. As observed by this research's Malta participants, Malta, meanwhile, provides a coherent assessment route: the CDAU, the main public diagnostic pathway is free of charge, and parents may also opt for private assessments or Inspire's diagnostic service, where fees are heavily subsidised to support affordability. Ongoing capacity building and a gradual diversification of diagnostic provision aim to keep pace with rising demand.

As indicated by the present study's participants, across both English and Maltese systems, families and practitioners sometimes face administrative complexity that can slow access to early intervention. The evidence points to the value of sustained investment in early-years provision and smoother cross-agency coordination (Petinou et al., 2024). This study's participants indicate that: in England, the priority could involve reducing place-based variation so that a child's postcode does not influence the pace or type of support; in Malta, the focus could be on safeguarding affordability so that household income does not limit access, building on the combination of free public assessment and low-cost alternatives, to maintain fair and timely diagnostic routes.

Malta participants noted that the CDAU premises are outdated and may contribute to anxiety among children attending for care. This is confirmed by D. Attard (2025) who claims that the CDAU is based in a neglected, obsolete building within what used to be St Luke's Hospital, which supports about 4,000 young clients through a variety of assessment and therapy services.

This ties up with the theme of specialist early intervention support and therapeutic services. As stated by this investigation's participants, both England and Malta prioritise early support that builds communication, interaction, self-regulation, and participation, though delivery models differ. In England, school-initiated, clinician-reviewed referral routes aim to align children with appropriate assessments, which may reduce mis-referrals; however, they might also appear to centralise gatekeeping within NHS clinical teams. In Malta's case, Camilleri (2022) reports that Maltese fathers describe diagnosis encounters as poorly handled, light on clear guidance and shaped by a clinician-client power imbalance, which then compelled them to research options themselves and push services to respond.

5.1.2 Screening, assessment, and family navigation

In Malta, my interview data and Rich Pictures depict a broad, multi-agency landscape spanning education, health, and disability support. Within education, the Ministry for Education, Sport, Youth, Research and Innovation (MEYR) coordinates school-based services through the National Students' Wellbeing Services (NSWS), including new "Reach Units" designed to maintain learners within mainstream settings while providing a functional curriculum and regulation supports through "white rooms", and multi-sensory rooms (Malta Participants 1 and 2). Evaluative feedback gathered from parents and learners after the first implementation year was generally positive, with placement based on observed need rather than parental request alone.

On the health side, the CDAU provides multidisciplinary assessment and therapy pathways, functioning as Malta's central public gateway for developmental assessment and autism diagnosis. Referrals flow from community health and the national screening programme Lenti Żvilupp t'Uliedna, which uses tools such as the M-CHAT to flag developmental concerns. Lenti is explicitly a screening, not diagnostic service for children roughly 24–30 months old, with onward referral to CDAU as needed (Directorate Allied Health Services, n.d.; Student Wellbeing Services, n.d.; Wellbeing Directorate, n.d.). Within disability and family support, Aġenzija Sapport delivers a suite of services, such as short-break care services for families to rest, and a family assistance support scheme for

employing a personal assistant, that complement educational and health provision (Aġenzija Sapport, n.d.).

Participants nonetheless described a navigation and coordination gap for families, noting that services are extensive but require more joined-up, family-facing guidance, especially at the point of screening, referral and immediately post-diagnosis. Recent reporting on lengthy CDAU queues, underscores the need for clearer "single-front-door" signposting and routine inter-ministerial case management (D. Attard, 2025).

Regarding the Lenti screening pathway, interviewees stressed that M-CHAT results are not diagnostic and may generate anxiety if communicated without context. Malta Participant 1 argued that screening before age three carries a higher false-positive risk and that diagnosis at around age three "is not too late." The literature supports caution: while M-CHAT-R/F can substantially increase the likelihood of identifying children who warrant further evaluation, its accuracy varies across settings, and positive predictive values can be modest without structured follow-up (see Gray, 2017; Grima & Bartolo, 2024; Robins et al., 2014; Yuen et al., 2018). In practice, this means screening must be paired with timely, well-explained next steps and access to assessment, rather than functioning as an endpoint.

This study's Malta participants also highlighted the practical and ethical implications of delays. Families may wait many months for public services, during which uncertainty can be distressing. Some turn to public-social partnerships or private providers to bridge gaps, though demand exceeds supply. Evidence from the English and Maltese contexts shows parental stress is often highest in the months following diagnosis and that clear information and early, appropriate support can mitigate this burden (see Camilleri, 2022; Crane et al., 2018; Legg & Tickle, 2019). In Malta, Inspire's 2024 "Pathfinder" service emerged precisely to meet this informational and emotional need by offering structured consultations and subsidised assessments alongside existing child-focused programmes, such as STEP IEI, with referrals coordinated through MEYR's NSWS.

Against this backdrop, there are risks when anxious families, facing long waits, pursue costly “cures” lacking evidence, such as hyperbaric oxygen therapy, DAN-style biomedical protocols, in particular chelation, and stem-cell interventions. Current reviews and guidance find no robust benefit of hyperbaric oxygen for autism and note non-trivial risks. Chelation has been associated with serious adverse events, including deaths from hypocalcaemia when inappropriate agents were used. Furthermore, stem-cell therapy for autism remains experimental with insufficient evidence of efficacy (Baxter & Krenzelok, 2008; Brown et al., 2006; Martin et al., 2015; Mayo Clinic Staff, 2022; Raising Children Network, 2022; Xiong et al., 2016; Zauderer, 2025). Ethically, family-facing systems should therefore prioritise rapid, accurate communication, risk-balanced interim supports, particularly speech-language or occupational therapy where indicated, and signposting to evidence-based resources to reduce the pull of unproven interventions.

In sum, Malta’s architecture is comparatively centralised and well specified in formal pathways, from Lenti to CDAU, and onto education and disability supports, but families still experience a “what next?” gap at screening and diagnosis and during waits. A pragmatic policy lever, consistent with interviewee suggestions, could be a single national, family-facing coordination function, building on Inspire’s Pathfinder design that offers: (i) immediate post-screening and diagnosis consultations; (ii) clear timelines and updates across health-education-disability services; (iii) templated home-based strategies while waiting; and (iv) safeguards against drift into unproven treatments. Such a model could reduce fragmentation, improve equity of access, and lower parental distress without undermining existing clinical gateways.

Extending this to England, this study’s participants’ accounts align with critiques that the current SEND Code of Practice (2015) amalgamates two logics that pull against each other: a diagnosis-centred route that in practice serves as a gateway to resources, and a graduated, needs-led assess-plan-do-review cycle, that, in principle, does not require a medical label to trigger support. Legally mandated guidance is clear that provision should be based on need rather than diagnosis, and national reform plans acknowledge the complexity families face when navigating education,

health and social care pathways. Recent evidence also documents long waits and fragmented routes to assessment, conditions under which timely, clear information and coordinated family-facing navigation are particularly important for reducing caregiver stress and improving access. When viewed together, these factors suggest that a locally commissioned, family-navigation function, embedded within each local authority and working with Integrated Care Systems, potentially modelled on Malta's Inspire's Pathfinder programme, could be coherent with the SEND Code of Practice (2015) and the government's SEND and AP Improvement Plan (2023), while addressing the documented diagnosis bottlenecks and information gaps (Children's Commissioner for England, 2024b; DfE, 2023a; DfE & DH, 2015; Palmer et al., 2023; Royal College of Paediatrics and Child Health, 2024).

5.1.3 Specialist settings, resource centres and the risk of 'out-of-sight' solutions

England Participant 2 described working with a fifteen-year-old autistic learner whose distress and behaviour led to significant harm to herself and others. In that context, they regarded placement in a highly specialised residential facility with two adults supporting her at all times as appropriate, and better than attempting to maintain her in a large mainstream school. Although this example sits just beyond this study's 0-11 age range, it illustrates an important boundary case. There may be a very small group of autistic learners whose current needs and risks are so intensive that specialist settings with high staffing ratios and therapeutic infrastructure are warranted, at least for a period. A purely ideological rejection of special schools or resource centres would ignore such realities.

At the same time, this example raises questions that go beyond the individual case. When specialist placement is used, under what conditions does it function as a time-limited intervention with a clear return path to mainstream, and when does it effectively become a separate, long-term track? In Malta, the Policy on Inclusive Education in Schools specifies that "specialised centres, ideally within mainstream schools, [should] support learners with more challenges and [those] at risk of exclusion, [and also provide] support from specialised-centre educators to teachers in mainstream

schools" (Ministry for Education, Sport, Youth, Research and Innovation, National School Support Services [MEYR NSSS], 2022b, p. 20). On paper, specialised provision is framed as a support to mainstream, not a substitute for it. Yet my participants' accounts suggest a potential tension. Once a learner is placed in a resource centre, there is a risk that they become "out of sight", with the centre functioning in practice as the learner's default school rather than as a temporary, transitional support.

Malta's current configuration partly mitigates this risk. Malta Participant 2 indicated that only a small minority of disabled learners are educated outside mainstream schools, with five resource centres, one of which is at post-secondary level, catering for children and young people with more intensive support requirements at non-obligatory schooling. This is consistent with data reported by the European Agency for Special Needs and Inclusive Education (2024, pp. 12-13). Muscat's (2024) national study similarly reports that in 2021 only 124 compulsory school-aged learners received their education in specialised provisions rather than in general education classrooms, with most disabled learners supported through LSEs, and HoDs (Inclusion) within ordinary settings. Resource centres such as San Miguel, which is for those from Primary education, offer small classes, multidisciplinary input and specialised spaces including hydrotherapy pools and multisensory rooms, environments which many mainstream schools cannot replicate (Government of Malta, Student Wellbeing Services, 2024). From a social-relational perspective, such centres can provide intensive, tailored environments which may be genuinely enabling for some autistic learners and their families.

However, research adopting a critical perspective in both England and Malta warns against allowing specialist provision to become a convenient "out-of-sight" solution. In England, recent work on special schools and alternative provision argues that although policy expects most children with SEND to attend mainstream schools, local authorities increasingly rely on specialist placements and alternative provision in response to pressures on mainstream capacity, funding and accountability, risking the consolidation of parallel education systems (DfE, 2025a; House of Commons Committee

of Public Accounts, 2025; Sinclair et al., 2025). In Malta, Muscat (2024) and the European Agency's country profile note that while inclusive education is a formal policy priority, centralised services, resource constraints and selective use of specialised settings can contribute to delays, inconsistent collaboration and, at times, the marginalisation of learners with diverse learning needs (European Agency for Special Needs and Inclusive Education, 2024; Muscat, 2024). Read together, these analyses echo concerns from inclusive-education advocates that when autistic and disabled learners are educated away from their peers, mainstream systems may feel less urgency to transform everyday pedagogy, environments and assessment cultures.

This concern resonates with what my interviewees observed. Several Malta participants emphasised that to define an educational service, one must first ask what education itself is for. Malta Participant 1 described education as encompassing formal, non-formal and informal learning "in the broadest sense possible", while England Participant 2 argued that the purposes of schooling, and thus the criteria for success, shift with the political priorities of the government in power. They noted that languages, mathematics, reading and writing are often treated as core measures, particularly in international comparisons, and that these metrics shape whether a learner is perceived as having a "developmental problem". In both jurisdictions, my participants stressed that there is "no one size fits all" solution. Some autistic learners require little or no additional support. Some benefit from targeted in-class adjustments. While some, at least at particular points in time, need substantial support through an EHCP (England) or statementing and an IEP (Malta). The service question, therefore, is not simply whether specialist placements exist, but how they are used in relation to mainstream provision and how they embody particular models of disability.

Both systems, in policy terms, position mainstream as the default and emphasise universal, classroom-embedded approaches. In Malta, the Policy on Inclusive Education in Schools (2022), the National Autism Strategy 2021-2030 and the National Education Strategy 2024-2030 all promote Universal Design for Learning (UDL) as a guiding framework for planning accessible curricula and environments (MEYR, NSSS, 2022b; MEYR, 2024; MISW, 2021b). UDL principles are increasingly

embedded in initial teacher education and professional learning (University of Malta, n.d.-a., n.d.-b). As articulated by my England participants, “quality first teaching” (QFT) in England, high-quality, adaptive teaching for all learners, is identified in the SEND Code of Practice (2015) as the first step in responding to additional needs within the graduated approach, with more targeted and specialist provision layered on top where required. Recent guidance and reviews reiterate that most pupils with SEND should have their needs met through robust QFT and ordinarily available provision, reserving EHCPs and specialist placements for more complex, enduring needs (see North Yorkshire Council, Inclusive Education Service, n.d.; Squires, 2025).

Yet evidence from 2021 to 2025 suggests that the enactment of UDL and QFT is uneven in both contexts. In Malta, Muscat’s (2024) survey of 102 inclusion stakeholders found that participants rated the effectiveness of current inclusive services in identifying and supporting learners with diverse needs as only moderate on average, highlighting delays in assessment, shortages of specialised staff, variable collaboration and instances where children are sent home when support is unavailable. Saliba’s (2023) qualitative work on the forms of assistance and provision that educators need when engaging with autistic learners in primary education similarly identifies lack of human resources, insufficient specialised training and constraints on adapting physical and curricular environments as ongoing obstacles to inclusive practice. In England, reviews by Squires (2023, 2025), the National Audit Office (2024) and the House of Commons Public Accounts Committee (2025) conclude that while the graduated approach and QFT are established in guidance, local capacity to deliver consistent, high-quality classroom provision is under strain, with rising numbers of EHCPs and increasing reliance on specialist placements and alternative provision. Studies of teacher preparation and ongoing training for inclusive pedagogies likewise indicate that teachers across mainstream, alternative and special settings feel underprepared to implement inclusive practices systematically and sustainably (Smythe, 2025).

From a disability-model perspective, this pattern invites a more nuanced reading than either blanket endorsement or rejection of special schools and resource centres. On one hand, the

example of the highly distressed autistic teenager, and the descriptions of Maltese resource centres with intensive therapeutic and sensory supports, illustrate that specialist settings can embody social-relational and neuro-affirmative principles when they focus on safety, regulation, communication and participation, rather than on "normalising" the child. On the other, the combination of policy rhetoric about UDL and QFT, implementation gaps, and increasing use of specialist placements in England and targeted resource centres in Malta suggests a tension between mainstream-first ideals and the realities of capacity, training and accountability pressures.

For this study's 0–11 focus, the critical question is therefore less "are special schools or resource centres good or bad?" and more "under what conditions do they enhance or undermine inclusive service for autistic children?" The interview and documentary evidence points towards several implications. First, specialist settings for autistic learners are most consistent with inclusive aims when framed explicitly as part of a continuum of support, with clear criteria, time-limited programmes, and structured transition planning back to mainstream, including outreach from specialist staff to mainstream teachers and HoDs Inclusion or SENCOs. Second, data on flows into and out of resource centres and special schools, currently limited in both contexts, would be needed to test whether they operate as temporary, capacity-building supports or as permanent tracks. Third, given evidence that teachers and LSEs and SENCOs are still struggling to implement UDL and QFT consistently, it cannot be assumed that the existence of such frameworks in policy automatically prevents tokenism. Without sustained investment in staffing, professional learning and collaborative planning time, there is a risk that the language of inclusive pedagogy becomes more symbolic than transformative.

In sum, the service maps for England and Malta suggest broadly similar architectures. Mainstream schooling are supported by QFT or UDL and graduated in-class support, with specialist resource centres and special schools available for a minority whose needs are currently not met in ordinary settings. My critical reading of the evidence, however, is that the way these specialist settings are used will strongly influence whether each system moves towards a single, increasingly

adaptive education system for autistic and non-autistic learners together, or drifts towards two parallel systems, one ordinary, one "special". This tension between necessary specialist provision and the danger of "out-of-sight" solutions will be central to how each country's service provision develops over the coming decade.

5.2 Research Question 2: What model of disability do such services focus on?

This section addresses the research question concerning the disability models underpinning educational services for autistic children aged 0 to 11 in England and Malta. It examines the extent to which each system engages with the neurodiversity paradigm, incorporates reasoning consistent with the double empathy theory, and adopts neuro-affirmative practices. It also considers whether these concepts are explicitly recognised in policy and practice or remain absent.

To assist in answering this research question, the following is a table containing model of disability signals, based on my Findings and Analysis chapter 4:

Signal or Practice	**England: evidence from what rich pictures and interviews illustrate**	**Malta: evidence from what rich pictures and interviews illustrate**	**Implied model of disability**
Shift in autism symbolism	Final rich pictures replace puzzle piece with infinity symbol after autistic feedback.		Neurodiversity affirming.
Screening and diagnosis emphasis	Strong diagnostic pathways; EHCP eligibility drives referrals; CAMHS medical framing.	CDAU central; Lenti M-CHAT and false positives risk but triage; diagnosis opens LSE and Inspire STEP route.	Medical and deficit operationally.
Classroom problem-solving	Quality First Teaching; assess-plan-do-review; teacher responsibility for all learners.	HoDs (Inclusion) coaching, observations, cyclical step-by-step	Social and biopsychosocial models used in classrooms.

		refinement repeated small adjustments; functional curriculum in Reach Units.	
Statutory planning voice	EHCPs often parent-led; child voice can be lost.	IEPs with school and NGO inputs; parent seminars and support common.	Rights-based and participation models partially used.
Use of ABA and TEACCH	ABA mainly used in private settings but contested by local authorities; TEACCH-style structure common.	State purchases ABA from Hand-in-Hand; Inspire uses SPELL and TEACCH and environmental design.	Mixed model: behaviourist and neuro-affirming.
Inclusion mechanisms	Inclusion strained; funding and accountability steer placements in special schools.	Policy and design to avoid segregation through Reach Units, mainstream integration, and personalised timetables.	Social and rights-based models intent.
Parent system relation	Tribunals, adversarial dynamics with local authorities; some parent fatigue.	Structured parent education; attendance expectations; work with external organisations and public social partnerships support continuity between home and school.	Participation model within procedures and capacity-building.
National guidance and coherence	Local variation high; call for national standards on good and poor practice.	Centralised MEYR NSWS improves coordination; Malta's National Education Strategy 2024-2030	Hybrid, with a social and rights-based model intent but medical gatekeeping

		third pillar is on Equity and Inclusion; EASIE re-audit of Malta's services on inclusion was carried out.	model present in England. System-level social and rights-based model steer present in Malta.
Language and framing in services	Health reports still deficit-oriented model; some educational psychologists push for neurodiversity and social models.	Interviewees favour "developmental difference"; explicit critique of "disorder".	Competing models in England; neuro-affirming tilt in Malta.
Participatory governance	SEND code of practice (2015) promotes parent participation when specialist support is sought. It also embeds parent and student involvement when school reviews EHCP progress.	Autism Advisory Council uses participation model; "nothing about us without us".	Rights-based and participation model.

Table 3: Table containing model of disability signals, based on Findings and Analysis chapter

5.2.1 "SEN and SENCOs" in England; "Disabled persons" in Malta: What the terminology signals

From my England interviews and rich pictures, practitioners in England consistently use "Special Educational Needs (SEN)" and rely on Special Educational Needs Coordinators (SENCOs) to organise support in mainstream schools. That vocabulary is everywhere, in policy documentation, referral forms, school meetings, and planning cycles, and SENCOs sit at the hub of identification, provision, and review. What does this tell us? This tells us that England still has a model which is

called SEN. What does SEN mean? Why does England's education system use the term "Special Educational Needs"? What does that imply?

In England, SEN is a legal and administrative category. A child has SEN when their learning difficulty or disability requires special educational provision beyond what is normally available in mainstream classrooms. The term persists because England's national framework, meaning law, guidance, inspection, and funding, is built around SEN. Schools must identify SEN, SENCOs must coordinate provision, and statutory plans such as EHCPs, are triggered when SEN is significant and long-term. England's education system needs a label to switch on duties, resources, and accountability. Hence, SEN is the system's key term (see Long & Roberts, 2025, p. 6).

On one hand, this could imply strength in clarity and coordination. As highlighted by my England interviewees, using SEN and SENCO gives schools a clear assess, plan, do and review workflow, a named professional to coordinate support, and a route into legal entitlements through the EHCP. This could help families navigate a complex system (see Davies & Henderson, 2025, pp. 16-17). On the other hand, this could also imply tension in risking deficit framing. SEN can position difference as a problem to be fixed, hence a medical and deficit-based model of disability, especially when access to help depends on showing need. That can incline families and staff toward deficit narratives to unlock support, even when the day-to-day social and neuro-affirmative model solutions are about creating adapting environments (see Davies & Henderson, 2025, pp. 10-13).

England's use of SEN also points to systemic pressures of variation and bureaucracy. Responsibilities are devolved to local authorities, which means that support can be uneven and is often described as a "postcode lottery." The statutory route, requesting an EHCP assessment, drafting the plan, naming provision and placement, and enforcing it, can be slow and contested, with disagreements between parents and local authorities about needs, provision, or placement. As a result, some families enter adversarial processes through mediation, formal complaints, or the SEND Tribunal, to secure what they believe is required.

In response, England's national policy aims to standardise expectations and inspection. The SEND and Alternative Provision Improvement Plan sets out reforms to reduce local variation and strengthen mainstream support, while the Ofsted and Care Quality Commission (CQC) area SEND inspection framework assesses how local partnerships identify and meet needs (Department for Education [England], 2023a; Ofsted & Care Quality Commission, 2025). Together, these measures seek to clarify standards and improve pathways, without abandoning the SEN architecture.

Regarding Malta, instead of the use of term "SEN", in my interviews, Malta Participant 1 prefers the term "disabled people", rather than "persons with disabilities", grounding this in the social model, as people are disabled by society through barriers, norms, environments, not by their bodies or neurology alone. What does this signal?

This could be signalling a political choice, not just wording. In Malta, official texts often use "persons with disability" and "disabled persons", while strategies increasingly emphasise participation and rights. Preferring "disabled people" publicly centres the causal claim of the social model, meaning that society does the disabling. Therefore, schools and services must change environments, not just train the child. This aligns with Malta's recent policy direction toward inclusion and equity (see Government of Malta, MEYR-NSSS, 2022b; Government of Malta, MEYR, 2024; Government of Malta, MISW, 2021a).

This could also suggest a neuro-affirmative push inside education. If we take "disabled people" seriously, then autism is approached as difference before deficit. In practice, that could mean designing predictable routines, communication supports, regulation spaces, and co-authored goals as a default, not a concession. This dovetails with Malta's autism strategy language about moving beyond a solely medical view toward social context and empowerment (Government of Malta, MISW, 2021b).

However, a tension that could also be acknowledged is that public bodies still rely on administrative labels, mainly statementing, eligibility, and categories to allocate support fairly. That protects rights, but it can also pull practice back toward deficit narratives if services require proof of

need before adapting environments. The question for Malta, then, is whether everyday classroom adjustments are triggered by observed participation barriers, entailing a social and neuro-affirmative model (see Government of Malta, MEYR-NSSS, 2022b, pp. 5, 18, 20, 22, 38), or by the presence of a label, denoting a deficit gatekeeping model. The findings of my study suggest both logics run in parallel. Hence, in Malta, the language we choose i.e. the use of "disabled people", steers which logic dominates in school routines.

In this regard, if Malta's recent policy orientation emphasises equity, inclusion, and participation, could school-level documentation such as IEPs, guidance, and school portals, standardise "disabled people" and audit whether barrier-removal in the sensory, communicative, attitudinal field, is happening, before one-to-one hours are increased? This framing might preserve legal entitlements, such as statementing, LSE allocations, and other rights in Malta's law, while re-orienting daily practice from attempting to "fix the child" to removing barriers in the environment, that is, adjusting classroom routines, sensory conditions, communication supports, and timetables so participation improves. In other words, the term "disabled people", utilised by Malta participant 1 might signal that people are disabled by societal barriers, so the priority might be to change the environment first, and only then consider additional one-to-one support if needed. In both Malta and England's education system, changing the environment could involve reducing noise, adding visual schedules, building predictable breaks, and teaching peers how to communicate (see Autism Journeys, 2019; Galea Soler & Pace Gellel, 2018; Government of Malta, MEDE-DES, n.d.).

5.2.2 Expert-led fixes to neuro-affirmative participation: A double empathy reading of England and Malta

Across my England and Malta interviews and rich pictures, the logic that governs everyday support oscillates between expert-led fixes and neuro-affirmative participation. Read through a double-empathy lens, support is most credible when autistic learners' meanings, sensory needs and communication preferences reshape timetables, classroom routines and interaction norms, not merely when their views are recorded. In both settings, learner voice is acknowledged, but one

could ask: is there a recurrent slippage from voice as decision-shaping to voice as documentation, which could risk tokenism?

A neuro-affirmative reading poses simple tests: are barriers addressed first through predictability, communication access, and preventing sensory overload? Do co-authored goals, agreed by the autistic learner, parents and carers, and the lead educator such as the SENCO (England) or HoD (Inclusion) (Malta), with relevant therapists as needed, tangibly redirect teaching? Where the answer is yes, this is what the neurodiversity movement is recommending, because the autistic child's voice and adult relationship would be reciprocal, implying a participatory type of model. However, where the answer is no, the system would be utilising an expert model, where the professional who is not autistic, is providing the service for autistic people, and it is the non-autistic professional knows best.

Is there a tension between England and Malta's policy rhetoric and what takes place in practice? From what I uncovered in my interviews and rich pictures, the two countries' policy narrative are in favour of an autistic-voice participatory model. On the side of England, this tallies with England's SEND code of practice (DfE & DH, 2015) and National strategy for autistic children, young people and adults: 2021 to 2026 (DHSC & DfE, 2021b), which prioritise partnerships with autistic people, family carers, and civil-society organisations. In Malta, this is consistent with Malta's National Autism Strategy 2021-2030 (Government of Malta, MISW, 2021b), and Malta's National Education Strategy 2024-2030 (Government of Malta, MEYR, 2024), whereby the said strategies' drafting process involved sustained, close-range engagement with the autism community, with numerous individual meetings to map the situation and to ensure that autistic participants' experiences and aspirations informed the strategies' proposals.

It is encouraging that both England and Malta have dedicated autism legislation: the Autism Act 2009 (UK, c. 15) and Malta's Persons within the Autism Spectrum (Empowerment) Act (Cap. 557, Laws of Malta). From a neurodiversity-affirming perspective, a further positive development in Malta is the establishment of the Autism Advisory Council under Cap. 557. A critical question

remains, however: does practice continue to be expert-led even when policy language endorses autistic-voice participation?

Malta Participant 1 noted that the Autism Advisory Council includes representatives from the autistic community and strives to use participation as its working model. In my interview, Malta Participant 1 explained: "whenever a meeting involves discussing a child over the age of 18, the individual should be present unless guardianship or interdiction applies. This is because, in Malta, there is an ongoing issue where discussions focus exclusively on parents rather than including the children themselves." This suggests that the Council actively promotes a neuro-affirming, rights-based "holistic model of participation" (Malta Participant 1).

As Malta Participant 1 further explained, the Council's principal functions are to address issues raised by members or referred by Government and to provide formal advice; to oversee implementation of the Malta Autism Strategy 2021–2030 through collaboration with local councils and to provide feedback on progress; and, when parents or individuals submit queries, such as about diagnosis or available services, to assess and refer these to the competent entity via the Council secretary. Accordingly, the Council's core responsibilities centre on policy advice, coordination, strategic oversight, and referral, rather than direct service delivery within the scope of this study.

In school settings, as reported by Malta Participant 2, Malta's Heads of Department (Inclusion) support educators and parents in addressing autistic learners' requirements. Furthermore, Malta Participant 2 highlighted the use of the ASDAN curriculum in Malta's Reach Units, which are small, structured classes in mainstream schools for learners with complex needs. ASDAN is a UK awarding organisation that provides adaptable, portfolio-assessed programmes that lead to UK-recognised awards from entry level to level 2, prioritising practical, real-world skills (ASDAN, n.d., 2021). This choice signals an emphasis on functional, real-world learning aimed at independence and participation, consistent with Malta Participant 2's statement that Malta's Reach Units' focus on a "meaningful and functional" curriculum and IEP-driven progress. This aligns with a neuro-affirmative stance: build skills, reduce environmental barriers, with predictable routines and

sensory regulation, and value autistic ways of being rather than "fixing" difference. Consequently, the model at work is best read as social and capabilities, participation and autonomy, supported by Malta's inclusive-education policy direction.

With respect to centring autistic learners' voices, Malta Participant 2 reported that the 2022 evaluation of Malta's Reach Units systematically incorporated parents' and caregivers' perspectives and actively elicited the views of autistic learners, including those who communicate non-verbally. This practice is consistent with guidance that foregrounds learner and family participation (European Agency for Special Needs and Inclusive Education, 2022, pp. 50-52). Conceptually, it reflects a rights-based, social model of disability, aligned with neurodiversity-affirming principles, rather than a deficit-oriented medical model.

In England, the emphasis on "quality first teaching," the graduated assess-plan-do-review cycle, and the expectation that class teachers remain responsible for all learners, reported by my England participants and embedded in the SEND Code of Practice (2015), together point to a predominantly social and biopsychosocial orientation in classroom practice. This is because these approaches prioritise adapting the environment, instruction and assessment to reduce barriers, while using ongoing problem-solving that considers how each learner functions in their classroom context. Recent evidence summaries stress that the most effective support for pupils with SEND is high-quality universal teaching, explicit instruction, scaffolding, flexible grouping, cognitive strategies, supplemented, not replaced, by targeted support (see Davies & Henderson, 2025, p. 16).

In this regard, England Participant 2 argued that the autism diagnostic label, in itself, offers limited practical utility because it does not specify an individual learner's needs or strengths. On the other hand, England Participant 2 argued that classroom support should be a continuous, context-based problem-solving process rather than a one-size-fits-all or diagnosis-led approach. They illustrated this with a four-and-a-half-year-old who was dysregulated by a crowded, noisy classroom. A simple, no-cost adjustment, arriving five minutes early to settle into an activity, eliminated the disruptive behaviour and enabled learning. On this basis, the participant cautioned that bureaucratic

routes such as lengthy assessments, rapid escalation to EHCPs or special-school placement can displace practical solutions that keep learners successfully included in mainstream settings.

What does this tell us? This pattern suggests that England's classroom-level social and biopsychosocial model's impact depends on the fidelity and consistency of assess-plan-do-review cycles and the availability of sufficient staff expertise and time in schools. To this effect, is there enough information available on the quality of assess-plan-do-review enactment across England's regions? National documentation might suggest inconsistency in enactment (see DfE, 2023a), but what is the actual situation within classrooms? There could be a risk that assess-plan-do-review operates more as rhetoric than as an embedded routine, and the extent to which autistic pupils' voices are meaningfully incorporated might seem unclear. Further research, such as further classroom observations, expanded audits of assess-plan-do-review quality, and extra studies of learner and parent participation, might assist in establishing further where, how, and under what conditions the approach is realised (see Greenwood & Kelly, 2017).

5.2.3 Parental agency between empowerment and gatekeeping in England and Malta

In both England and Malta, parents' agency is shaped by a double logic. On the one hand, parental coaching, consultation, and participation practices cast parents as partners within a social and neurodiversity-oriented approach to everyday functioning. On the other, access to many key services is still governed by medical-administrative gateways that structure when, how, and for what parents can act. As my England participants described, diagnostic and support pathways are often navigated through general practitioners, community paediatricians, and local authority panels, with parents repeatedly asked to provide information, consent, and evidence to move processes forward. In Malta, Malta Participant 4 pointed out that parents approach the Statementing Board after a diagnosis and are simultaneously asked whether they wish to place their child on Inspire's STEP waiting list. From a neurodiversity perspective, this raises questions such as: how much influence do parents have when choosing between mainstream and special schools in England or between

mainstream schools, Reach Units, and resource centres in Malta? How are parents' concerns heard, negotiated, or sometimes sidelined by service providers or local authorities? And, critically, do the English and Maltese systems enable parents to advocate effectively for appropriate support, or do they place responsibility on families without always providing the conditions for meaningful choice?

Across both contexts, multidisciplinary services increasingly emphasise practical support and parent partnership. As this study's England participants noted, the SEND Code of Practice (2015) frames teachers and parents as working together, and the parent-teacher consultation model under the 2015 Code explicitly identifies and acknowledges parents as the experts in their own lives and in the lives of their child, with the aim of empowering them as advocates rather than passive recipients. In Malta, my participants similarly described how Inspire's programmes are designed around ongoing collaboration with families, with LSEs invited to Inspire, Inspire staff attending IEP meetings in schools, and continuous communication about children's progress. However, as several participants on both sides pointed out, this partnership does not always translate into equal power. In England, England Participant 4 noted that services and supports vary across England and are shaped by local authority decisions and banded funding levels, meaning families in different regions encounter different opportunities and constraints. Long waiting lists for speech and language therapy, CAMHS and other NHS services, and the need to pursue EHCPs to unlock funding, also place families under pressure. In Malta, my participants described centralised services within NSWS MEYR and public-social partnerships with Inspire and other entities as strengths, yet also acknowledged capacity limits and very long waiting lists, with some programmes at maximum capacity and some children missing the opportunity for early intervention. In that sense, invitations to participate and be involved may coexist with structural pressures that require parents to be highly resourceful, persistent, and resilient merely to secure basic provision.

By parental agency, I refer here to parents' capacity to act independently, make informed choices, and influence decisions about their child's education and support. Social and neurodiversity models of disability assume that parents should not be passive recipients of professional decisions

but active participants who advocate for their child's needs, weigh up educational and therapy options, challenge or negotiate with professionals and institutions, organise or join support networks, and sometimes influence policy through consultation and activism. My England participants described exactly this shift in role, meaning teachers and parents working together collaboratively, with parents recognised as experts and encouraged to contribute actively to planning. In Malta, my participants highlighted expectations that parents practise strategies at home, attend sessions, and sustain interventions between appointments, with one interviewee emphasising that it is pointless to attend speech therapy every three weeks if exercises are not followed up at home.

Research evidence complements these accounts. A Maltese study by N. Attard (2025) suggests that caregivers in different countries hold divergent views about how schooling for disabled children supports their education and later ability to manage everyday life, and argues that much more work is needed to understand this better. In England, Grahame et al. (2025) found that planning appropriate help for autistic children requires clinicians to work closely with parents so that both the child's repeated patterns of action and their interaction and language needs are taken into account. Similarly, large-scale national studies such as those by Crowley et al. (2024) and the National Audit Office (2024), indicate that across England's regular state schools, giving parents a genuine say about arrangements for their son or daughter could be a key lever for enhancing provision for SEND learners, while also strengthening families' trust that the education system is working for them. Alongside these formal interventions and system-level studies, national parent carer participation programmes and autism peer-education initiatives, such as Contact's work with parent carer forums and the Autism Central peer education programme commissioned by NHS England, explicitly aim to build parental knowledge, reduce isolation and empower families to advocate within local SEND systems (Autism Central, 2025; Contact, 2023). However, as my England and Malta participants highlighted, benefitting from such opportunities still requires time, emotional energy, and the ability to navigate complex information and bureaucratic requirements, meaning

that those already under the greatest strain may struggle most to exercise this form of agency consistently.

England provides a particularly vivid example of strong yet uneven parental agency. At a national level, approximately 98% of EHCP appeals are decided in favour of parents (Children's Commissioner for England, 2024a), and my England participants gave qualitative context to this figure. England Participant 5 noted that millions get wasted every year on reviews and judicial reviews where parents take the local council to a tribunal to get support for their child, often because local authorities challenge professional recommendations or reduce proposed hours of support. England Participant 6 reminded that some parents would not have the energy to go through the system and would just give up, signalling that the families who reach tribunal are likely those with the greatest stamina, resources, or support. Peer networks and parent-to-parent initiatives, described by the England participants and in the wider literature (see Gudka et al., 2023; Postma et al., 2024), can build confidence and reduce isolation. Yet my data suggests a tension. High appeal success rates and strong peer advocacy could be read as signs of empowered participation, but they also indicate a system where local authority decisions are routinely contested and overturned. From a disability-model perspective, repeated reliance on tribunals and statutory processes suggests that expert-led and administratively controlled models still dominate, with parental agency mobilised mainly as a corrective mechanism rather than as an embedded, co-productive norm.

In Malta, my participants painted a different configuration of parental agency. On the one hand, services such as Inspire's Pathfinder, STEP IEI, STEP Forward and STEP Beyond, and parent seminars treat parents as partners whose engagement is central. Malta Participant 4 explained that Inspire's Pathfinder programme was created after parents contacted Inspire saying that they had just found out that their child was autistic, and that they did not know from where to initiate. They also did not even know what autism means, and described how group seminars and support groups encourage parents to share experiences, form WhatsApp groups, and build their own community, so

they do not feel in isolation once their children move on from Inspire's services. This reinforces a social-relational view of parents as co-learners and community members rather than passive service users.

Similarly, Malta Participants 2 and 4 described how LSEs and parents are invited into a shared problem-solving process, with Inspire and NSWS MEYR encouraging continuity of strategies between Inspire, school, and home. On the other hand, the same participants highlighted constraints. Services have reached their maximum capacity, some children receive therapy once a month when more frequent sessions might be needed, older children and teenagers encounter a big gap in services, and many families cannot afford to seek private intervention services when public provision is insufficient. Malta Participant 2 also noted that some parents, understandably wanting the best for their children, may opt for conflicting services without adequate guidance, particularly where different approaches to communication are combined for a non-verbal child, leading to confusion. This suggests that parental agency is frequently exercised under pressure and within tight information and resource constraints. This is confirmed by Camilleri's (2022) narrative work which indicates that in Malta, some autistic children's fathers feel compelled to fight administrative barriers, absorb significant out-of-pocket costs for therapies, and navigate limited, sometimes confusing information.

Viewed holistically, my England and Malta findings suggest that parental agency is neither purely enabled nor purely suppressed. Instead, it operates within a tension between empowerment and gatekeeping. Social and neurodiversity-aligned policies emphasise co-production, rights, and partnership with families. My participants across both countries gave concrete examples of parents being invited into planning meetings, IEP discussions, and consultation processes. Yet operational realities such as waiting lists, diagnostic gateways, financial costs, inconsistent local capacity, and sometimes confusing information about services, can limit which parents can act effectively and at what personal cost. From a disability-model viewpoint, a key challenge for both systems, as illuminated by my participants' accounts, is to move from a pattern where only the most persistent

and resourced parents successfully navigate services, toward arrangements that reduce reliance on adversarial appeals or informal fights, and instead embed parental agency as an ordinary, supported feature of decision-making about autistic children's education and support.

5.2.4 Medical, social-relational and biopsychosocial models: Beyond simplistic positive and negative evaluations

In this section, I move beyond simplistic positive and negative evaluations of disability models by examining how participants in Malta and England characterised and used them in practice. My Malta participants described the medical model of disability as a traditional, deficit-based view that focuses on "what is broken" and used it mainly to critique its limits for a lifelong developmental difference such as autism. My England participants similarly depicted the medical model as still dominant, diagnosis-driven and often unhelpful for planning educational support, particularly when access to provision depends on demonstrating deficit. At the same time, England Participant 2 cautioned that a simplified neurodiversity narrative can risk invisibilising autistic children who also have learning disabilities and argued for nuance.

What does this tell us? It suggests that, in both systems, practitioners are not simply rejecting the medical model but are critically considering when it clarifies needs and when it narrows them. Recent UK work on disability models in schools also points in this direction, proposing interactionist or blended approaches that combine aspects of medical, social and biopsychosocial thinking rather than treating them as mutually exclusive (Bertilsdotter Rosqvist et al., 2025; Davies & Soni, 2025).

From this angle, the medical model is not entirely negative. My findings and evidence indicate that there are points within services for autistic children where medical perspectives carry real weight. Clinical assessment can identify co-occurring conditions, such as epilepsy, gastrointestinal problems or anxiety disorders, that require health interventions and should not be misread as "just autism", a risk highlighted in work on diagnostic overshadowing (Healthy London

Partnership, 2017; National Institute for Health and Care Excellence [NICE], 2021b). In England, diagnostic reports and formal categories also play a gatekeeping role in unlocking EHCPs and specialist services. Reviews of the SEND system show that families and schools frequently rely on diagnosis-linked pathways to secure support.

Without some form of medically informed evidence, autistic children risk being under-identified or left without access to health and educational entitlements. At the same time, autistic advocates and scholars, including my interviewees, caution that when medical framings dominate, they risk pathologising autistic ways of being. This can involve framing autistic communication, interests, movements, or sensory needs primarily as symptoms of a disorder to be corrected rather than as valid differences that may sometimes require support or environmental modifications, and it can marginalise social-relational understandings that locate difficulty in inaccessible environments and power imbalances rather than in autistic neurology itself (Heasman et al., 2024; National Autistic Society, n.d.). In other words, my data echoes recent debates in England's literature which argue that neither a purely medical model nor a purely social model is sufficient for autism. Instead, a biopsychosocial and neurodiversity position is needed that recognises real health needs without reducing autistic identity to deficit (Green, 2023).

The interviews also highlighted how medical positioning shapes how parents are viewed. Several participants implicitly depicted parents of newly identified autistic children as vulnerable and in need of structured information, particularly about what autism is, which services exist and how to access them. This resonates with recent UK studies where parents describe the period after their child's diagnosis as marked by uncertainty, emotional strain and a strong need for clear guidance and ongoing professional support (Ashworth et al., 2025; Hughes et al., 2024). In Malta, narrative research similarly documents fathers who felt diagnosis encounters were brief, light on practical information and shaped by a power imbalance that left them to seek out services and therapies on their own (Camilleri, 2022).

Read through a disability-model lens, this pattern suggests that a strictly expert-led medical approach can disempower families when communication is minimal and advice is fragmented. However, when clinical teams work alongside social and educational services to provide post-diagnostic education, peer support and navigation help, the same recognition of parental vulnerability can justify enhanced informational and emotional support, rather than simply positioning parents as passive patients. A biopsychosocial and neuro-affirmative stance therefore invites us to ask, not only whether medical labels are used, but how far families are treated as partners whose experiential knowledge is valued.

My Maltese participants' examples of parents struggling to navigate disability pensions and longer-term income security for their autistic children once they reach adulthood underline another tension. In Malta, disability assistance and related non-contributory benefits are structured around specific impairment categories and medically certified eligibility, with multiple schemes, namely Disability Assistance, Severe Disability Assistance, Increased Severe Disability Assistance, Disabled Child Allowance, and separate application procedures (European Commission, Directorate-General for Employment, Social Affairs and Inclusion, 2025; Government of Malta, Department of Social Security, n.d.). Analysis of Maltese social protection shows that, while these benefits provide important income support, their complexity can make independent living difficult for disabled people without additional advice and advocacy (Vella, 2022).

From parents' perspective, this means that when an autistic young person reaches the end of compulsory schooling and encounters barriers to employment, families must understand and navigate a medically-framed benefits system if their child is to have a secure income. Here, the medical model underpins access to rights. Without documented impairment and formal diagnosis, disabled people may be excluded from financial support. The critical question, then, is not whether medical criteria should exist at all, but whether states such as England and Malta invest in accessible information, advice, and supported decision-making so that families are not left to negotiate complex social-security systems alone.

Similar tensions appear in the pedagogical models used with autistic children. In my interviews, both England and Malta participants voiced reservations about behaviourist programmes such as Applied Behaviour Analysis (ABA), especially when they are experienced as compliance-driven and aimed at normalising behaviour. At the same time, they described using structured environmental adaptations, visual supports and step-by-step teaching, drawing on frameworks such as TEACCH and SPELL, particularly within Malta's Inspire programmes and Reach Units.

Recent work again suggests that evaluations of ABA and TEACCH are more complex than a simplistic negative appraisal of the former and positive appraisal of the latter. In Malta, N. Attard's (2025) doctoral study of behaviour-analysis-based interventions within an inclusive mainstream primary school setting found improvements in targeted skills for autistic learners when behavioural strategies were embedded within a wider inclusive ethos that emphasised collaboration with teachers and families. In England, specialist provisions and charities report using ABA-informed methods within interdisciplinary teams that emphasise communication, autonomy and quality of life rather than obedience alone (BeyondAutism, 2022; Forest Bridge School, n.d.), while national professional guidance also cautions that behaviourist approaches risk becoming overly compliance-oriented if they are not carefully aligned with autistic rights and preferences (Royal College of Speech and Language Therapists, 2023).

My data therefore supports a more critical reading. Behaviour-analytic techniques may be consistent with social-relational and biopsychosocial models when they are co-produced with families and, where possible, autistic children, focus on reducing distress and enabling participation, and are embedded in environments that also adjust sensory, communicative and curricular demands. They are less consistent when goals and measures of success are defined solely by non-autistic norms.

In combination, my England and Malta findings suggest that no single model of disability is inherently beneficial or entirely harmful. The medical model can be enabling when it secures access to health care, early intervention and income support, and when clinicians share power with families

and other professionals. It becomes constraining when diagnosis is treated as the only route to help, when support is withdrawn in the absence of a label, or when autistic identities are framed primarily in terms of deficit. Social and neurodiversity-aligned models push systems to remove environmental barriers, challenge stigma and centre autistic voices, as seen in Malta's Autism Advisory Council and in English guidance emphasising quality-first teaching and participation. Yet if they are invoked only at the level of rhetoric while resource allocation, benefits and specialist placements remain tightly tied to whether a child has a particular diagnosis or impairment label, there is a risk that the social model functions in a tokenistic way. For both countries, the challenge that emerges from this study is to develop more explicit, context-sensitive blends of medical, social-relational, biopsychosocial and neurodiversity models, and to scrutinise, in practice, whether these blends genuinely expand autistic children's and families' choices, or simply repackage existing forms of gatekeeping under more progressive language.

5.3 Implications

This dissertation is a small-scale, qualitative comparison rather than a comprehensive evaluation of all provision for autistic children in England and Malta. Its implications therefore need to be read as indicative rather than definitive. The study does not solve the challenges of autism education, but it offers a comparative map of services and disability models that can inform modest, data-driven and evidence-informed adjustments to policy and practice.

Across the interviews and rich pictures, England does not emerge as an unequivocally superior system, nor Malta as an inferior one, or vice versa. Instead, each context shows a blend of strengths, gaps and tensions. England's larger, devolved system can innovate locally but struggles with consistency, long waiting lists and variable implementation of the SEND framework across local authorities. Recent evidence confirms this pattern. National analyses by the Children's Commissioner, the Education Policy Institute (EPI) and the National Audit Office (NAO) document pronounced local variation in identification, waiting times and access to support, often described as a

postcode lottery, alongside increasing tribunal appeals over EHCP decisions (Children's Commissioner for England, 2024a, 2024b; National Audit Office, 2024).

Malta's smaller, more centralised system offers clearer national pathways and coordination through MEYR's National Students Wellbeing Services and public-social partnerships, but capacity constraints, long waiting lists and fragmentation between ministries and NGOs still create gaps. These challenges are recognised in national strategy documents and policy frameworks, including Malta's National Autism Strategy 2021-2030 and the National Education Strategy 2024-2030, both of which call for more coordinated, cross-ministerial approaches and better transitions between screening, diagnosis and educational support (MEYR, 2024; MISW, 2021a).

Against this backdrop, the implications below focus on mutual learning, meaning what each system might adapt from the other, and how both could move towards more timely, coordinated and neuro-affirmative educational services for autistic children aged 0 to 11. In line with the study's design and limitations, they are phrased cautiously as directions that are supported both by this study's data and by recent research and policy evidence, rather than as guaranteed solutions.

5.3.1 System-level implications for service design and coordination

The findings suggest that how systems are structured strongly shapes families' experiences of timeliness, equity and coherence of support. In Malta, services are comparatively centralised and coordinated through NSWS, CDAU and public-social partnerships such as Inspire. Participants described this as a strength, because families are not required to navigate dozens of separate local arrangements, and the National Autism Strategy 2021-2030 similarly emphasises the potential advantages of coherent, nationally planned pathways across education, health and social support (MISW, 2021a). At the same time, long waiting lists, limited capacity at Inspire and other services, and uncertainty about what happens next after screening or diagnosis mean that parents still experience fragmentation and gaps in guidance.

In England, participants highlighted the opposite pattern. There is a strong framework on paper through the SEND Code of Practice, the graduated approach, Ofsted and Care Quality Commission (CQC) area SEND inspections but highly variable local implementation and routes into support. This is consistent with recent national reports. The Children's Commissioner has documented large increases in EHCP appeals and very long waits for autism and neurodevelopmental assessments, especially in some local areas, while the NAO and EPI have reported significant variation between authorities in both identification rates and the timeliness of support (Children's Commissioner for England, 2024b; (Hutchinson, Downs, & Ford, 2025; NAO, 2024).

A first implication is that the data points towards the importance of navigation and coordination functions. In Malta, Inspire's Pathfinder service already offers a single, family-facing point of contact following diagnosis, providing consultations, information and signposting. Participants who mentioned Pathfinder viewed this one front door as a way of making a fragmented landscape more manageable. Scoping reviews of navigation-type models for children with neurodevelopmental conditions and intellectual disabilities similarly suggest that family navigation and keyworker roles can reduce systemic barriers, improve access to services and support families to understand complex pathways (Gardiner et al., 2022). In England, the Government's National Strategy for Autistic Children, Young People and Adults 2021-2026 and its 2021-22 implementation plan already include investment in keyworker pilots for children and young people with complex needs (DHSC & DfE, 2021a, 2021b). Considered collectively, both this study's findings and the emerging evidence base support the implication that navigation or keyworker functions should be strengthened and extended, nationally in Malta and locally in England, to make service systems more transparent and less overwhelming for families.

Second, the study underlines how scale and governance arrangements matter for implementing change. Malta's small size means that relatively small policy shifts can have system-wide impact, but also that capacity limits are quickly reached. Malta's National Autism Strategy 2021-2030 highlights the risk that strategy remains aspirational if not matched by investment in

workforce and infrastructure (MISW, 2021b). England's scale and governance dispersed across local authorities, as participants noted, make reform harder. Consultation processes, financial pressures and competing pressure groups can dilute reforms, and recent analyses of the SEND system suggest that piecemeal changes have not yet produced consistent, inclusive practice on the ground ((Atkinson et al., 2024; Hutchinson et al., 2025; NAO, 2024). A reasonable implication is that both systems need to balance central guidance with realistic local capacity-building, strengthening national standards to reduce unjustifiable variation, while supporting local or regional partnerships to design autism pathways that fit their resources and demographics.

Third, the data from England and the wider evidence suggest that bureaucratic burdens around EHCPs and similar processes need careful review. Participants described schools playing the game to obtain EHCPs mainly as a funding route, with educational psychologists diverted into report writing instead of preventative work. This aligns with evidence that local authorities are spending increasing sums on SEND tribunals, and with critiques that the current system channels resources into legal disputes rather than direct support (Children's Commissioner for England, 2024a; House of Commons Education Committee, 2025; NAO, 2024). The implication here is not that statutory plans should be removed. They remain an important legal safeguard. But that funding mechanisms and accountability frameworks should be redesigned so that support is not tied exclusively to high-threshold paperwork. Streamlining processes, clarifying decision criteria and shifting educational psychologist roles towards consultation and early intervention would be consistent both with this study's findings and with national recommendations for a more preventative SEND system (Atkinson et al., 2024; NAO, 2024).

Fourth, participants' contrasting experiences with private diagnoses point to implications for early identification. In Malta, the recognition of high-quality private assessments, including those obtained through NGO services, appears to facilitate earlier access to educational support, provided quality standards are met. In England, parents often described being stuck in long NHS assessment queues, with private diagnoses not always recognised for service access. Wider research supports

the rationale for early identification. Recent reviews indicate that early diagnosis and early intervention can improve developmental outcomes, adaptive functioning and family wellbeing for autistic children, and that delays in diagnosis often mean missed opportunities for support (Lidstone, 2025; Okoye et al., 2023; Sandbank et al., 2023). Within these constraints, it is a cautious implication that England could explore clearer guidance on when and how high-quality private assessments can be accepted for educational planning, while retaining appropriate safeguards, so that waiting times for help are reduced and early developmental windows are better used.

5.3.2 Implications for staffing, funding and professional learning

Participants in both countries highlighted structural weaknesses related to funding, staffing and professional learning. In England, long waiting lists for speech and language therapy, CAMHS and autism assessments were linked to underfunding and staff shortages, a pattern reflected in the Children's Commissioner's reports on neurodevelopmental waiting times and in NAO analyses of SEND capacity (Children's Commissioner for England, 2024b; NAO, 2024). Educational psychologists were described as overburdened with statutory assessment work, leaving limited capacity for consultation, coaching and early intervention in schools. In Malta, Inspire and other services were operating at full capacity, with some children reportedly receiving fewer hours than clinically recommended, and participants described a sense that demand outstrips supply across public and NGO provision for autistic children. These converging accounts, together with national strategies that call for expanded multidisciplinary provision in both countries (DHSC & DfE, 2021b; MISW, 2021) support several implications.

First, there is a clear implication for targeted investment in multidisciplinary teams. For both England and Malta, the data reinforce arguments for expanding the number of educational psychologists, speech and language therapists and occupational therapists who work directly with schools, in line with recent strategic recommendations for autism and SEND (DHSC & DfE, 2021b; MISW, 2021; NAO, 2024). Importantly, this is not only about increasing numbers but also about reshaping roles so that more time is spent on consultation with teachers, in-class problem-solving

and designing supports, rather than almost exclusively on gatekeeping and report writing. Evidence from inclusive education research suggests that when specialist staff are able to work in collaborative, consultative ways, rather than primarily as assessors, schools are better able to adapt classroom practices and reduce exclusions for learners with SEND (Atkinson et al., 2024; Woolfson, 2025).

Second, the study underscores the importance of autism-specific continuous professional development (CPD). Educators, LSEs and SENCOs and HoDs Inclusion across both settings were described as committed but often underprepared for the practical complexities of autism in mainstream classrooms. This resonates with recent research in England. Smythe's (2025) study on teacher training for inclusive pedagogies highlighted significant variation in the quantity and quality of training available across mainstream and SEND settings. Ward & Powell's (2025) work on supporting mainstream staff to meet the needs of autistic girls similarly emphasised that teachers felt ill-equipped and called for more targeted, practice-based CPD. In addition, Ambitious about Autism's (2025) briefing on ending lost learning urged the UK Government to ensure that every educator and school staff member in England has the knowledge and confidence to support autistic pupils, arguing that gaps in staff training contribute directly to exclusion and inequality.

The implication, supported by this study's data and these external sources, is that CPD for autism should go beyond one-off awareness sessions. It could combine accessible training on autism, jointly developed and implemented with autistic adults and parents, as in the Autism Education Trust's collaboratively created professional development programme, with short coaching cycles where specialists model diverse low-arousal learning strategies, followed by reflection and adaptation with staff (Autism Education Trust, n.d.; Davies & Henderson, 2025; Kennedy, 2023). Evidence from inclusive pedagogy and implementation research suggests that such sustained, practice-based professional learning is more likely to change classroom practice than isolated lectures, and is associated with improved outcomes for learners with SEND (Davies & Henderson, 2025; Woolfson, 2025).

Third, the Malta findings point to implications for building local expertise. Participants noted that there is no dedicated pre-service course focused specifically on autism and education at Malta's public further and higher education institutions, although there are broader inclusion modules and specialised in-service services such as training by England's National Autistic Society for Malta's HoDs Inclusion (Malta Participant 2). Given Malta's National Autism Strategy 2021-2030's emphasis on developing specialist knowledge and the National Education Strategy 2024-2030's pillars on equity and inclusion (MEYR, 2024; MISW, 2021a), it is a reasonable, though cautious, implication that MEYR, Malta's public higher education institutions and autistic-led organisations could collaborate to design a specialist course or postgraduate programme on autism in education. Co-production with autistic adults would help ensure that course content reflects both clinical and lived-experience knowledge and is aligned with neuro-affirmative principles, echoing recent UK evidence from a co-created training course for university staff which shows that autistic-led, co-produced autism training can deepen staff's nuanced understanding of autism and lead to concrete changes in practice, underscoring the value of embedding autistic expertise within programme design (Jenks et al., 2023).

Fourth, the prominent role of NGOs such as Inspire in Malta's landscape of services suggests further implications for funding and partnership. The data shows that public-social partnerships (PSPs) already provide key pathways into early intervention programmes, such as Inspire's STEP IEI and related services, but that these services are reaching their capacity limits. This mirrors warnings at national level that implementation of the National Autism Strategy 2021-2030 requires adequate resourcing and genuine inter-ministerial coordination (Borg, 2021; MISW, 2021). The implication might be that Government and NGO partnerships could be expanded and planned more strategically, with clear expectations for workforce growth, capacity building and quality assurance, while at the same time continuing to build the capability of mainstream schools, resource centres and Reach Units so that NGOs are not the only lifeline for families.

5.3.3 Implications for partnership with parents and autistic children

The study also has implications for how systems conceptualise and support the roles of parents and autistic children themselves. Parents in both contexts were described as highly motivated but often constantly overwhelmed, particularly when navigating long waits, complex paperwork and multiple services. In Malta, examples were given of parents combining uncoordinated interventions or struggling to use AAC devices at home. In England, families sometimes exhausted by bureaucracy were reported to withdraw from processes altogether, leaving children without formal diagnosis or support. These accounts align with wider evidence that parents of autistic children frequently experience high stress, and that complex systems can result in disengagement and missed opportunities for early intervention (Children's Commissioner for England, 2024b; Lidstone, 2025).

One implication is that parent education and support need to be structured and sustained rather than assumed. Recent reviews and trials of parent training and e-health family interventions for parents of autistic children indicate that programmes which combine a structured parent support programme with practical coaching can reduce parental stress and improve parental use of communication and interaction strategies, including when delivered through telehealth (Shang et al., 2024). This evidence aligns with the suggestion from Malta Participant 2 that parents may need more systematic education and support to use AAC at home, follow through with home-based tasks from therapy, and attend autism-specific training. In both England and Malta, therefore, an implication, supported by the data and the wider literature, could be that services could design accessible, ongoing parent programmes that cover autistic communication, sensory needs, low-arousal approaches and everyday use of AAC, with flexibility for families' time constraints and opportunities for peer support.

A second implication concerns how systems frame shared responsibility. Interviewees in Malta highlighted that services are publicly funded and that consistent attendance and follow-through matter. At the same time, both this study and national strategy documents underline the

need for systems to be realistic about the demands placed on families, especially when they are juggling work, caring for multiple children and managing their own mental health (Children's Commissioner for England, 2024b; MISW, 2021b). It follows that service contracts, IEP and EHCP review meetings and parent workshops could frame support as a collaborative endeavour. This could mean clarifying what services will provide, what is expected from families, and what additional help, such as reminders, transport support or flexible appointment times, is available if families struggle to meet those expectations.

Third, the discussion of disability models and the "nothing about us without us" principle points towards a clear implication about autistic participation. This study's participants criticised tokenistic engagement, and national strategies in both Malta and England emphasise the importance of involving autistic people in decision-making (DHSC & DfE, 2021b; MISW, 2021b). At an individual level, it is an implication of the data that IEPs in Malta and EHCPs in England could routinely include children's own views, expressed through speech, AAC, or other means, about what their strengths are, what their interests are, what helps them, what overwhelms them and what goals matter to them, rather than relying solely on adult perspectives. At school and system levels, the findings support the development or strengthening of pupil forums, autistic advisory groups and councils that feed into SENCO and inclusion leadership structures, so that autistic voices shape the design of policies, guidance and resource allocation rather than simply being consulted after decisions are made.

Moreover, the English data in particular highlights the consequences of adversarial routes. Participants described parents feeling compelled to use tribunals and complaints to secure provision, a pattern supported by national statistics showing rising SEND tribunal appeals and high success rates for families (Children's Commissioner for England, 2024a; House of Commons Education Committee, 2025). A reasonable implication, therefore, could be that systems should invest in early, collaborative problem-solving mechanisms, such as facilitated planning meetings, mediation or local

review panels involving parents and professionals, so that families do not have to resort to legal action as the primary way of exercising agency.

5.3.4 Conceptual and ethical implications for models of disability and practice

There are conceptual and ethical implications arising from the analysis of disability models and intervention approaches. The study found that neither purely medical nor purely social models are sufficient on their own. Diagnostic frameworks can open doors to services, income support and early intervention, but they can also reinforce deficit narratives and gatekeeping when access to help is tightly tied to labels. Social and neurodiversity-informed models push systems to remove environmental barriers and centre autistic voices, yet risk becoming tokenistic if they are not accompanied by concrete changes in funding structures, classroom practice and accountability. Similar tensions are visible in current debates on inclusive education, where recent work by Atkinson et al. (2024) and Woolfson (2024) argue that inclusion must be understood as an ongoing, dynamic process rather than a state that can be declared achieved.

One implication, supported by both this study and the literature, is that blended models could be made explicit rather than implicit. In practice, both England and Malta already operate with combinations of medical, social-relational, biopsychosocial and neurodiversity perspectives, even when this is not clearly articulated. Policy documents, training programmes and school-level guidance could name these blends openly, clarifying when clinical assessment is necessary and helpful, such as to identify co-occurring health conditions or to access statutory entitlements, and when barrier-removal, participatory planning and environmental adaptations could be the first response. Making these logics visible may help practitioners navigate tensions between eligibility rules and inclusive intentions, and resonates with calls in both countries' autism strategies to integrate health, education and social perspectives rather than allowing one model to dominate (DHSC & DfE, 2021b; MISW, 2021b).

The Malta findings on parental recourse to unproven "cures" such as hyperbaric oxygen therapy, chelation and other biomedical treatments during long waits for support raise ethical

questions that extend beyond this study. Recent UK guidance and information sources for families explicitly warn against these interventions. NHS guidance lists hyperbaric oxygen therapy, chelation and several dietary and hormonal treatments among those not recommended for autism, and the National Autistic Society similarly cautions against so-called "cures" that lack evidence and may cause harm (National Autistic Society, 2023; NHS, 2022c). International evidence reviews continue to find insufficient evidence of benefit and potential risks for many such interventions (Andrews & Harch, 2024; South Carolina Blues, 2025). The implication, supported by both the data and this broader evidence, is that systems have a responsibility to provide timely, evidence-based alternatives and clear information so that families are less vulnerable to risky or costly options. This could include signposting to reliable resources, offering interim supports while waiting for diagnosis, and integrating discussion of intervention quality and safety into parent education programmes.

Another implication is that inclusion needs to be treated as an ongoing process rather than a static endpoint. The increased use of specialist placements in England and targeted resource centres and Reach Units in Malta shows that inclusion is being negotiated in practice, often under pressure from limited resources and increasingly complex needs. Recent analyses of SEND in England argue that without continuous attention to barriers in mainstream settings, specialist placements risk becoming out-of-sight solutions that relieve immediate pressure but may entrench segregation (Atkinson et al., 2024; NAO, 2024). Woolfson's (2025) work further emphasises that while there is evidence of academic and social benefits from inclusive schooling, these depend on the quality of classroom practice and support. The implication is that national strategies could avoid framing inclusion as achieved and instead view it as a cycle of auditing barriers, investing in staff capacity, monitoring who is taught, where, and under what conditions, and responding to emerging inequalities with targeted support. Data collection on flows into and out of specialist settings for autistic children could support more informed decisions about whether these settings are functioning as bridges back to mainstream or as permanent tracks.

Additionally, participants in both contexts raised concerns about overly compliance-driven approaches and tick-box uses of strategies. In light of this, and in line with emerging international guidance on evidence-based practice for autistic children (Sandbank et al., 2023), there is an implication for clearer ethical practice standards in classrooms and therapies. Professional bodies and education ministries could consider issuing or updating standards that emphasise avoiding aversive practices, respecting sensory and communicative autonomy, and aligning behavioural techniques with neuro-affirmative goals such as reducing distress, supporting participation and honouring autistic children's agency. This could also respond to critiques of deficit-based, pathologising, framings in training materials and safeguarding guidance, such as school or local authority protocols on managing challenging behaviour that treat autistic distress or self-stimulatory behaviour primarily as a risk to be controlled. Here, pathologising refers to approaches that treat autistic differences in communication, movement or sensory processing as if they were symptoms of a disorder or problem that must be corrected, rather than as valid forms of human variation that may sometimes require support or environmental adjustment. Addressing this, would align with national commitments in both England and Malta to uphold the rights and dignity of disabled learners (DPSH & DfE, 2021b; MISW, 2021b; Ward & Powell, 2025).

Bringing these points together, the implications of this research are intentionally modest. They do not claim that any single reform will transform outcomes for all autistic children in England or Malta. Rather, they suggest that small, evidence-informed changes in system coordination, professional learning, family and autistic participation, and the explicit blending of disability models, could make existing services more coherent, timely and respectful of autistic children's rights and needs. Within the limits of a descriptive, comparative design and a small interview sample, this study contributes one piece to a wider puzzle, indicating directions that policymakers, service leaders, practitioners, autistic communities and families might explore together.

5.4 Recommendations for neuro-affirmative policies

Building on the preceding implications, this section poses a series of reflective questions rather than definitive prescriptions. The aim is to prompt policy makers, service leaders and practitioners in Malta and England to consider how the systems described in this study might move more deliberately towards neuro-affirmative policies, that is, policies which recognise autism as a form of human diversity, prioritise autistic children's rights, agency and wellbeing, and focus on adapting environments rather than fixing children.

If policy makers wish to pursue neuro-affirmative policies, how might the strong demand for services, highlighted by almost all interviewees in both Malta and England, be used as a starting point? What would it mean, in practice, for funding allocations to follow neuro-affirmative principles rather than mainly diagnostic categories or institutional boundaries? In Malta, where Inspire's services are under high pressure and Malta Participant 4 noted that demand exceeds supply, could a neuro-affirmative policy agenda justify expanded public-social partnership funding to increase places in programmes such as Inspire's STEP IEI and Pathfinder, or to establish additional community-based centres modelled on Inspire? More broadly, should ministries ask whether current expenditure patterns prioritise early, family-oriented, participatory support, or whether they still channel disproportionate resources into more bureaucratic stages of the system?

From a neuro-affirmative standpoint, how far can school environments and teaching methods be adapted so that the kinds of structured, predictable and sensory-aware practices seen in specialist settings become ordinary features of mainstream and Reach Units? Could Maltese and English policy makers envisage a scenario in which approaches such as TEACCH, SPELL, the structured routines used in Inspire, or the functional, ASDAN-based curriculum in Malta's Reach Units are not confined to specialist spaces but inform everyday pedagogy in primary and secondary schools? What would it mean to treat social stories, visual schedules, cartoon conversations, augmentative and alternative communication, signs and symbols, and regulation-focused apps not as add-ons but as part of the standard repertoire of quality first teaching or UDL, particularly for autistic learners who

struggle with emotion recognition, peer relationships, task focus or communication? What forms of initial teacher education and CPD would be needed so that these pedagogies can be implemented without slipping back into compliance-driven or pathologising uses?

For example, could a neuro-affirmative CPD programme for primary teachers include a series of sessions co-delivered by an autistic trainer and an educational psychologist, where teachers practise using social stories, visual supports and sensory adaptations in response to real learners' goals and preferences, rather than as fixed steps on a behaviour checklist? Instead of training teachers to reduce autistic behaviours, could the course focus on helping teachers understand autistic communication, collaborate with families and the child to set shared goals, and adapt tasks, environments and expectations. This could contrast with a more compliance-driven or pathologising approach where teachers are simply given manuals and instructed to follow a set sequence of strategies to make the child appear more normal, without questioning whether the child is comfortable, consenting or actually learning.

In funding terms, do current mechanisms in England and Malta genuinely incentivise neuro-affirmative practice, or do they risk entrenching more deficit-oriented logics? In England, where EHCPs unlock high-needs funding and educational psychologists devote substantial time to producing statutory reports, is it sustainable or desirable that so much resource is tied to proving deficit in order to access support? Would a more neuro-affirmative system reduce the extent to which schools chase EHCPs primarily to secure funding, and instead invest more heavily in preventative, classroom-embedded support and consultation from educational psychologists? In Malta, where the Statementing Board and the allocation of LSE support remain the main routes to formal provision, could policy makers examine whether statementing is genuinely being used to remove barriers in classrooms and Reach Units? Or is it, in practice, sometimes operating more as a gatekeeping mechanism that secures one-to-one support for individual pupils while leaving wider teaching practices and learning environments largely unchanged?

At system level, are educational services for autistic children aged 0 to 11 in Malta and England still too fragmented to support a genuinely neuro-affirmative approach, and if so, what levers might reduce this fragmentation? Do policy makers in both contexts have a sufficiently detailed map of existing services, transitions and gaps to be able to design coherent neuro-affirmative pathways from screening through to classroom practice? Is there a risk that national claims to inclusive education in Malta and England, as set out in official strategies and legislation, mask practices that are closer to integration or tokenism, with autistic children present in ordinary classrooms but still expected to adapt to unchanged environments? In Malta, where MEYR's National School Support Services were reconstituted as the National Students Wellbeing Services (NSWS) in 2024, does this renaming signal a substantive shift in the inclusion paradigm, as envisioned in the National Education Strategy 2024-2030, or will neuro-affirmative change require more explicit monitoring of how NSWS and schools remove sensory, communicative and attitudinal barriers in day-to-day practice? In England, where the SEND and AP Improvement Plan seeks to standardise expectations and strengthen mainstream provision, can similar questions be asked about whether reforms are transforming classroom cultures or mainly recalibrating bureaucratic processes?

At the level of community and culture, how might neuro-affirmative policy encourage the non-autistic majority to reframe their understanding of autistic difference? What forms of public education, peer-awareness work and learner voice initiatives are needed so that autistic children are not simply fitted in but actively welcomed as contributors to school and community life? How can schools and local communities be supported to balance respect for autistic differences, including sensory processing patterns, communication styles and interests, with the provision of opportunities for autistic children to build reciprocal friendships and participate in shared activities on their own terms? Would it be useful, for example, to develop national or local frameworks for whole-school autism acceptance programmes, co-designed with autistic adults and young people, to sit alongside existing wellbeing policies?

Regarding families, what might a neuro-affirmative policy agenda mean for how parents are engaged and supported? In Malta, could Government draw more explicitly on Inspire's practice of strongly involving parents, including expectations of regular attendance at seminars, coaching on home strategies and structured follow-up, by embedding similar expectations and supports within state services and MEYR's NSWS? How far can policy makers reasonably go in asking parents to participate in programmes, given the uneven resources and time that different families have, and what additional supports, such as flexible scheduling, online access and peer-led groups, would be needed to make participation realistic rather than burdensome? In England, where parent carer forums, peer-education programmes and tribunal appeals already signal high levels of parental activism, how can systems avoid relying on the most persistent and well-resourced parents to drive change and instead normalise supported, co-productive parental involvement for all families, including those who are exhausted, isolated or distrustful of services?

A further question concerns how might Malta's current curriculum transformation and response to PISA 2022 be explicitly harnessed as vehicles for neuro-affirmative policy, rather than running on a parallel track concerned with attainment? As MEYR, working with the OECD, transforms curriculum and assessment under the National Education Strategy 2024-2030 and implements the PISA 2022 Action Plan, in what ways can these transformations be required to embed neuro-affirmative principles? For example, could continuous professional development on curriculum transformation include autism-specific content? Could digital and other technologies be used to reduce sensory and communication barriers rather than intensify demands? Could accessibility and flexibility for autistic learners be written into curriculum guidelines? Could collaboration with families be recognised as a core component of effective teaching?

In England, where reforms such as the SEND and AP Improvement Plan and ongoing curriculum and accountability debates seek to raise standards while improving inclusion, what can be learned about the risk that performance pressures may crowd out neuro-affirmative aims? Furthermore, could Malta's educational transformation be deliberately designed to avoid similar

patterns, or even to model how national curriculum and assessment policies might be aligned with neuro-affirmative commitments from the outset? For example, could Malta's curriculum transformation require that assessment frameworks in literacy, mathematics and science build in flexible pathways and reasonable accommodations for autistic learners, so that educators are not pressured to prioritise narrow test performance over autistic students' wellbeing, participation and meaningful learning?

The questions above do not necessarily have straightforward answers. Rather, they signal that these issues can be approached differently and highlight specific tensions and compromises that arise when formulating recommendations for neuro-affirmative policies in Malta and England.

5.5 Strengths of the study

This study has several interrelated strengths. Methodologically, it is characterised by triangulation and transparency. The analysis draws together semi-structured interview data, rich pictures co-constructed with participants, and documentary analysis of policies and organisational documents, with clear demarcation between the Findings and Analysis chapter and the interpretive work undertaken in this Discussion. The use of NVivo to organise codes and themes, the inclusion of comparative tables, and the explanation of how themes were developed all contribute to an audit trail that allows readers to trace how I moved from participants' accounts and documents to broader claims about services and disability models. The rich picture component, in particular, adds a participatory dimension, enabling practitioners to depict service pathways visually, and the progressive refinement of these drawings in response to autistic feedback, such as the move from puzzle piece to infinity symbolism, strengthens the study's neuro-affirmative orientation.

A further strength lies in the comparative design. Placing Malta's smaller, centralised system alongside England's larger system, where responsibilities are predominantly administered at local authority level, allows the study to illuminate design tensions that single jurisdiction studies might miss. Through structured cross-system reading, the Discussion traces how similar challenges, such as waiting lists, parental stress, and pressures on mainstream inclusion, play out differently in

each context, and how particular configurations of governance, public-social partnership and diagnostic pathways might shape families' experiences.

The study also adopts a critical yet constructive voice. Services in England and Malta are examined through contemporary debates on neurodiversity, double empathy, social and biopsychosocial models of disability and neuro-affirmative practice, but without resorting to blanket condemnation of the English and Maltese education systems. The aim is not to condemn either system but to offer cautious, evidence-informed suggestions that might support both to develop more timely, coordinated and rights-respecting provision for autistic children aged 0 to 11. Underpinning this is a commitment to viewing inclusion as an ongoing process rather than a state that can be declared achieved. The analysis assumes that education systems must remain open to critique, adaptation and refinement if they are to respond to autistic children's needs and rights over time.

5.6 Limitations

Notwithstanding its contributions, this dissertation has several limitations that should be acknowledged. As noted earlier, the study is a small-scale, qualitative comparison that synthesises semi-structured interviews, rich picture elicitation and documentary analysis rather than a comprehensive evaluation of all provision for autistic children in England and Malta. Within this design, the thematic analysis was more deductive than is often assumed in studies that present themselves as purely data-driven and inductive. While the coding was grounded in participants' accounts, the overarching analytic framework was shaped by pre-existing research questions and by the earlier construction of rich pictures with participants, which highlighted particular service dimensions and disability model signals. This means that the themes were organised through categories that were, at least in part, conceptually derived rather than emerging in an unconstrained way from the data. The limitation here is not that deductive analysis is inherently weaker, but that it may channel attention towards issues already problematised in the research design and leave some unanticipated themes less fully developed.

A second limitation relates to the level of descriptive detail included about specific services in England and Malta. The study aimed to map the main features of the service landscape and to analyse the models of disability that appear to underpin them, rather than to provide exhaustive operational accounts of each service. As a result, it does not set out in full what is done by every unit or professional role, for instance the precise procedures of Malta's CDAU, the detailed content of the M-CHAT questionnaire, the full scope of England's NHS autism-related pathways, the day-to-day operation of Portage, the complete range of work undertaken by England's health visitors, SENCOs and Malta's HoDs (Inclusion), or a step-by-step description of how both countries' education systems function in practice. Including this level of detail could potentially have yielded further insights, particularly for readers unfamiliar with either system, but doing so would have required a much larger, multi-phase project with additional interviews, documentary work and possibly observational fieldwork. Within the constraints of time, word length and ethical approval, the decision was therefore taken to offer a structured comparative overview rather than an encyclopaedic catalogue, and the study does not claim exhaustive coverage of autism services in either country.

The sample composition also places limits on the claims that can be made. The core voices in this study are policymakers, senior practitioners and representatives of key organisations. Their perspectives are crucial for understanding how systems are designed and how services are intended to operate. However, they cannot substitute for the experiences of parents, caregivers and autistic children themselves. The analysis therefore focuses on system-level and professional perspectives on services and disability models, and any inferences about family or child experiences remain indirect. Similarly, the data was collected at a single point in time, capturing a particular moment in two rapidly evolving policy and service landscapes. Reforms to SEND in England and ongoing implementation of Malta's National Autism Strategy 2021-2030 and National Education Strategy 2024-2030 signify that some arrangements described here may change over the coming years. Finally, as with all interpretive qualitative work, the analysis is shaped by the researcher's own positionality and professional context. While efforts were made to be reflexive and transparent about analytic decisions, different researchers might have framed or prioritised themes differently.

5.7 Recommendations for future research

Building on these limitations and on the implications outlined earlier in this chapter, several directions for future research can be cautiously suggested. One avenue would be to extend the comparative lens used in this dissertation beyond England and Malta. Further studies might examine services and disability models for autistic children aged 0 to 11 in additional European contexts, such as Germany, Spain, Italy and Nordic countries, or in small states and island jurisdictions that face similar capacity constraints to Malta. International, collaborative research teams, with partners based in each country under study, would be well placed to carry out such work. Comparative projects of this kind could test whether the patterns observed here, such as tensions between centralisation and local variation, or between medical gatekeeping and social and neuro-affirmative intentions, are shared across systems or are context-specific.

Closely linked to the limitations discussed above, another important direction is that there is a strong case for research to centre the voices of parents, caregivers and autistic children and young people more directly. Large-scale qualitative or mixed-methods projects could explore how families in Malta and England experience diagnostic pathways, early intervention services, classroom support, specialist settings and transitions, and how they understand and navigate the options available to them. Separate, in-depth studies could focus on particular groups, for example parents of children in Reach Units, families whose children attend resource centres, or autistic children who remain in mainstream classrooms with graduated support. Each of these would constitute a substantial project in its own right, potentially at the scale of a ministry-commissioned programme of research rather than an individual dissertation. Such work would complement the expert and policy-oriented perspectives presented in this study and could confirm, nuance or challenge the interpretations offered here.

A further line of enquiry would be to examine the implementation of specific services or interventions highlighted in this dissertation in greater depth. As an example, longitudinal or quasi-experimental studies could examine the longer-term educational, social and wellbeing outcomes of

learners who attend Malta's Reach Units, are supported through Inspire's programmes, or move between mainstream schools and resource centres. In England, classroom-based research could investigate how the graduated assess-plan-do-review cycle and quality first teaching are enacted for autistic pupils in different local authorities, and under what conditions these frameworks lead to genuinely neuro-affirmative, barrier-removing practice rather than remaining largely rhetorical. Observational studies, complemented by interviews with teachers, LSEs, SENCOs and HoDs (Inclusion), could provide a detailed picture of how disability models are negotiated in everyday pedagogical decisions.

There is also scope for studies that examine professional learning and co-produced training on autism in more depth. In Malta, future research could evaluate the design and impact of any specialist courses or postgraduate programmes on autism in education that may be developed within public higher education institutions, particularly if these are co-designed with autistic adults and parents. In both England and Malta, researchers could investigate how different models of CPD, such as one-off awareness sessions, extended coaching cycles, or co-delivered training with autistic facilitators, affect educators' confidence, classroom strategies and autistic leaners' experiences over time. Such work would speak directly to policy debates about how best to build and sustain autism-specific expertise in mainstream and specialist settings.

A final area where future research could make a contribution concerns disability models in practice. Future researchers might trace how medical, social-relational, biopsychosocial and neurodiversity-informed frameworks are invoked across different layers of the system, from legislation and strategy documents, to school policies, to individual education plans and therapy goals, and how these framings are experienced by autistic children and their families. Mixed-methods designs that combine documentary analysis, surveys and qualitative case studies could help to clarify when blended models operate in ways that expand choice and participation, and when they risk re-packaging traditional gatekeeping or deficit narratives. In these and other ways, future

research can build on the present study's small-scale, indicative findings to inform more robust, context-sensitive reforms of educational services for autistic children in England, Malta and beyond.

5.8 Reflexivity

This dissertation has been written from a position that is both personal and professional. In the Introduction, I placed myself as an autistic adult from Malta, diagnosed at 40 years of age and employed within the Directorate responsible for EU Affairs in Malta's Ministry for Education. That positionality has shaped the questions I asked, the design choices I made and the analytical lenses I brought to the comparison between England and Malta. The Discussion already makes my interpretive role visible by deliberately highlighting my analytical voice. This section illustrates how my own perspectives influenced the study, and how the research process, in turn, reshaped those perspectives.

My prior interest in autism, and my lived experience of moving through education systems as an autistic person, provided a strong impetus for undertaking this research. It inclined me towards neurodiversity-affirming and social-relational understandings of disability and towards an instinctive sympathy for arguments that emphasise environmental barriers, sensory overwhelm and the importance of autistic voice. This was a resource and a risk. It was a resource because it helped me to recognise the significance of participants' insistence that autism is not an illness and that services should not exist to fix autistic children but to build on their strengths and support participation. It was a risk because it could have led me to underplay the value of clinical perspectives, statutory processes or specialist settings which some families experience as enabling. Throughout the analysis I sought to hold this tension consciously, using participants' accounts, documentary evidence and existing research to check my inclination to read everything through a solely neuro-affirmative lens and to acknowledge where medical or behaviour-analytic elements may be genuinely helpful when carefully framed.

The research also changed how I understand autism services and disability models. Before conducting this study, I tended to view the medical model primarily as a barrier. Working with

England and Malta participants, and reading policy documents, sharpened my appreciation that diagnostic frameworks can sometimes open doors to health care, income support and specialist provision, even as they risk reinforcing deficit narratives. Similarly, I began the project wary of resource centres and special schools, but interview data and documentary analysis showed that, under particular conditions, specialist environments can embody social-relational and neuro-affirmative principles rather than simply functioning as segregated spaces. My thinking has therefore shifted from an earlier tendency to draw sharp contrasts between beneficial and harmful models or settings towards a more nuanced concern with the circumstances under which blended models and specialist provision enhance or undermine inclusion.

Methodological choices were also reflexive. The use of rich pictures co-constructed with participants, and their subsequent refinement in response to autistic and participant feedback, including the replacement of puzzle-piece symbolism with the infinity sign, was not only a data-generation technique but an ethical and epistemic stance. It signalled my willingness to have my own representational assumptions challenged and to treat autistic contributors as co-interpreters rather than as objects of study. At the same time, my dual role as a policy official and a researcher meant that system-level questions about governance, coordination and funding came very naturally to me. I am aware that this orientation may have steered the study towards structural analysis and away from some micro-level classroom detail. I sought to balance this by attending closely to the concrete examples that participants offered of everyday classroom problem-solving, family navigation and parental agency.

The comparative element of the study has already begun to influence my professional practice. Working systematically across England and Malta has deepened my sensitivity to how concepts such as SEN, disabled people, quality first teaching, and Universal Design for Learning encode particular models of disability and shape real decisions about who receives what kind of support. The discipline of reading another system alongside Malta has made me more cautious about assuming that familiar arrangements are inevitable and more alert, in my daily EU Affairs work,

to how policy texts and funding mechanisms can either reinforce gatekeeping or move systems towards more coherent, timely and neuro-affirmative support. Reflexivity, in this sense, is not only a description of how my perspective affected the study, but also an ongoing commitment to allowing what I have learned from participants to continue refining how I conceptualise autism, services and the possibilities for change.

5.9 Final thoughts

This dissertation set out to analyse the educational services available for autistic children aged 0 to 11 in England and Malta and to examine the disability models that underpin those services. It has shown that neither country offers a simple template to replicate, and that neither medical nor social narratives, taken in isolation, are sufficient to capture the complexity of real systems. Instead, both contexts operate with blended logics, where diagnostic gateways, resource constraints, parental agency and neuro-affirmative intentions are continually negotiated in practice.

Across this comparative work, a central thread is that the way autism is understood is never only theoretical. The choice to treat autistic ways of being as deficit, difference or both has immediate consequences for waiting times, classroom expectations, staffing patterns, funding streams and the everyday dignity of autistic children. When autism is framed primarily as an individual problem to be corrected, services tend to converge around narrow diagnostic thresholds, compliance-driven interventions and adversarial appeals. When it is approached as a form of human diversity within a disabling environment, attention shifts towards barrier removal, sensory and communicative accessibility and the co-authored goals of autistic children, families and professionals. Neither stance appears alone in England or Malta. The findings suggest that they are interwoven, sometimes productively, sometimes in tension.

A further message is that inclusion cannot be treated as a completed task. In both systems, specialist placements, resource centres and Reach Units function simultaneously as necessary supports for some children and as reminders that mainstream environments are not yet consistently designed around diverse ways of learning and being. The study therefore invites readers to think of

inclusion less as a fixed destination and more as an ongoing cycle of identifying barriers, investing in staff capacity, monitoring who is taught where, and responding when patterns of exclusion reappear. This process requires honest attention to data, but also to stories. These include the accounts of parents who feel constantly overwhelmed and desperate for assistance, the experiences of autistic children navigating noisy classrooms, increasingly complex subjects and the challenges of forming and sustaining friendships, and the reflections of practitioners who are trying to reconcile policy rhetoric with everyday constraints.

For me as an autistic researcher and policy practitioner, the most enduring lesson is that small, carefully chosen shifts in how systems are organised and how disability is conceptualised can have substantial implications. Navigation roles that walk alongside families, professional learning that is co-created with autistic adults, documentation that records children's own priorities, and policy texts that name blended models openly rather than hiding them behind vague language are not dramatic reforms. Yet they can change how power is distributed, whose knowledge counts and how far autistic children are treated as full participants in their own education. Within the limits of a small-scale, qualitative study, this thesis does not claim to offer definitive solutions. It does suggest that when services are read through a reflexive, comparative lens, possibilities emerge for making existing systems more coherent, more honest about the compromises they entail and more aligned with autistic children's rights and wellbeing.

A central message of this dissertation is that it is that educational arrangements for autistic children are never neutral. They embody choices about whose needs are prioritised, whose voice is accorded authority and what kinds of futures are imagined as attainable. A neuro-affirmative, blended approach to disability models does not eliminate dilemmas, but it can orient those choices towards participation rather than withdrawal, collaboration rather than conflict, and respect rather than mere tolerance. In that sense, the comparative analysis offered in this study is less a closing statement than an invitation to policymakers, practitioners, autistic people and families in England,

Malta and beyond, to continue rethinking how education systems might be better configured to enable autistic children to learn, belong and flourish.

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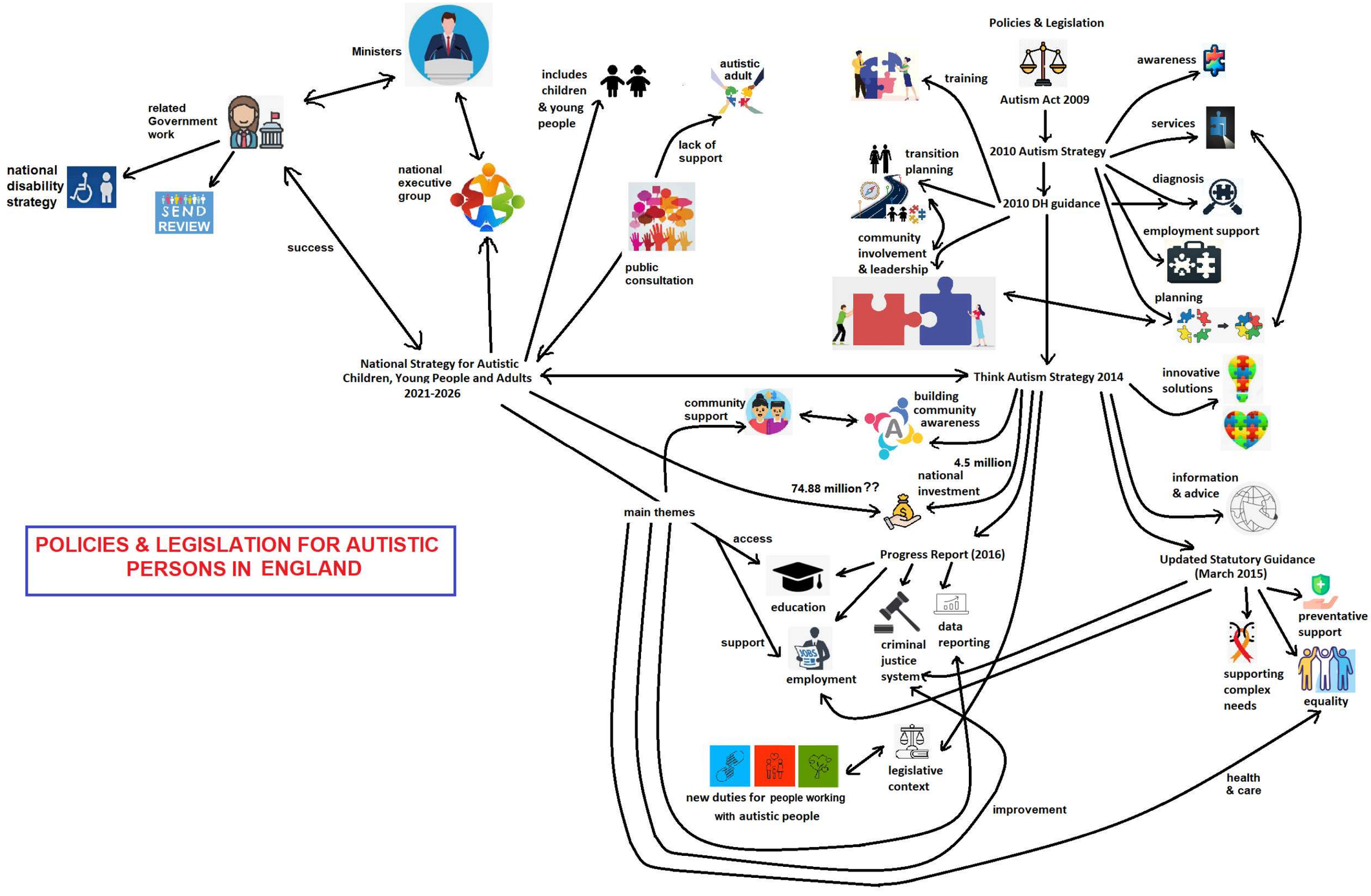
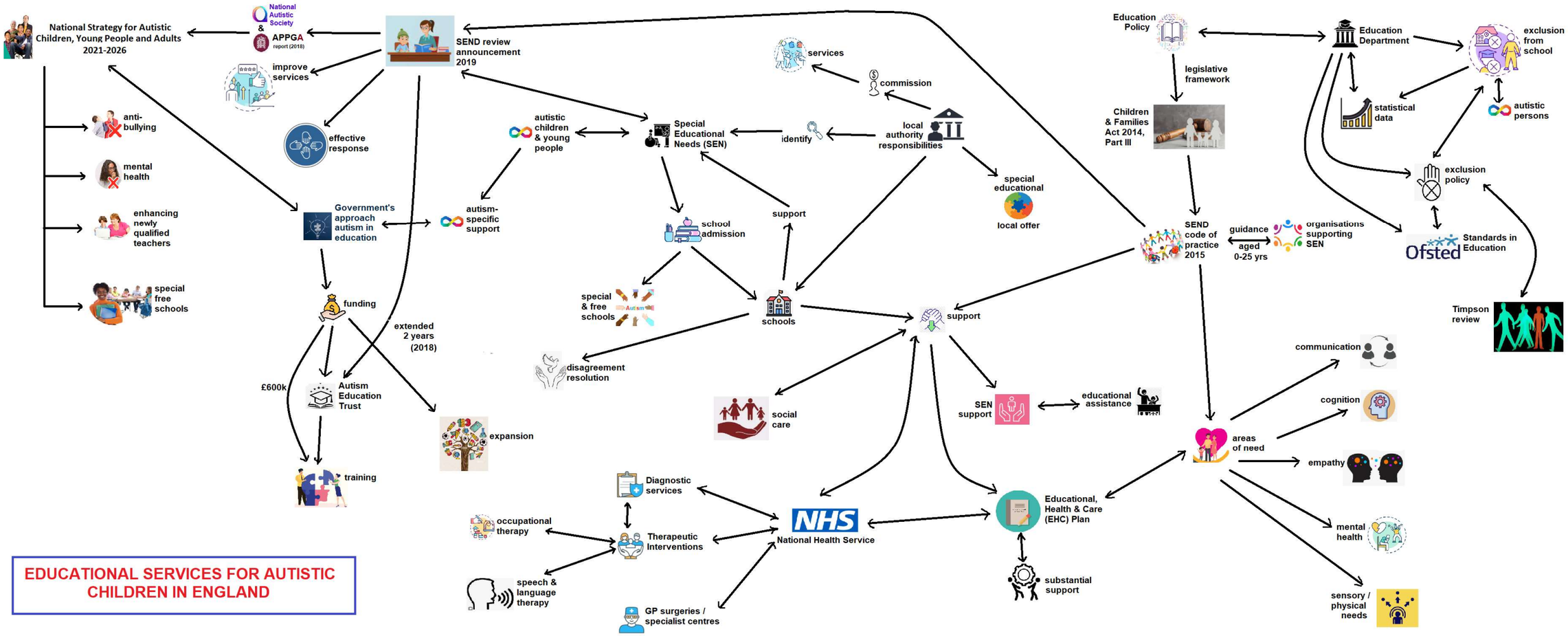
Appendices:

Appendix 1: Rich Picture on Policies and Legislation for Autistic Persons in England based on Literature only before Interviews

POLICIES & LEGISLATION FOR AUTISTIC PERSONS IN ENGLAND

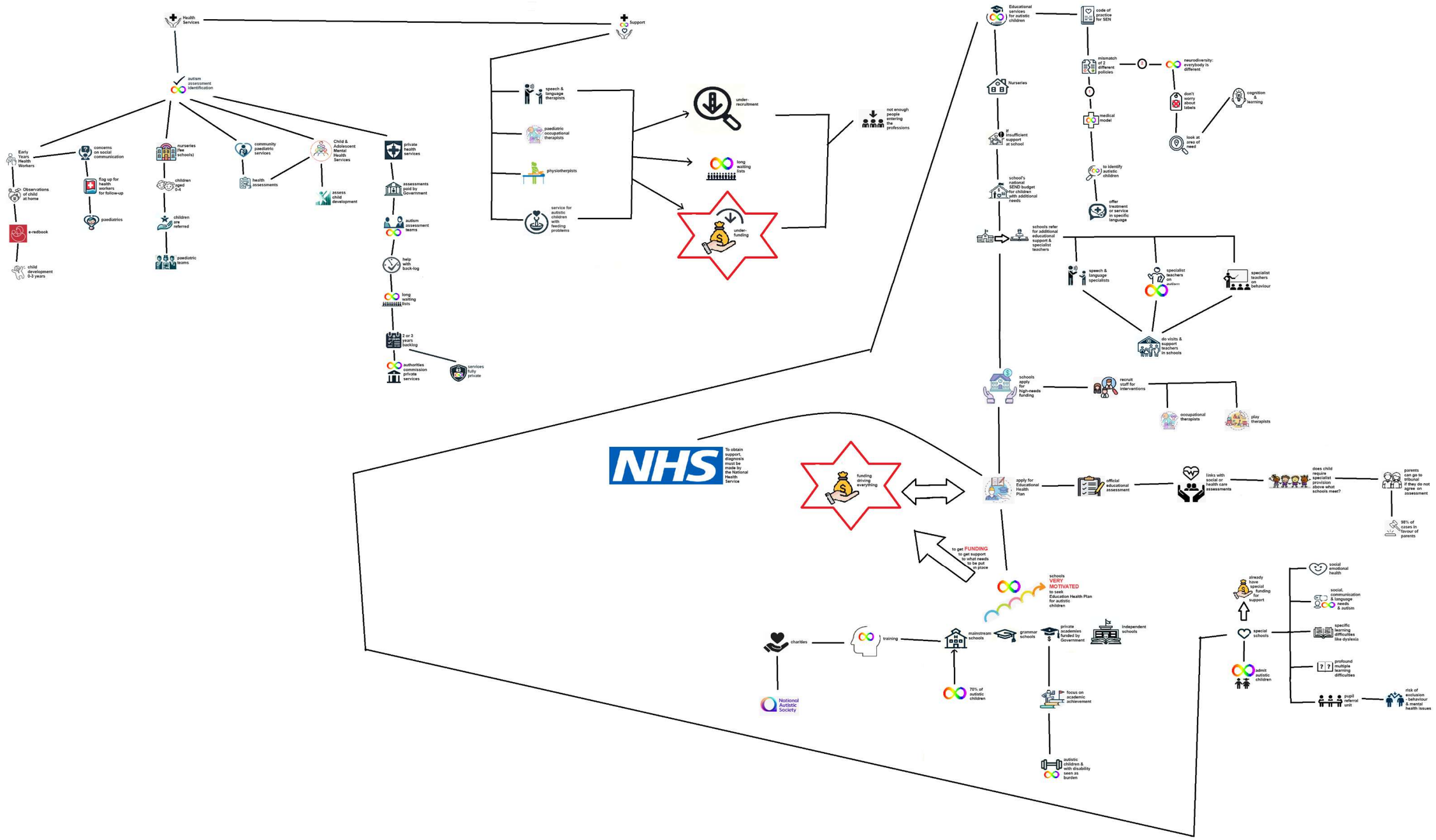


Appendix 2: Rich Picture of Educational services available for autistic children in England based on literature only before interviews

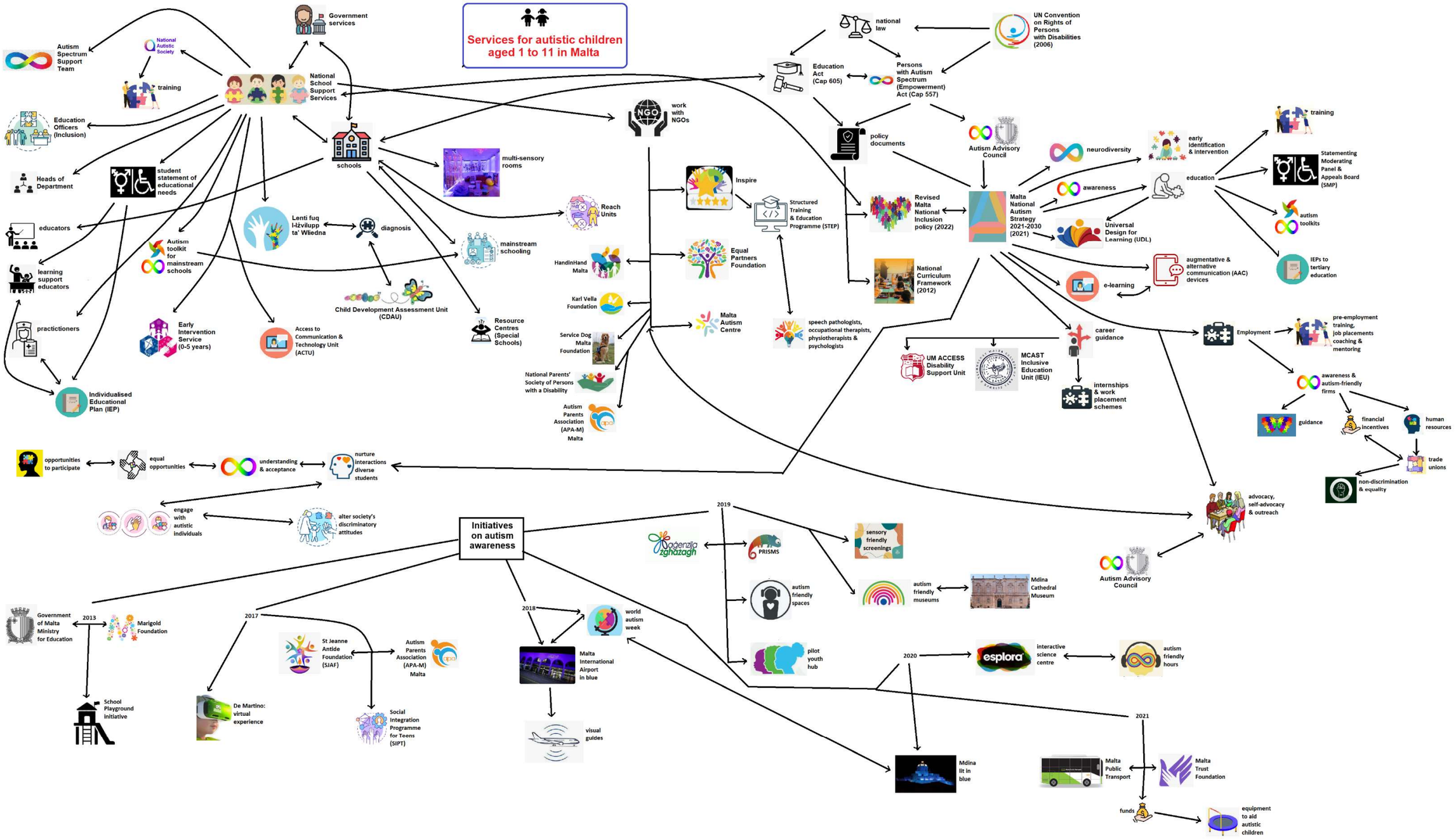


EDUCATIONAL SERVICES FOR AUTISTIC CHILDREN IN ENGLAND

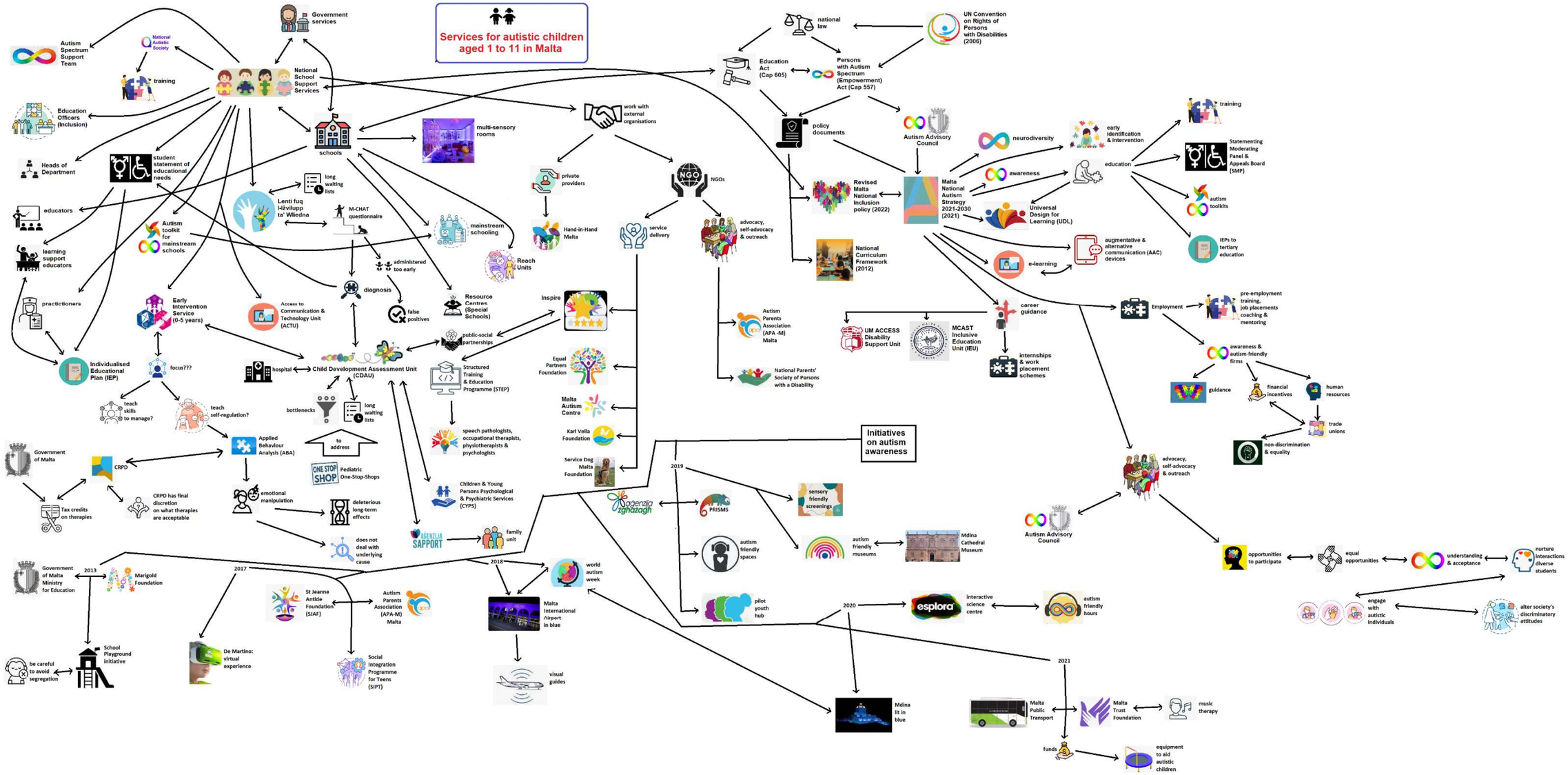
Appendix 3: Rich Picture of Educational services available for autistic children in England based after first 3 interviews



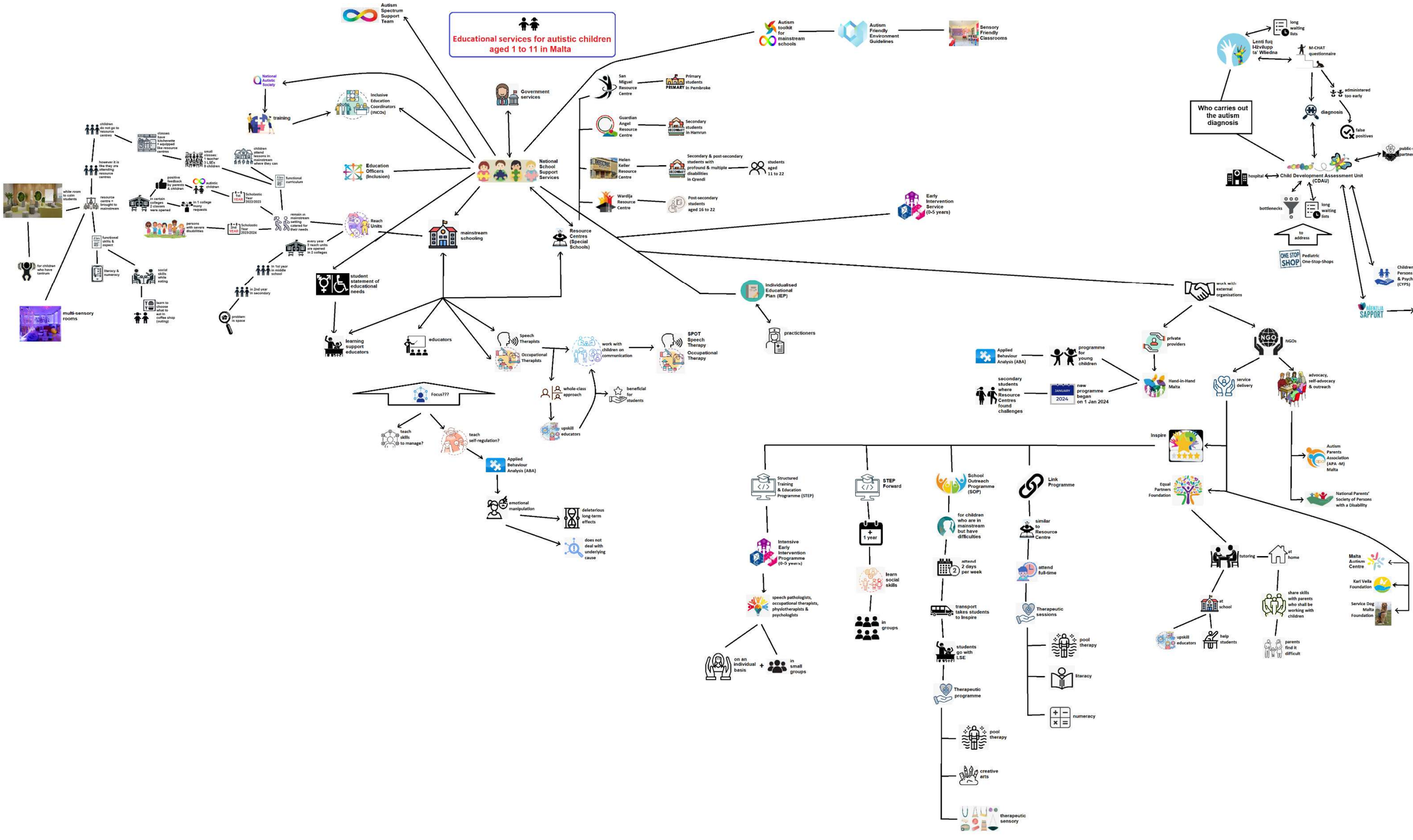
Appendix 4: Rich Picture of Educational Services available for autistic children in Malta based on literature only before interviews



Appendix 5: Rich Picture of Educational Services available for autistic children in Malta after 1st interview



Appendix 6: Rich Picture of Educational Services available for autistic children in Malta after 2nd interview



Appendix 7: Abbreviations and Rich Picture terminology

This appendix presents abbreviations and key terms that appear in the dissertation and in the Rich Pictures. Support for autistic children encompasses education, health and social care. Accordingly, the list incorporates services and agencies from these sectors where relevant.

A. Malta: abbreviations and terms for educational and related services

Term / abbreviation	**Definition**
Aġenzija Sapport	Malta's national government agency for disability support, operating under MIV. It provides professional and individualised assistance to persons with disabilities and their families to promote autonomy, social participation, and a better quality of life. Its services include social work support, day and residential services, supported independent living and short-term care for families, as well as schemes for assistive equipment, accessible vehicles, and mobility supports. The agency also offers specialist units for communication aids, sign language interpretation, and independent living and employability programmes (Aġenzija Sapport. n.d.-a; Yellow Pages Malta, n.d.).
APA-M	Autism Parents Association Malta. A registered non-profit, voluntary organisation that offers guidance to caregivers of autistic young people. Its principal objectives are to enhance public understanding of autism within the Maltese community and to assist parents, who frequently encounter significant barriers in securing an assessment, clarifying their child's developmental and educational requirements, and accessing appropriate forms of professional assistance (Autism Parents Association, n.d.).
CDAU	Child Development Assessment Unit. A state-funded specialist paediatric service within Malta's public health system that provides multidisciplinary assessment, diagnosis and intervention for children and adolescents, 0 to 16 years, with developmental, neurodevelopmental, learning and physical difficulties, including autism, ADHD, global developmental delay, cerebral palsy, Down syndrome and related conditions. The unit, under the Ministry for Health and Active Ageing, brings together paediatricians, occupational and physiotherapists, speech and language therapists, psychologists, nurses and social workers who work jointly with families. The main service has traditionally been based on the former St Luke's Hospital grounds in Gwardamanġa, with comparable provision extended to Gozo through a child and adolescent centre in Victoria opened in 2024. Access is generally through referral from a paediatrician, general practitioner or Mater Dei Hospital consultant, after which the child is placed on a waiting list for assessment (Attard, 2025; Diacono, 2022; European Commission, 2025; Government of Malta, n.d.-a; TVM Newsroom, 2024).
CRPD	Commission for the Rights of Persons with a Disability (Kummissjoni għad-Drittijiet ta' Persuni b'Diżabilità). It is the national regulatory body responsible for protecting and promoting the rights of persons with disabilities in Malta (Doninu (Malta) International, n.d.). It is empowered by the Equal Opportunities (Persons with Disability) Act (Cap. 413, Laws of Malta, 2000; Equinet, 2025).
CYPS	Child and Young People's Services. A specialist child and adolescent mental health service located at the former St Luke's Hospital. It is delivered by a

	multidisciplinary team, namely psychiatrists, nurses, psychologists, occupational therapists, social workers and a speech-language pathologist. Access is normally through referral from the child's or young person's doctor (Government of Malta, Ministry for Health and Active Aging, n.d.).
Early Intervention Service	A family-centred support service within MEYR for children aged 0 to 5 years who have, or are at risk of, developmental delays or disabilities. It promotes children's development across physical, communication, self-care, social-emotional and cognitive domains, and seeks to lessen the impact of emerging difficulties through assessment and intervention in the child's natural environments at home, childcare and kindergarten. The service works in multidisciplinary teams, contributes to Individual Family Service Plans, Making Action Plans (MAPs) and IEPs, supports key transitions, and offers guidance and training to parents and early years educators. Referrals operate on an open basis for eligible children, including those identified through national screening and specialised assessment services (Government of Malta, 2025b).
EO-ESS Inclusive Education	Education Officer (Educational Support Services) Inclusive Education. A management-grade officer within MEYR's Educational Support Services who ensures that Education Act and MEYR policies are implemented, and who gathers and interprets information to design, coordinate and enhance inclusive education provision and related initiatives across schools (MEYR, 2025a, 2025b).
Equal Partners	Equal Partners Foundation (EPF). A voluntary, parent-led organisation in Malta that works to assist persons of all ages with impairments and learning challenges (Equal Partners Foundation, n.d.; The Malta Business Weekly, 2021).
Hand-In-Hand	Hand in Hand Ltd. A major privately run therapy centre in Malta that provides specialised services for children with neurodevelopmental conditions, especially autistic children. It was among the earliest organisations on the island to introduce and deliver programmes based on ABA (CareMalta, n.d.; Hand in Hand Malta, 2025).
HoD (Inclusion)	Head of Department (Inclusion). Middle-management leadership post within Maltese state schools, responsible for coordinating and promoting inclusive educational provision for learners with diverse educational needs. The role forms part of the school's senior leadership structure and focuses on implementing national inclusive education policies, overseeing the work of LSEs and teachers, and liaising with families, school leadership, and external services to ensure coherent, whole-school support (Galea, 2020; Government of Malta, Ministry for Education and Employment, 2020).
IEP	Individualised Educational Plan. Formal document in the Maltese education system that sets out how a school will respond to the specific learning requirements of a particular student. It outlines the design, delivery and ongoing review of teaching, support and curriculum adaptations, with the aim of promoting the learner's overall academic, social and personal development (Government of Malta, Ministry for Education, Sport, Youth, Research and Innovation, National School Support Services, 2022, p. 11).
Inspire	Inspire Foundation. A major Maltese voluntary organisation that provides specialised educational, therapeutic, and recreational programmes for children and adults with diverse disabilities, while also supporting their families. It aims to promote equality, independence, and community participation for persons with disabilities in Malta and Gozo. The foundation was created through the coming together of two earlier disability charities, the Eden Foundation and

	Razzett tal-Ħbiberija, bringing their services together under one organisation (Inspire Foundation, n.d.-b).
Inspire's pool therapy	Inspire Foundation in Malta provides aquatic therapy, known as hydrotherapy, through a heated, accessible indoor pool at its Therapy and Leisure Centre in Marsascala. The facility, equipped with mechanical lifts and specialised supports, enables persons with physical, developmental and neurodevelopmental conditions, including autism, to engage in guided water-based sessions that promote relaxation, mobility and functional skills. This service forms a therapeutic component of Inspire's disability programmes, such as Specialised Therapy and Re/habilitation Programme (STAR) and LinC (Inspire Foundation, n.d.-d, 2023).
Karl Vella Foundation	Karl Vella Foundation (KVF). An independent Maltese non-governmental organisation that offers free psycho-educational and therapeutic support to children and adolescents, approximately 5 to 17 years, whose daily lives are disrupted by the serious illness or death of a close family member. Through individual and group interventions, including play, art and drama-based therapies, homework support and online services, KVF seeks to provide emotional support, restore a sense of routine and aid adjustment to illness, bereavement and related family crises (Karl Vella Foundation, n.d.).
Learning Support Centres	Specialised, off-site centres for students with more severe and persistent behavioural difficulties who have not responded to school-based interventions such as Learning Support Zones or Nurture Groups. They deliver more intensive, targeted programmes following formal referral through the college network (Government of Malta, 2024; 2025g).
Learning Support Zones	Temporary, school-based provisions in middle and secondary schools, ages 11 to 16, for students with social, emotional, and behavioural difficulties. They offer a structured, nurturing space staffed by a specialised teacher and LSE, focusing on emotional regulation, social skills, and helping learners return successfully to their mainstream classes (Handaq Secondary School, n.d.; Pace, 2022; Żejtun Middle Secondary School, 2025).
LENTI	Lenti Żvilupp t'Uliedna. A national, government-run early childhood screening programme in Malta for toddlers, usually between 18 and 24 months. Speech and language pathologists from the health and education sectors use brief parent questionnaires such as the M-CHAT to identify possible delays in communication, social interaction, or motor development. The service does not provide a formal diagnosis but flags children who may need more detailed assessment and early intervention, while closing cases where no significant concerns are identified (Government of Malta, 2025h, 2025i).
LinC	Learning in Context. An intensive day-school provision run by the Inspire Foundation under a formal school licence in Malta. It serves a small cohort of learners, generally from Kinder 2 to the upper primary years, whose complex needs mean that mainstream schooling has not been effective, even with individual LSE support. The programme integrates a highly adapted curriculum with therapeutic input to promote communication, social interaction, daily-living skills, emotional and behaviour regulation, and sensory-motor development within a structured, low-arousal setting (Government of Malta, n.d.-b; Inspire Foundation, n.d.-a).
LSE	Learning Support Educator. A member of staff who provides in-class support to pupils with identified learning needs in Maltese schools (Union of Professional Educators, 2023).

Malta Autism Centre	A privately run educational and therapeutic service for autistic children and young people, based in Mosta, Malta. It provides specialised autism-focused interventions and family support, with many places funded through state-supported voucher and public-social partnership schemes. In 2025, the centre was subjected to government compliance checks regarding licensing and staff vetting, which led to a temporary suspension and later conditional reinstatement of public funding (Camilleri, 2025).
MEDE	Ministry for Education and Employment. After Malta's March 2022 general election, Malta's MEDE portfolio was expanded and retitled to Ministry for Education, Sport, Youth, Research and Innovation (MEYR).
MEYR	Ministry for Education, Sport, Youth, Research and Innovation.
MISW	Malta's Ministry for Inclusion and Social Wellbeing. As from 6 January 2024, Malta's MISW's portfolio was retitled to Ministry for Inclusion and the Voluntary Sector (MIV).
MIV	Ministry for Inclusion and the Voluntary Sector.
National Parents' Society of Persons with a Disability	A parent-led civil society association in Malta, founded in 1976, that promotes the rights and wellbeing of disabled persons and their families. It acts as an advocacy body with public authorities, encourages inclusive education, employment and community participation, and offers peer support and guidance to parents. Over time, it has also contributed to the development of other disability organisations and national information initiatives on services and benefits (Anna Lindh Foundation, n.d.; National Parents' Society of Persons with Disability, n.d.).
NES	National Education Strategy 2024-2030
NSSS	Within Malta's MEYR, the former National School Support Services (NSSS) served as a central directorate coordinating most student-support measures in state schools, including inclusive education provision, specialist services and psycho-social support. Under the National Education Strategy 2024-2030, its broad remit was later restructured as MEYR's National Students' Wellbeing Services (NSWS), which was divided into two specialised directorates, namely the (i) Wellbeing Services and (ii) Inclusive Education Support Services.
NSWS	MEYR's National Students' Wellbeing Services. In 2024, under the National Education Strategy 2024-2030, this entity has split the functions of MEYR's former NSSS into two distinct directorates to ensure better management and focus: - Wellbeing Services, which focuses on the psycho-social and wellbeing aspects of students, responsible for counselling, career guidance, anti-bullying services, anti-substance abuse, and safe schools programmes. Wellbeing is a dedicated pillar separate from the administrative logistics of inclusive education (Government of Malta, 2025a). - Inclusive Education Support Services, which handles the Inclusion aspect, responsible for managing LSEs, Resource Centres, and the statementing process for students with disabilities (Government of Malta, 2025a).
Nurture Groups	Primary school equivalent of Learning Support Zones. They provide a small, predictable, and relationship focused setting for young pupils showing emerging social, emotional, or behavioural needs, with the aim of strengthening their wellbeing and supporting inclusion in their regular classroom (Pace, 2022).

Pathfinder	Inspire's Pathfinder service. An initial assessment and referral service run by the Inspire Foundation in Malta for persons with disabilities, with a focus on autism and ADHD. It provides an initial point of contact for children and adults who have, or suspect they may have, such conditions, offering consultation and diagnostic evaluation followed by feedback and a written report. The service also guides families and individuals towards appropriate therapeutic, educational, or community supports, either within Inspire or through referral to relevant public and voluntary-sector services (Academy of Givers, 2024; Inspire Foundation, n.d.-c).
PMED	MEYR's Policy Monitoring and Evaluation Directorate. A specialised unit within MEYR that reviews how the implementation of the National Education Strategy 2024-2030 influences people working and learning in state educational institutions (MEYR, 2024, p. 82).
PSP	Public Social Partnership. A long-term service agreement through which ministries such as MEYR or MIV fund NGOs or service providers to deliver defined social services. In the field of autism, PSPs are mainly used to secure specialised therapeutic and educational provision that would otherwise be difficult or costly for families to access. These contracts are tightly regulated. The Service Providers' Monitoring Team within Aġenzija Sapport oversees service quality, contract compliance and use of public funds, and verifies that agreed supports are actually delivered to registered service users (Aġenzija Sapport, n.d.-b; Lynch, 2025).
Reach Unit	Small, specialist provisions located within mainstream middle and secondary schools. They cater for a very small group, up to eight learners with complex, autism-related needs who have a formal diagnosis, a Statement of Needs, and significant difficulty accessing learning in ordinary classrooms. The units provide a highly structured, predictable and supportive setting, with adapted classrooms and dedicated sensory and calming spaces. Teaching is led by a class teacher together with a team of LSEs and guided by an IEP for each learner. The curriculum is mainly functional and life-skills oriented, covering areas such as personal and social development, independent living, basic literacy and numeracy, and preparation for adult and working life. Where appropriate, learners are supported to join their mainstream peers for selected lessons and whole-school activities, so that the Reach Unit combines specialised provision with carefully planned opportunities for inclusion (Government of Malta, 2025j).
Resource Centre	A specialised educational setting for children and young people with severe and complex disabilities in Malta, who cannot have a positive learning experience in mainstream schools, even after intensive support. Learners are identified through school-based discussions between the HoD (Inclusion), the senior leadership team and NSWS, whereby, following classroom observation, professional review and parental consent, an individualised transition to the Resource Centre is planned. Centres such as Maria Regina College Young Adults Education Resource Centre in Wardija, St Benedict College Helen Keller Resource Centre and Gozo College Sannat Unit also provide post-secondary programmes, up to around 22 years, combining adapted academic pathways, such as the Learning Outcomes Framework and Achieve, with functional and independent-living skills. Most Resource Centres offer full-time placement, part-time placement and access to specific services, while the Wardija Young Adults Resource Centre operates on a full-time basis only. Provision is available to learners coming from State, Church and Independent schools. For part-time or service-based attendance, the learner's existing LSE usually accompanies them to

	the Resource Centre. For full-time placement, the learner is fully registered at the Resource Centre and supported by its own staff, without an LSE assigned from the previous school (Government of Malta, 2025k).
Service Dog Malta Foundation	A voluntary, non-profit organisation that prepares and assigns specially trained assistance dogs to children and adults in Malta who have diverse disabilities and health conditions, including autism, diabetes, hearing loss and mobility difficulties. The foundation selects, socialises and trains dogs to carry out tailored tasks that promote safety, communication and everyday independence, and then allocates these dogs to eligible families at no financial cost despite the substantial training expenses involved. In addition to individual placements, the foundation delivers animal-assisted sessions and awareness activities in schools, resource centres and community settings to highlight the therapeutic and educational role of service dogs (MaltaDaily, 2025; Rising Malta, 2025; Service Dogs Malta Foundation, n.d.).
SOP	Inspire's School Outreach Programme (SOP). A specialised service for disabled students in mainstream primary and secondary schools who display behavioural difficulties or need support beyond ordinary classroom provision. Pupils attend Inspire's premises twice weekly during school hours, accompanied by their school-based LSE. The programme facilitates joint work between Inspire's multidisciplinary team and the LSE to design and practise individualised strategies, which are then transferred to the mainstream setting. Its aim is to reduce challenging behaviour and enhance the learner's access to the curriculum and participation in mainstream schooling (Government of Malta, 2025d; Inspire Foundation, n.d.-a; The Melita Foundation, n.d.).
Statementing Board	Statementing Moderating Review Panel Board. A central MEYR panel that evaluates learners who may require additional educational support. Drawing on multidisciplinary assessments and school or family referrals, it decides whether a learner meets the criteria for an official identification of special educational needs and specifies the type and intensity of support required. When criteria are met, the Statementing Moderating Review Panel Board issues a Statement of Needs, a legal document that guides the allocation of LSEs and other resources and informs the development and later review of the learner's IEP (EASNIE, n.d.-c; Government of Malta, n.d.-c).
STEP Beyond	Inspire's Structured Training and Education Programme (STEP) Beyond. A specialised, small-group after-school service run by the Inspire Foundation in Malta for autistic children roughly between 6 and 9 years of age. It extends Inspire's earlier STEP programmes by providing structured support to strengthen interpersonal engagement, communication, literacy and everyday life skills, using evidence-informed autism frameworks within a predictable learning environment. Children usually attend once a week for a 90-minute session followed by a brief feedback meeting with parents or carers, and places are offered both to those progressing from STEP Forward and to new applicants who meet the programme's admission criteria (Inspire Foundation, n.d.-a, 2023a).
STEP Forward	Inspire's Structured Training and Education Programme (STEP) Forward. A specialised after-school programme delivered by the Inspire Foundation in Malta for autistic children aged approximately 5 to 6 who have completed the STEP IEI programme. It serves as a bridging provision between early intervention and formal schooling, with small-group sessions held weekly from October to September. The programme prioritises the development of emotional regulation, communication, functional everyday skills, and preparedness for school participation. Its design is informed by evidence-informed frameworks,

	particularly TEACCH and the SPELL principles (Government of Malta, 2025e; Inspire Foundation, n.d.-a, 2023a).
STEP IEI	Inspire's Structured Training and Education Programme (STEP) Intensive Early Intervention Programme. An intensive early intervention day programme run by the Inspire Foundation for autistic children aged roughly three to five years. Provided mainly at the Bulebel centre in small-group and individual formats, it offers highly individualised support using structured, evidence-informed approaches such as TEACCH and the SPELL framework within a low-stimulation learning environment. A transdisciplinary team, including tutors and allied health professionals, focuses on developing communication, interaction with others, basic self-care skills and emotional regulation to facilitate later inclusion in mainstream education. The programme is accredited by the UK National Autistic Society (NAS) and serves as a pathway into Inspire's subsequent STEP services, such as STEP Forward (db Group, 2025; Government of Malta, 2025f; Inspire Foundation, n.d.-a, 2022; National Autistic Society [NAS], 2025g).
Therapeutic Programme	Therapeutic provision for autistic children in Malta is not organised as one unified programme but as a mixed system delivered by non-governmental, private, and state providers. Key NGO services include multidisciplinary interventions offered by the Inspire Foundation, while private centres such as Hand in Hand Malta, Paediatric Occupational Therapy Services (POTS), BX Consultancy, and The Alternative Assessment & Support Centre (TAASC) deliver intensive programmes such as ABA, occupational therapy, communication and interaction groups, and other targeted interventions. State-funded services, including CDAU, CYPS and school-based inclusion services led by HoDs (Inclusion), provide assessment, coordination, and follow-up support at no direct cost to families. Parent-focused guidance and advocacy are additionally offered by organisations such as APA Malta (Autism Parents Association, n.d.; BxConsultancy, n.d.; CareMalta, n.d.; Hand in Hand Malta, 2025; Inspire Foundation, n.d.-b; POTS Malta, 2025; TAASC, n.d.).
Tutoring at home	Home-based tutoring for autistic children in Malta spans both curriculum support and therapeutic or skills-based work delivered in the family home. In the private sector, families may engage specialist tutors with expertise in special educational needs or multidisciplinary teams, such as educators and occupational therapists, to adapt school subjects, address attention and regulation needs, and strengthen functional learning skills. Parallel to this, some services provide home-based behavioural and early intervention programmes, often drawing on ABA or similar approaches, to develop communication, daily living abilities and learning readiness. Public provision is more limited and includes time-bound early intervention in the child's natural environment, exceptional home tuition for learners unable to attend school for medical reasons, and home-based therapeutic input for families who cannot easily attend centre-based services. In practice, many families combine restricted state support with privately funded home tutoring or therapy, sometimes assisted by disability benefits or schemes that help adapt the home for sensory and learning needs (Government of Malta, 2025b, 2025c; Hand in Hand Malta, 2025; Malta Tutors, n.d.; POTS Malta, 2025).

B. England: abbreviations and terms for educational and related services

Term / abbreviation	Definition
ADPR	England's Assess-Plan-Do-Review cycle, referred to in the SEND Code of Practice (2015) as the graduated approach. The statutory process schools must use to identify and support pupils with SEND, including autistic learners. It is a continuous, collaborative cycle involving teachers, the SENCO, parents and, where possible, the child (Child Law Advice, 2023; Department for Education & Department of Health, 2015; NAS, 2025c; SEN help, n.d.; Smith, 2024). Assess: The school undertakes a structured analysis of the pupil's needs, looking beyond attainment to sensory sensitivities, communication differences, executive functioning and the hidden curriculum, drawing on information from home and school to recognise issues such as masking (Child Law Advice, 2023; Department for Education & Department of Health, 2015; NAS, 2025d; SEN help, n.d.; Smith, 2024). Plan: Staff, parents and the pupil agree specific outcomes and reasonable adjustments, such as adapted routines, visual supports or access to a low stimulus space, and record how these will be delivered and monitored (Child Law Advice, 2023; Department for Education & Department of Health, 2015; NAS, 2025d; SEN help, n.d.; Smith, 2024). Do: The class teacher remains responsible for implementing the agreed strategies through everyday teaching, including clear, concrete instructions, preparation for change and a predictable classroom environment (Child Law Advice, 2023; Department for Education & Department of Health, 2015; NAS, 2025d; SEN help, n.d.; Smith, 2024). Review: At agreed intervals, the team evaluates progress, considering wellbeing and participation alongside academic outcomes. If progress is limited, the cycle is repeated and, where appropriate, external specialists, such as Educational Psychologists or autism outreach services, are involved (Child Law Advice, 2023; Department for Education & Department of Health, 2015; NAS, 2025d; SEN help, n.d.; Smith, 2024).
AET	Autism Education Trust. A national, not-for-profit programme in England, known as the Neuroinclusive Education Network (NEN), jointly led by the NAS and Ambitious about Autism and funded by the Department for Education. Rather than running schools, it designs training, frameworks, and practical tools to build staff competence in working with autistic learners, which are delivered through licensed local partners, such as local authorities, NHS services, or teaching schools. All materials are co-produced with autistic children and young people, families, and specialists. AET support is organised across three phases, namely early years (0 to 5), school age (5 to 16), and post-16 education (16 to 25), to promote more inclusive practice and improved outcomes at each stage (City of London Family Information Service, n.d.; Confederation of School Trusts, 2025; Kent County Council, n.d.; NAS, 2025k).
Autism Assessment Teams	Specialist NHS or NHS-commissioned multidisciplinary services that undertake formal diagnostic assessments for suspected autism across child and adult pathways. For children and young people, the National Institute for Health and Care Excellence (NICE) describes an autism team as a multidisciplinary group with core input from a paediatrician or child and adolescent psychiatrist, a

	speech and language therapist, and a psychologist with relevant training and experience (National Institute for Health and Care Excellence [NICE], 2017, recommendation 1.1.3). These teams coordinate the initial screening of referrals, gather developmental information across settings, such as home and school, complete the diagnostic evaluation, and communicate outcomes and signposting to appropriate support. Diagnostic conclusions are made against recognised criteria such as ICD 11 or DSM V-TR (NICE, 2017, recommendation 1.5.5). Where local waits are prolonged, patients in England may have a legal right to choose an alternative NHS-funded provider that holds an NHS contract for the relevant assessment service, including some independent or remote providers (NHS England, 2023).
Autism charities	Voluntary, not-for-profit organisations that aim to enhance autistic people's rights, inclusion, and quality of life through a combination of advocacy, information provision, research investment, and direct service delivery. They complement statutory education, health and social care systems by supporting autistic people and families to access advice and community networks, delivering specialist provision, such as education, supported living and practical programmes, and shaping public understanding and policy through campaigning and evidence generation (NAS, 2025c). In practice, the sector spans various functions: - National advice and advocacy: NAS. - Specialist education and transition support: Ambitious about Autism, BeyondAutism. - Research and evidence-based campaigning: Autistica. - Direct support services and independence pathways: Autism Initiatives, Autism Together. - Practical family support such as parent or carer groups, peer support, advice sessions and short training workshops, and community services such as youth clubs, social groups and after-school sessions: Resources for Autism, Daisy Chain, Caudwell Children.
BEAS	Bexley Early Autism Service. A targeted early years support provision in the London Borough of Bexley that offers time-limited, practical input for pre-school children identified as autistic or awaiting diagnostic assessment. Support is typically delivered across home and early years settings often as a short programme of sessions and focuses on helping parents or carers and early years staff understand the child's social communication profile and implement appropriate developmental and learning strategies in preparation for school entry. Access is generally through professional referral routes rather than direct parent self-referral (Bexley Early Autism Service [BEAS], 2025).
Bexley Autism Advisory Service	A specialist, local authority education advisory provision in the London Borough of Bexley, situated within the borough's Early Intervention and Specialist Advice Service (EISAS). Its role is to enhance educational participation and inclusion for autistic children and young people, by providing professional consultation to schools, such as advice on provision and reasonable adjustments, staff development, and in-school observation and follow-up recommendations (Bexley Autism Advisory Service et al., 2013; Bexley Local Offer, 2025a). Access is typically initiated through the child's education setting, through the SENCO, and is discussed through local authority multi-agency planning

	arrangements linked to EISAS. It is not generally designed as a parent self-referral pathway Bexley Local Offer, 2025a; Clissold, 2025). Related services with similar names which are not the same service: Bexley Early Autism Service (BEAS) focuses on early years and pre-school support, the Autism Assessment Service concerns health-led diagnostic assessment, and Bexley Information, Advice and Support Service (IASS) and NAS Bexley Branch provide information and peer support rather than local authority provided education advisory input (Bexley Information Advice and Support Service, 2024; Clissold, 2025).
Bexley CDCS	Bexley Child Development Coordination Service. A multi-agency, multidisciplinary element of community paediatrics delivered by Oxleas NHS Foundation Trust in the London Borough of Bexley. It coordinates integrated assessment and care planning for pre-school children with complex developmental needs, bringing together clinical and therapy input and supporting links to wider SEND or EHCP processes (Children's Community Paediatric Service, 2025; Oxleas NHS Foundation Trust, 2025).
Bexley Educational Psychology Preschool Service	Preschool-age educational psychology input in the London Borough of Bexley, provided through the local authority's Educational Psychology (EP) Service, which sits within Bexley's Early Intervention and Specialist Advice Service (EISAS). For children in the early years, EP involvement is typically arranged through the child's nursery or home-based early years provider or a relevant health professional and focuses on psychologically informed consultation and advice to strengthen support in the child's everyday setting. Where required, EPs may also contribute professional advice to education, health and care needs assessment processes. Bexley additionally offers a preschool parent drop-in route for one-off discussion with an EP, and early years specialist support is multidisciplinary alongside services such as BEAS and Portage (Bexley Local Offer, 2025b).
Bexley EPS	Bexley Educational Psychology Service. The London Borough of Bexley's local authority educational psychology provision within Bexley's Early Intervention and Specialist Advice Service (EISAS). It works with education settings and families to strengthen children's learning and social emotional development by using applied psychological knowledge in the context of SEN. The service also provides the psychological advice that is required as part of education, health and care needs assessment processes and it is typically arranged through a child's setting or through relevant professionals for early years, rather than through direct parent self-referral (Bexley Local Offer, 2025b).
CAMHS	Child and Adolescent Mental Health Services. NHS and NHS-commissioned specialist services that assess and support children and young people with mental health difficulties. Provision is a continuum of four tiers of support, even though some areas are moving towards a flexible needs-led model called the i-THRIVE framework. Tier 1 comprises universal early help delivered in everyday settings, such as schools and general practice (GP) services. Tier 2 provides targeted support delivered in community settings outside hospital for mild to moderate needs. Tier 3 is delivered by multidisciplinary specialist teams for complex or persistent presentations. Tier 4 encompasses highly specialised care, with intensive provision and inpatient admission where risk or acuity requires treatment away from home (Concisemedico, 2025).
Community paediatricians on autism	Specialist doctors in community child health who assess and support children where there are concerns about developmental differences and disability, including suspected or confirmed autism, typically through clinic and child development-based services rather than hospital care. Within local autism

	pathways, they contribute as a medical professional in a multidisciplinary autism team, bringing together developmental and medical history, clinical examination, and consideration of alternative or co-occurring conditions, alongside input from professions such as speech and language therapy and psychology, before outcomes are communicated to families. They also provide health advice for EHCPs and assessments and help coordinate associated health needs that can accompany autism within community services such as speech and language therapy and occupational therapy delivered in community clinics, schools or home visits (NAS, 2025h; NICE, 2017; Oxford University Hospitals NHS Foundation Trust, 2025).
DfE	Department for Education.
DH	Department of Health. A former UK central government ministerial department that provided strategic leadership for health policy and oversight of the NHS in England. In January 2018, it was renamed and represented as the Department of Health and Social Care (National Audit Office, 2018, p. 3).
DHSC	Department of Health and Social Care. The UK ministerial department responsible for developing and steering government policy for health and adult social care in England, supporting ministers by setting overall direction and coordinating the key policy, legal and financial frameworks for the system (DHSC, n.d.; National Audit Office, 2018, p. 3). On 8 January 2018, during a Cabinet reshuffle, UK Prime Minister Theresa May renamed the Department of Health to the Department of Health and Social Care (National Audit Office, 2018, p. 3).
Early Years Health Workers	Community and primary care multi-professional workforce that delivers preventive and early intervention support for children from pregnancy through the preschool period, mainly through the Healthy Child Programme (0 to 5 years) (Office for Health Improvement and Disparities, 2023). This workforce is usually led by health visitors, who are specialist public health nurses, originally registered as nurses or midwives, who coordinate universal and targeted support and undertake the five mandated universal reviews from pregnancy to age 2 to 2.5 years (Public Health England, 2017). Key roles grouped within early years health in England include: - Health visiting teams incorporating health visitors and skill-mix staff, providing developmental surveillance, family support, and early identification of additional needs within the Healthy Child Programme (Public Health England, 2017). - Midwives providing antenatal care and immediate postnatal maternity care, with onward transition to community child health support after birth (National Health Service [NHS], 2023b). - GPs delivering primary medical care and undertaking the infant physical examination at around 6 to 8 weeks with the initial newborn check usually done within 72 hours (NHS, 2025a). - Family Nurse Partnership (FNP) nurses delivering an intensive, home-visiting programme for eligible first time young mothers from pregnancy until the child is aged two (Office for Health Improvement and Disparities, 2025). - Wider early years partners, such as early years practitioners contributing to the integrated review linking the Early Years Foundation Stage progress check at age two with the health visitor review, plus specialist inputs such as speech and language therapy and pregnancy and

	postnatal mental health teams for needs arising in pregnancy and the first postnatal year (Grenier & Pacey, 2024).
EHCP	Education, Health and Care Plan. A local authority issued, legally enforceable plan in England, for a child or young person up to age 25, whose needs require provision beyond what is ordinarily available through SEN Support. It records the individual's SEN, related health and social care needs, and the specified provision and outcomes to be secured. Once issued, the local authority has a legal duty to secure the special educational provision set out in the plan. The plan is produced following an EHC needs assessment, and the legal process is intended to be completed within 20 weeks (UK Government, n.d.).
ELSA	Emotional Literacy Support Assistant programme (England). A school-based intervention in which trained school support staff, commonly teaching assistants, deliver structured, time-limited individual or small-group sessions to strengthen pupils' emotional understanding, self-regulation and social relational skills. ELSA practice is shaped by training and ongoing group supervision provided by qualified educational psychologists, so that support remains psychologically informed and bounded within the school context. The approach was first developed in Southampton by educational psychologist Sheila Burton to increase schools' internal capacity to respond to learners' social and emotional needs (ELSA Network, 2017).
eRedbook	An app-based, digital form of the Personal Child Health Record or red book, used by parents or carers to record and access a child's early health and development information, such as immunisations, screening, growth measures and scheduled reviews. In some localities it has supported electronic sharing between NHS services and families, although this connectivity has not been uniform and has depended on local arrangements (Heathersoft Ltd, 2023). In policy terms, recent NHS direction has been toward a nationally integrated digital child record within the NHS App, including a planned My Children area described as a modern alternative to the red book, rather than reliance on separate standalone applications. The London eRedbook pilot ended from 31 December 2023 (DHSC & Prime Minister's Office, 10 Downing Street, 2025).
Friends Resilience programme	A structured, manualised school programme intended to strengthen children's coping and reduce the likelihood of anxiety difficulties. It draws on cognitive behavioural principles and teaches practical skills such as recognising emotional and physical signs of worry, using relaxation strategies, developing helpful thinking patterns, planning coping actions and identifying supportive people (Friends Resilience, 2019).
Grammar schools	England's state-funded secondary schools that admit learners through academic selection, through an entrance test taken at around age 11. They can do this because they are part of the limited group of state schools permitted to retain selective admissions under England's legal framework (Long et al., 2023).
High needs funding	The part of the Dedicated Schools Grant (DSG) allocated to local authorities in England to help them meet their legal responsibilities for providing education for children and young people with SEND from early years through to age 25, and for compulsory school age learners in alternative provision who cannot be educated in mainstream or special schools, such as due to exclusion or illness. It is used to resource high-cost provision and related services through a mix of pre-agreed per-place funding for specialist settings and additional top-up payments where a learner's support costs go beyond what is expected to be met from core budgets

	including the £6,000 pre-16 cost threshold referenced in national funding arrangements (Education and Skills Funding Agency & DfE, 2025b).
Home tuition	Education arranged by a local authority, rather than by parents, for a child of compulsory school age who cannot attend school or can attend only intermittently due to reasons such as illness or exclusion. It is delivered as individual or small group teaching in the child's home to maintain access to appropriate education while the child is out of school and to support reintegration (DfE, 2023b). This is distinct from parent-chosen home education, which is a parental choice to educate a child otherwise than at school (DfE, 2019).
Independent schools (England)	Fee charging schools that operate outside the state funded maintained sector in England and therefore have greater discretion over matters such as curriculum including not being required to follow the National Curriculum. They must be registered with the Department for Education and are subject to regulatory oversight through regular inspection (DfE, 2022; GOV.UK, n.d.-d; Long, 2022).
Local authority	In England, a local authority is an elected local council, established in law to govern a defined geographic area and deliver or commission key public services such as education related functions, social care, planning, housing and waste services. Depending on the area, these responsibilities are either shared between county and district councils meaning a two tier arrangement or held by a single council such as unitary authorities, metropolitan districts or London boroughs, with some functions also coordinated at a wider regional level through bodies such as combined authorities (Department for Levelling Up, Housing and Communities, 2023; GOV.UK, n.d.-e; Sandford, 2025).
NAS	National Autistic Society. A UK wide charitable organisation registered in England and Wales that seeks to improve outcomes for autistic people and their families through information and advice, specialist education and adult support services, advocacy, campaigning and training to promote more autism inclusive practice. It was established in 1962 by parents of autistic children (Charity Commission for England and Wales, n.d.; NAS, 2025e, 2025l).
NHS	England's National Health Service. England's publicly funded health system that provides comprehensive healthcare, with access based on clinical need rather than ability to pay. In relation to autism, the NHS supports locally organised pathways for specialist assessment and diagnosis, usually initiated through referral from a GP or other relevant professional, and may signpost onward health support (DPSH, 2023; NHS, 2022b).
NPQ for SENCOs	England's National Professional Qualification for Special Educational Needs Co-ordinators. A national, leadership level professional qualification for qualified teachers or headteachers who lead a school's SEND provision. From 1 September 2024, it is the mandatory SENCO qualification for new to role SENCOs in mainstream schools, normally to be completed within three years of appointment (DfE, 2024).
Nurseries	In England, a nursery is an early years education and care setting for children from birth to the end of the Early Years Foundation Stage (EYFS), delivered either as nursery provision within a school or as a standalone early years setting run by a separate organisation such as a childcare business or voluntary organisation, rather than being part of a school. Nurseries must meet the statutory EYFS learning, development, safeguarding and welfare requirements and are typically registered and inspected by Ofsted. For autistic children, nurseries are expected to provide inclusive SEN support such as assess-plan-do-review and coordination

	through a SENCO, and to make reasonable adjustments to reduce disability related barriers to participation (DfE, 2014, 2025).
Pupil Referral Unit (PRU)	A school funded and overseen by the local authority within the alternative provision system, used to secure suitable education for compulsory school age children who cannot attend their usual school such as following exclusion, or because attendance is not possible for other reasons (DfE & DH, 2015, p. 284). PRUs are not autism specific settings, but autistic learners may be referred when mainstream provision breaks down or exclusion or attendance difficulties arise. In such cases, PRUs remain subject to the SEND statutory framework and should arrange provision that reflects the learner's identified SEN and any EHCP (DfE & DH, 2015; Sandwell Metropolitan Borough Council, 2025).
Portage	A structured early years home visiting educational support service for pre-school children with significant SEND and their families, delivered locally within a National Portage Association (NPA) quality framework. It is based on a parent practitioner partnership and a play based small steps approach, in which achievable goals are agreed and practised within everyday home routines and linked to early years settings (National Portage Association, 2024a, 2024b, 2025). In relation to autism, Portage is used as needs led early support for young children with social communication and interaction differences, including those on an autism assessment pathway, with families coached in practical routines and communication supports including visual or picture-based approaches (Portsmouth City Council, 2025).
Postcode lottery	Refers to geographically uneven public provision, where the availability, eligibility criteria meaning the local cut-offs for access, timeliness or quality of services varies between local areas, hence an individual's access may depend on where they live (Azpitarte & Holt, 2024; Maddern, 2024).
Private academies funded by Government	State funded schools that receive funding directly from central Government and are run by a not-for-profit academy proprietor with external sponsors, rather than being managed by the local authority. They do not charge learners fees. For autistic learners, academies are required to follow the mainstream SEND framework including having regard to the SEND Code of Practice (2015), use best endeavours to secure the special educational provision a learner's needs require, and make reasonable adjustments to avoid disability discrimination (GOV.UK, n.d.-b).
Quality First Teaching in relation to autism	The expectation that autistic learners' needs are addressed first through consistently high quality, inclusive classroom teaching led by the class teacher, using ongoing assessment and purposeful adjustments such as predictable routines, accessible communication and sensory aware classroom organisation, before any additional, targeted SEN support is added (Antalek et al., 2025; Newcastle upon Tyne Hospitals NHS Foundation Trust, 2023).
SEMH	Social, emotional and mental health services. School and local system supports used when a child's emotional wellbeing, social functioning or mental health related difficulties create barriers to learning and participation. For autistic learners, this provision is used to address co-occurring needs such as anxiety, emotional regulation, withdrawal or distressed behaviour, through autism informed adjustments, targeted interventions and referral pathways to school linked and NHS child mental health services (DfE & DH, 2015; DfE, 2025c; NHS, 2023a).
SENCO	Special Educational Needs Coordinator. The designated qualified teacher who leads and coordinates a school's SEND policy and the day-to-day organisation of

	support for learners with SEND including those with EHCPs, working closely with staff, families and external services (DfE & DH, 2015, pp. 88-90, 108-109, 285). For autistic learners, this includes coordinating the assess-plan-do-review cycle and advising colleagues on autism inclusive adjustments and support, alongside liaison with relevant specialist professionals (Autism Education Trust, 2021; DfE & DH, 2015, pp. 88-90, 108-109, 285).
SEN	Special Educational Needs. In England, a child is considered to have SEN when a learning difficulty or disability means they require special educational provision, that is, education or training that is additional to, or different from, what is ordinarily provided for peers of the same age. For many autistic children, SEN commonly relates to differences in social communication and interaction and support may also be needed across other areas depending on the child's individual profile (Children and Families Act 2014, 2014b, s. 20; DfE & DH, 2015).
SEND	Special educational needs and disabilities. In England, SEND refers to children and young people ages 0 to 25 who have a learning difficulty and disability that means they require special educational provision, which is, education or training support that is additional to what is ordinarily available to most peers of the same age in mainstream settings. In relation to autism, an autistic child may be recognised as having SEND when autism related differences create substantial barriers to learning and participation such that planned adjustments and targeted support are needed (Children and Families Act 2014, 2014b, s. 20; DfE & DH, 2015, p. 97).
SEND Code of Practice (2015)	England's Special educational needs and disability (SEND) Code of Practice 0 to 25 years. A statutory guidance for England that relevant education, local authority and health bodies are expected to follow when carrying out their legal responsibilities for children and young people with SEND, including how needs are identified, supported and reviewed, and how Education, Health and Care (EHC) assessment and planning operate (Children and Families Act 2014, 2014d, s. 77; DfE & DH, 2015). In relation to autistic children, the Code frames autism within the communication and interaction area of need while stressing that an autistic child's profile can cut across multiple areas. It expects provision to be tailored to the individual, delivered through a structured graduated approach, meaning the assess-plan-do-review, and informed by evidence about effective support (DfE & DH, 2015, pp. 85, 97, 129).
SEND Local Offer	The publicly available online statement through which each English local authority sets out, in one place, the SEND related education, health, and social care provision it expects to be accessible for local children and young people aged 0 to 25, including how support is accessed, such as routes to requesting an Education, Health and Care needs assessment, and how families and young people can contribute feedback, and how the local authority will publish that feedback and set out the actions it will take when updating the Local Offer (Children and Families Act 2014, 2014c, s. 30; Children and Families Act 2014, 2014g, paras. 195-197; DfE & DH, 2015, pp. 59-77). The Local Offer is an information and accountability mechanism rather than a guarantee that every listed service will be immediately available to every individual (Independent Provider of Special Education Advice, n.d.).
SEN panels or SEND panels	Local authority, multi-agency moderation meetings that review submitted evidence and support legal decision making about whether to proceed with an Education, Health and Care (EHC) needs assessment and whether an EHCP is

	required, alongside related resourcing and placement considerations (Cheshire West and Chester Council, 2025; DfE & DH, 2015, p. 159; Southwark Council, 2019). For autistic children, these panels consider evidence of autism related needs and the adequacy of existing SEN support to judge whether additional, legally required provision is necessary.
Special school	Educational settings designed for learners with SEN or SEND whose needs are not met through mainstream provision, and they deliver a highly adapted curriculum and support arrangements. For autistic children, special schools may be organised around the SEND area of communication and interaction and can specialise in autism, with admission linked to a local authority decision and an EHCP (DfE & DH, 2015, pp. 26, 28, 70, 172, 174, 182; GOV.UK, n.d.-c; NHS, 2022a).
Specialist teacher for behaviour	A qualified teacher working through a local authority behaviour or SEMH outreach service, who supports schools by assessing and observing learners' behaviour across contexts, analysing patterns, including information about preceding events, the behaviour itself and what follows afterwards, and advising staff on tailored support plans and adjustments, alongside modelling strategies and direct work with learners. For autistic children, this input emphasises understanding behaviours in relation to communication differences, sensory factors, predictability and routine needs and processing time and strengthening proactive, skill building approaches that support inclusion (Buckinghamshire Council, 2021; Milton Keynes City Council, n.d.; North Lincolnshire Council, 2025).
Talk Boost	A structured, school based oral language intervention with classroom activities, designed for children with delayed language development and delivered by trained school staff in short, regular small group sessions that practise attention and listening, vocabulary, sentence construction and narrative and conversation skills (Early Intervention Foundation, 2024; Foundations, 2025). In relation to autistic children, Talk Boost may be used when an autistic learner shows understanding and expressive language delay and needs teaching and practice of spoken language skills. However, it is not an autism specific programme and is applied flexibly within a wider SEND package of support (Early Intervention Foundation, 2024; Foundations, 2025; NAS, 2025b).
Tier 2 SEN Support	School led, targeted provision for learners whose needs cannot be met through ordinary classroom teaching alone. For autistic learners, it is delivered through the graduated approach, the assess, plan, do, review, using the school's resources to put in place and adapt support such as reasonable environmental adjustments, structured social communication strategies and advice from specialist professionals. It is coordinated and monitored within the school by the SENCO and does not require an EHCP (Buckinghamshire Council, 2021; DfE& DH, 2015, pp. 86, 87, 100-102).
Tier 3 Specialist support and external professionals	A non-statutory label used to describe the highest intensity, tailored provision for learners whose needs remain substantial despite sustained school led SEN support through the graduated approach. It involves coordinated input from external professionals such as educational psychologists and speech and language therapists, alongside health and social care services and may be formalised through an Education, Health and Care needs assessment and an EHCP when additional support beyond available provision is required (Children and Families Act 2014, 2014f; DfE& DH, 2015, pp. 88, 103, 104).

C. Abbreviations and terms used in both Malta and England

Term / abbreviation	Definition
ABA	Applied Behaviour Analysis. A scientific discipline that uses established principles of learning to design, implement, and evaluate interventions intended to change behaviours that are important for everyday functioning. In work with autistic children, ABA involves defining observable goals, collecting data on progress, and adjusting environmental conditions and reinforcement strategies to strengthen communication, social participation, and adaptive skills while reducing behaviours that hinder learning (Leaf et al., 2022; Suckle et al., 2025).
Advocacy	Supported action that ensures an autistic child's views, preferences and rights are communicated clearly and taken seriously in decisions about education, health and social support, including helping the child and family to participate in meetings, understand options and challenge decisions where needed (Children and Families Act 2014, 2014a, s. 19; MISW, 2021b; Persons within the Autism Spectrum (Empowerment) Act, 2016, as amended by Act No. VI of 2022).
ASDAN curriculum	ASDAN (Award Scheme Development and Accreditation Network) curriculum refers to ASDAN's activity-based programmes and qualifications, provided by a UK education charity and awarding organisation, which accredit learners' personal, social and employability and independence development through structured modules and practical tasks. Assessment is demonstrated through a portfolio of evidence compiled over time and quality assured through moderation, rather than relying on written examinations. In SEND contexts, pathways such as Personal Progress and Preparing for Adulthood are used to support progression and transition planning (ASDAN, n.d., 2021).
Autistic child	A child who meets recognised diagnostic criteria for autism, reflected in early emerging and persistent differences in reciprocal social communication and social interaction, together with restricted, repetitive and inflexible patterns of behaviour, interests or activities including sensory features, that influence everyday functioning and participation (Autism Speaks, 2025a).
Cartoon conversations	A structured visual support strategy in which an adult and an autistic child co-create simple drawings such as sticking figures with speech and thought bubbles and colour to indicate emotions, to make the spoken and unspoken thoughts and feelings and social meaning of an interaction clearer for reflection or planning (Bradford District Care NHS Foundation Trust, n.d.).
DSM-5-TR	The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) is the American Psychiatric Association's updated diagnostic classification manual that provides standardised diagnostic criteria and coding guidance for mental disorders. In work with autistic children, it supplies the formal criteria and descriptive specifiers for autism such as severity level and accompanying developmental features, supporting clinical identification and communication of a child's profile across services (American Psychiatric Association, 2022; Autism Speaks, 2025a).
Early intervention (autistic children)	Individualised, coordinated supports and therapies offered in a child's earliest years to a young autistic child and their caregivers, aiming to strengthen early development and everyday participation such as communication, interaction and adaptive skills through family focused, multi-disciplinary input (Centers for

	Disease Control and Prevention, 2025a, 2025b; EASNIE, n.d.-b; Government of Malta, 2025b).
EASNIE	The European Agency for Special Needs and Inclusive Education. An independent, member country network of European ministries of education that brings together policy, practice and research perspectives to produce evidence informed guidance and resources for developing and implementing inclusive education systems. In relation to autistic children, EASNIE's work including comparative evidence and system level guidance, can be used to inform how education systems plan, deliver and evaluate inclusive provision and supports that uphold learners' rights and participation (EASNIE, n.d.-a).
EP	Educational psychologist. An applied psychology specialist who works with children and young people, families and education settings to identify barriers to learning and participation and to support inclusive educational practice. For autistic children, this includes consultation with school and family, observation and assessment of strengths and needs and translating psychological evidence into practical recommendations for communication, wellbeing and educational planning, including input to multi-agency legally mandated assessment processes (AGCAS editors, 2024; DfE & DH, 2015, pp. 27, 88, 102, 103).
EU	European Union
Floortime	A developmental, individualised, relationship-based (DIR) intervention in which an adult joins an autistic child in play, follows the child's interests and uses emotionally responsive interaction to expand social communication, shared engagement, self-regulation and flexible, purposeful thinking (Autism Speaks, 2025b; International Council on Development and Learning, Inc., n.d.; Seattle Children's, 2011; Wieder & Greenspan, 2003). The term Floortime originally emphasised adults getting down on the floor to join the child's play at the child's physical and developmental level. However, the approach is not restricted to the literal floor. DIRFloortime can be carried out wherever one joins the child in a warm, interactive, child-led way during everyday routines or play in different settings (Autism Speaks, 2025b; Seattle Children's, 2011; Wieder & Greenspan, 2003; Wieder, 2025).
GP	General Practitioner. A medically qualified primary care doctor who provides first contact, broad scope, ongoing care, including prevention, initial assessment and treatment and coordination of referrals to other services (Government of Malta, Primary HealthCare, 2023; NHS England, n.d., 2024; World Health Organization, 2025c). In relation to autistic children, a GP serves as an initial access point for developmental or health concerns, helps monitor co-occurring needs and supports referral and signposting to appropriate multidisciplinary assessment and support pathways when autism is suspected (NICE, 2017).
ICF	International Classification of Functioning, Disability and Health (ICF). The ICF is the World Health Organisation's standard classification for describing how a person functions in everyday life, linking health conditions including autism to body functions and structures, day-to-day activities and participation in home, school and community life, while recording environmental influences that can act as barriers or supports (National Center for Health Statistics, 2024; World Health Organization, 2002, 2025b).

Mainstream school (autistic learners)	A general education school intended for the wider pupil population not organised as a special school, where autistic learners are educated alongside peers and receive the supports and adjustments needed to participate meaningfully in school life. In England, mainstream school is defined in law as a Government funded school or a publicly funded school not run by the local authority that is not a special school (Children and Families Act 2014, 2014e, s. 83), and the SEND framework sets expectations for how such schools identify and meet needs (DfE & DH, 2015). In Malta, inclusive education policy and legislation position mainstream schools as the ordinary setting in which learners, including those with disability, should not only attend but also belong and take part, with barriers to participation reduced through appropriate provision (Education Act, Cap. 605, 2019, p. 3; MEYR, 2022b, p. 11).
Multi-disciplinary team	In services for autistic children, a multi-disciplinary team is a coordinated group of professionals from different disciplines across health, education and social care, who work together to combine assessment information, agree a shared formulation and produce recommendations and support planning with the family and key settings such as the home and school (Government of Malta, 2025b; NAS, 2025g; NHS, 2022b; NICE, 2017).
Multisensory rooms	Purpose designed, controllable spaces fitted with equipment that can vary sensory input such as light, sound, touch and movement based stimuli, so that stimulation can be adjusted to an autistic child's sensory needs, with the intention of supporting self-regulation, wellbeing, and engagement in learning (Cardiff University, n.d.; Department of Education, Victoria, 2022; Unwin et al., 2022).
NGO	Non-governmental organisation. A voluntary, not-for-profit body created by private individuals or groups and governed outside direct state control to pursue public benefit aims. In relation to autistic children in Malta and England, NGOs complement public education, health and social care provision by offering advocacy, information and family support and delivering specialist programmes (Council of Europe, 2002; European Institute for Gender Equality, 2016; MISW, 2021b, p. 41; United Nations Development Programme, 2025).
OT	Occupational Therapy. A healthcare profession that promotes participation in everyday activities by assessing how a person's abilities and their environment interact and by using practical strategies, adaptations and supportive routines to improve daily functioning and wellbeing (American Occupational Therapy Association, 2025; Royal College of Occupational Therapists, 2025; World Federation of Occupational Therapists, 2025). In relation to autistic children, OT supports engagement in everyday routines such as self-care, play and learning, and clinically informed assessment of sensory processing differences with tailored adjustments for the child's contexts within the home and school (NAS, 2025a).
Outreach	In educational provision for autistic children, outreach refers to a specialist, school-based support service in which practitioners with autism expertise work alongside a child's usual setting such as a mainstream school, to strengthen inclusive practice through observation, consultation, coaching, staff training and written recommendations so the child's needs can be met within their current placement (Freemantles School, 2025; Royal Borough of Greenwich, 2025; Springhallow School, n.d.).
Parent support group	An in-person or online peer-based forum where parents and carers of autistic children connect with others who share similar experiences in order to

	exchange practical information about navigating services and to provide mutual emotional support and validation (myChild, 2025a; NAS, 2025f).
Physiotherapists	Regulated health professionals who assess movement and physical functioning and deliver tailored interventions such as therapeutic exercise, activity-based practice, manual techniques, and education to develop, maintain or restore functional movement and participation. In services for autistic children in Malta and England, physiotherapists may be involved where motor and postural difficulties affect everyday activities, supporting basic movement skills, balance, coordination and physical activity. Practice is regulated through professional registration (Bhat, 2021; GOV.UK, n.d.-a; Ministry for Health and Active Ageing, Health Care Standards Directorate, 2024; World Physiotherapy, 2023).
Play therapist	A specialist mental health practitioner who uses therapeutic play as the medium for assessment and intervention, helping children communicate experiences and emotions, develop coping strategies and strengthen relationships when spoken language is limited. For autistic children, play therapists adapt the play environment and interaction style such as sensory supports, flexible communication approaches and developmentally appropriate activities to promote regulation, engagement and emotional expression. In England, play therapists are recognised through voluntary registration on Professional Standards Authority accredited registers rather than legal regulation. In Malta, play therapy is provided by warranted counsellors and other child focused practitioners with specialist training within private or multidisciplinary services (British Association for Counselling & Psychotherapy, 2025; British Association of Play Therapists, 2024; Elbeltagi et al., 2023; National Careers Service, n.d.; Professional Standards Authority for Health and Social Care, 2025; Willingness, 2025).
PMLD	Profound multiple learning difficulties. A descriptive term for children whose learning disability is profound and is combined with one or more additional disabilities and complex health needs, resulting in very substantial limitations in communication and independent everyday functioning and a need for continuous, highly individualised support for learning and care. Autistic children may fall within this group when autism co-occurs with profound intellectual impairment and other significant disabilities. In Malta, PMLD is used as a target group for provision in Resource Centres and in England it is used in health and education contexts to describe similarly high and complex support needs (Eurydice, 2025; Government of Malta, 2024; Mencap, n.d.; NHS, 2025b).
Practitioner (autism context)	A qualified professional authorised or registered under national arrangements who works within their defined scope to assess needs and to deliver and coordinate support and interventions for autistic children and their families, as part of multi-disciplinary provision spanning health, education, and social care (NICE, 2021a, 2021b). In Maltese health regulations, the term is used for a registered medical practitioner (Ethics of the Medical Profession Regulations, 2008).
Social stories	Brief, individualised narratives supported by visuals written in a structured, non-judgemental style to describe a social situation including cues, others' perspectives and routines and expectations, in order to strengthen social understanding and reduce uncertainty for autistic children (Gray, 2025; NAS, 2025i; Wright et al., 2016, p. 1).

Social worker (autism context)	A regulated, degree qualified professional who undertakes needs and risk assessments, delivers planned psychosocial support and advocacy and helps children and families access and coordinate relevant services. When working with autistic children, this includes linking home, school and health and social care provision and supporting family wellbeing (British Association of Social Workers, 2023; Government of Malta, 2025l; NICE, 2021b; Social Work England, 2025). In Malta, social work practice is regulated through the Social Work Profession Board and is linked to a professional warrant under the Social Work Profession Act (Ministry for Social Policy and Children's Rights, 2025). In England, social worker is a protected title requiring registration with Social Work England (Social Work England, 2025).
Self-advocacy (autistic children)	An autistic child's supported capacity to communicate their views, preferences and support needs including needed adjustments and to participate meaningfully in decisions about their education and wider care, using whatever communication methods enable them to be heard (Autistic Self Advocacy Network, 2025; DfE & DH, 2015, p. 32; MISW, 2021b, pp. 38-42; Raising Children Network, 2025).
Signs and symbols	Conventionalised communication forms, namely manual signs and gestures and pictorial or object-based symbols such as pictures, photographs and icons used within visual support and assistive communication approaches to supplement or replace speech and to make messages and routines more accessible for autistic children (American Speech-Language-Hearing Association, 2025; Autism and Social Communication Team, n.d., 2025; The Makaton Charity, 2025).
SLP	Speech and Language Pathologists is a term used in Malta, while SLP are termed as Speech and Language Therapists (SLT) in England. SLP and SLT are regulated practitioners who assess and support speech, language, and wider communication including social communication and address swallowing needs. In work with autistic children, they identify each child's communication strengths and support needs and help families and education staff implement tailored strategies and adjustments that enable effective, accessible communication across everyday settings (Council for the Professions Complementary to Medicine, 2020; myChild, 2025b; NAS, 2025b; Royal College of Speech and Language Therapists, 2023, 2025).
SLT	Speech and Language Therapists. Vide definition of SLP.
SPELL	A person-centred support framework used with autistic children to plan and deliver practice that is tailored to the individual by shaping environments and interactions in line with five linked principles, namely Structure, Positive approaches and expectations, Empathy, Low arousal with regulated demands and Links, meaning consistency and connection across people, settings and supports (Beadle-Brown & Mills, 2018; NAS, 2025j).
SPOT	Speech Therapy and Occupational Therapy. Vide definitions of SLP, SLT and OT.
SSM	Soft Systems Methodology. A participatory, interpretive systems approach used to explore complex human situations by making different stakeholders' perspectives clear, developing conceptual models of purposeful activity and using structured comparison and debate to agree changes that are both desirable and feasible (Checkland & Poulter, 2010; University of Cambridge, Institute for Manufacturing [IfM], 2016).

	Throughout this research concerning educational services for autistic children, SSM is used to compare how families, practitioners, schools and other agencies in Malta and England understand needs and responsibilities and to co-produce improvements to pathways, coordination and everyday practice (Checkland & Poulter, 2010; University of Cambridge, Institute for Manufacturing [IfM], 2016).
Tantrum (in relation to autistic children)	A brief, sudden episode of intense negative emotion such as anger with distress, shown through behaviours such as shouting, crying and physical agitation, arising when a child's immediate goal is blocked or a demand is imposed. In autistic children, such episodes are shaped by communication barriers and are reinforced by gaining access to or avoiding specific situations and should be distinguished from autistic meltdowns that reflect overwhelm rather than intentional goal-seeking (Carr & Newsom, 1985; Hoyniak et al., 2023; NAS, 2020; Potegal & Davidson, 2003).
TEACCH	Treatment and Education of Autistic and related Communication-handicapped Children. A psychoeducational approach for autistic children that applies structured teaching systematically organising the physical setting, routines and learning tasks and using clear visual cues, such as schedules and work systems to enhance predictability, participation and everyday independence (Autism CRC, n.d.; Autism Speaks, 2025c).
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities.
White room	A designated low-stimulus calm and quiet room used in some educational settings to support autistic children to reduce anxiety or overload and regain self-regulation. In Malta's Reach Unit model, it is distinguished from a multi-sensory room, which is intended to provide structured sensory stimulation rather than minimise it (Government of Malta, 2025j; Wellbeing Services Directorate, n.d.).

Appendix 8

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5th December 2023

RE: Application for Research Ethics Clearance EDUC-2023-00698 Jean Carl Chircop

Dear Jean Carl Chircop,

With reference to your application EDUC-2023-00698 Jean Carl Chircop for Research Ethics clearance, I am pleased to inform you that **FREC finds no ethical or data protection issues in terms of content and procedure**.

You may therefore proceed to approach potential informants to collect data using the tools/documents outlined in this application.

Yours sincerely

Dr Joseph Gravina
Chairperson Faculty Research Ethics Committee
Faculty of Education

Participant's Consent Form

A comparative analysis between the predominant educational services available for autistic children aged 0 to 11 in Malta and England.

I, the undersigned, give my consent to take part in the study conducted by Jean Carl Chircop. This consent form specifies the terms of my participation in this research study.

1. I have been given written and verbal information about the purpose of the study; I have had the opportunity to ask questions and any questions that I had were answered fully and to my satisfaction.
2. I also understand that I am free to accept to participate, or to refuse or stop participation at any time without giving any reason and without any penalty. Should I choose to participate, I may choose to decline to answer any questions asked. In the event that I choose to withdraw from the study, any data collected from me will be erased as long as this is technically possible (for example, before it is published), unless erasure of data would render impossible or seriously impair achievement of the research objectives, keeping in mind that even if extracts are anonymised in the draft dissertation, the researcher can always work back to the original contributor.
3. I understand that I have been invited to participate in an interview in which the researcher will interview me to gather information about the predominant educational services provisions available for autistic children aged 0 to 11.
4. I am aware that the interview will take approximately one hour. I understand that the interview is to be conducted in a place and at a time that is convenient for me.
5. I understand that my participation does not entail any known or anticipated risks.
6. I understand that there are no direct benefits to me from participating in this study. I also understand that this research may benefit others by: This study could help provide insights towards all those involved with autistic children such as parents, guardians, learning support educators, educators, support practitioners and policy makers into what service models on autism are available in Malta and the UK, together with guiding towards empowering and supporting autistic individuals. This research aims to find out the positive aspects that such services provide. On a policy level, good practice in the said two countries could help ameliorate such services. This research could also entice further research as to what is being carried out in other countries on the subject.
7. I understand that, under the General Data Protection Regulation (GDPR) and national legislation, I have the right to access, rectify, and where applicable, ask for the data concerning me to be erased.
8. I understand that all data collected will be stored in a password protected external hard drive under lock and key in an anonymised form on completion of the study and following publication of results.
9. I have been provided with a copy of the information letter and understand that I will also be given a copy of this consent form.

Additional clauses:

10. I am aware that, by marking the first-tick box below, I am giving my consent for this interview to be audio recorded and video recorded and converted to text as it has been recorded (transcribed).

    MARK ONLY IF AND AS APPLICABLE

    - ☐ I agree to this interview being audio recorded and video recorded.
    - ☐ I do not agree to this interview being audio recorded and video recorded.

11. I am aware that, by marking the first tick-box below, I am asking to review extracts from my interview transcript that the researcher would like to reproduce in research outputs, before these are published. I am also aware that I may ask for changes to be made, if I consider these to be necessary.

    MARK ONLY IF AND AS APPLICABLE

    - ☐ I would like to review extracts of my interview transcript that the researcher would like to reproduce in research outputs before these are published.
    - ☐ I would not like to review my interview transcript extracts that the researcher would like to reproduce in research outputs before these are published.

12. I am aware that, by marking the first tick-box below, I am giving my consent for my identity and the identity of the organisation I represent to be revealed in publications, reports or presentations arising from this research, and responses I provide may be quoted directly or indirectly.

    MARK ONLY IF AND AS APPLICABLE

    - ☐ I agree that my identity and the identity of the organisation I represent may be disclosed in research outputs.
    - ☐ I do not agree that my identity and the identity of the organisation I represent may be disclosed in research outputs.

13. I am aware that the interview will be held online; the researcher will use Zoom or Microsoft Teams or Google Meet, together with an audio recorder. I am also aware that if using Zoom, the researcher will activate the Require Encryption for 3rd party endpoints SIP/H-323 function. The researcher will video record and audio record the session.

14. I am aware that my data will be pseudonymised; i.e., my identity will not be noted on transcripts or notes from my interview, but instead, a code will be assigned. The codes that link my data to my identity will be stored securely and separately from the data, in an encrypted file on the researcher's password-protected computer, and only the researcher and academic supervisor and examiners will have access to this information. Any hard-copy materials will be placed in a locked cabinet/drawer. Any material that identifies me as a participant in this study will be stored securely for the duration of the study.

15. I am aware that my identity and personal information will not be revealed in any publications, reports or presentations arising from this research.

I have read and understood the above statements and agree to participate in this study.

Name of participant: _____

Signature: _____

Date: _____

_____ _____

Researcher: Jean Carl Chircop

Email:

Supervisor: Dr Louis John Camilleri

Email:

Tel: