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The Inclusion of Children of the Autism Spectrum in Kosovo's Education (K-12): A Policy Review

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The Inclusion of Children of the Autism Spectrum in Kosovo's Education (K-12): A Policy Review

An Honors Society Project

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Abstract

This research was conducted to unravel the factors that need to be taken into consideration when drafting a policy for the inclusion of children in Kosovo's education from grades K – 12. A literature review of existing materials on the history, general information, the legal perspective, the educational perspective, and the socio-cultural perspectives, on Autism Spectrum Disorder (ASD) is presented. Moreover, the results of primary data gathered from 13 interviews spanning across the aforementioned fields (policy, education, society/culture) have been collected. This data has been analyzed using the knowledge, attitude, practice (KPA) approach. KPA has been applied to, among others, legal frameworks, existing policies, Special Education Class (SEC) functionality, socio-cultural perspectives. Finally, current problems and implications for stakeholders in these fields were examined. After the results were analyzed, this research has shown that effective policy cannot be made if significant improvements are not made in these fields. Funding should be provided to schools and organizations that deal with ASD; awareness should be raised through campaigns and community outreach; support should be provided for families dealing with ASD through different activities.

Keywords: review, ASD, inclusion, awareness, KPA.

List of Abbreviations

ABA – Applied Behavior Analysis

ASD – Autism Spectrum Disorder

CAPD – Central Auditory Processing Disorder

CDC – Center for Disease Control

IEP – Individualized Education Plan

KAP – Knowledge, Attitude, Practice

MEST – Ministry of Education, Science, and Technology

SEC – Special Education Class (aka attached classes)

WHO – World Health Organization

Acknowledgments & Dedications

This project bears my name but it is a product of many people's work, guidance, and support.

I would like to thank my supervisor, Venera Demukaj, whose relentless support and helpful advice shaped this project into what it is. I am also grateful to RIT Kosovo, whose staff and environment nurtured my ideas until they grew into a voice. And lastly, I would like to thank all the interviewees of this research paper, who contributed without hesitation and offered gems of information each time.

Dedicated to my friends, I guess you just get lucky sometimes.

Dedicated to my family, where my home starts and ends.

Contents

1. Introduction

One of the most jarring feelings in the world is feeling isolated – barricaded in by the bars of not being understood. This is a situation that has applied to the majority of people one way or the other at one time in their lives. For children on the autism spectrum, it is not a rare occurrence, but rather a daily experience. Autism is defined as, "a neurodevelopmental disorder in the category of pervasive developmental disorders, and is characterized by severe and pervasive impairment in reciprocal socialization, qualitative impairment in communication, and repetitive or unusual behavior" (Levy et al. 2009).As this is a very current and complex issue, it encompasses various areas of life, such as the law/policy sphere, the educational sphere, and the socio-cultural sphere. In all of these spheres, there are issues that need to be addressed and changes that can be made to better support inclusive education for children on the ASD spectrum.

When it comes to policy, history has shown us that it has a great deal of impact on the everyday experiences of a person of the autism spectrum (Murray 2008). Policy, after all, is the cloth that covers the areas of day to day life. From healthcare to education, it aims to regulate and improve our day to day lives. . Another major factor to be considered when analyzing ASD inclusion in grades K-12 is, of course, education itself. While it is no easy feat under any circumstances, the importance of education and educators is heightened when it comes to cases of students on the spectrum (van Kessel et al. 2020). Because of the nature of ASD, neurodiverse children need a specialized approach, which only qualified educators may provide. Finally, the third factor is cultural and, perpetuated by ignorance and the media, contributes to the exclusion people with ASD from society and education (Murray 2008). This, however, is being combated through the work of various ASD-related organizations. Considering this information and utilizing the KAP approach, this study seeks to analyze how Kosovo's policies currently treat the educational inclusion of children with autism in grades K-12, and how the policy, education, and socio-cultural component effect such initiatives of inclusion.

2. Literature Review

The literature review that follows examines recent publications by leading global experts studying Autism Spectrum Disorder (ASD). Literature provides the founding definition and historical development of this disorder and more generally provides an analysis of existing policy and best practices; obstacles and recommendations to inclusive education; and socio-cultural perceptions and stigmas that have a definite impact on the inclusion of children with ASD. It is worth noting that these specific areas were chosen for review because they overlap with one another where the inclusion of children with ASD in education is concerned. The interconnected nature of these spheres implies that improvements in one area might positively affect other spheres.

2.1. History

In order to better understand the current situation with ASD in all of the reviewed spheres, it is important to understand its history. It has garnered international attention since the early 2000s but there have been reports and written pieces about it in 1960 by Dr. Leo Kanner (Silverman 2011). Kanner actually began studying autism even earlier, and together with Dr. Hans Asperger, are considered to be the "pioneers of autism" (Feinstein 2011). Before Kanner and Asperger began drawing conclusions, much earlier in fact, autism was simply a word not yet invented and its symptoms entirely misjudged. "Before the 'Age of Enlightenment,' a period that is usually held to run from the last two decades of the seventeenth century through the eighteenth century, the symptoms that we now associate with autism were viewed largely through the lenses of folklore and religious belief" (Waltz 2013). So, while the first mention of autismwas not recorded until the last century, it has existed for much longer than that. The diversity of this diagnosis is not a recent quandary, but one that has been present for as long as the disorder itself. An example to refer to is the survival of people with ASD in the times where the disorder was still unknown ; a topic on which there are conflicting viewpoints.On one hand, accompanying issues like digestive problems or epilepsy would have most likely led to the death of people on the autism spectrum. On the other hand, if we take into consideration the amazing pattern recognition usually evident in people with ASD, we can assume that they would have done quite well in hunter-gatherer times (2013). Both of these viewpoints have valid arguments that correspond with knowledge we have of the disorder in present times. Seeing as autism is a

spectrum rather than a single definite disorder, it depends on the unique traits of the person with ASD at the time, whether the disorder would have been an advantage or a disadvantage. This phenomenon is still valid today, where variations of the traits of those on the spectrum make it difficult for standardized policies to be implemented.

When it comes to the understanding of the disease, not a lot of strides were made with the passing of time. In the nineteenth century, there were reports of "feral children" who were most likely autistic children that went undiagnosed (Silverman 2011). From folklore explanations to feral connotations, none of it was beneficial seeing as it didn't tackle the core characteristics of the disorder. As a result, there was no change in medical practices and no additional concerns from parents for the state of their children (2011).

In the late nineteenth century, new information was coming to light. It is rumored that famous fictional detective written by Sir Arthur Conan Doyle, Sherlock Holmes, was inspired from the observation of autistic behavior (Feinstein 2011). Although these claims are only rumors, the implication this would have on the influence of ASD on pop culture would be substantive. After all, Sherlock Holmes is one of the most well-known fictional figures there is. Later on, in 1911 the term "autism" was coined by Swiss psychiatrist Dr. Eugen Bleuler. Bleuler, however, used the term to describe patients that showed signs of schizophrenia (2011). This was a turning point in the history of the disorder. The most concrete beginnings of autism as we know it today occurred in 1943 when two papers were published about children exhibiting autistic behaviors, by Kanner and Asperger (2011). These studies differ from their predecessors because they looked at autism more intently within its own form. Although both were studying autism, the group of children they were studying were rather different. Kanner described in his paper "early infantile autism" in which three of the 11 children he was studying could not even speak (2011). Asperger, on the other hand, was more keenly focused on children who had special interests and fixations, with a normal level of intelligence and fine speaking skills (2011). Nevertheless, both of them are considered revolutionaries in the field, as they were both studying different points of what would come to be known as the autism spectrum. Because of the way they described the symptoms, autism was classified as a psychiatric condition. Asperger had even used the term "autistic psychopathy" in his paper before eventually dropping it (2011).

In 1980, the concept of autism had a revision once again where it was considered a disorder in its own right, distinct from other mental issues (Zeldovich 2018). Then, in 2000 we saw the emergence of the term "autism spectrum" (2018). This term was used to acknowledge the fact that there are varying degrees of the disorder that manifest themselves in individuals, with cases differing greatly from one another. The complicated history of autism clarifies the perception that we still have today. It stands to reason, although unfortunate, that a complex disorder would have a complex history. . From those cases that went undiagnosed to the ones we are able to understand today, it is important to recognize these moments in history so that we continue learning from them. We know that medicine is constantly evolving so we need to be alert of the missteps of the past in order to put our best foot forward for the future. Moreover, this history shows the progress that has been made and makes the success stories all the more impressive.

2.2. ASD Rate of Incidence and Treatment

Because ASD has had such a colored past and it has gone through several stages, it is important that relevant and correct information about it is presented. Although a recent disorder, being diagnosed with ASD is no rarity, as the Center for Disease Control reports a diagnosis of 1 in 110 children (Ennis-Cole et al. 2013). According to the National Autism Association in Kosovo, there is no accurate figure number of children with ASD reported for Kosovo (qtd. in Kasapolli 2017). This may come as a result of poor diagnoses (2017). Although numbers have increased globally, it cannot be said for certain whether this increase is a result of an actual higher number of cases or just increased awareness and access to diagnoses (Haroon 2019). WHO has dedicated a detailed section of their website to the disorder, with the aim of informing the masses about key facts for ASD. Amongst others, WHO states, "Evidence-based psychosocial interventions, such as behavioral treatment and parent skills training programmes, can reduce difficulties in communication and social behavior, with a positive impact on well-being and quality of life for persons with ASD and their caregivers" (World Health Organization 2019). This fact is particularly important because it confirms that treatment is possible and even effective for children with ASD – treatment they stand to receive with educational inclusion programs.

Treatments should and do vary depending on the ASD traits a person exhibits. "Autism spectrum disorder (ASD) refers to a range of conditions characterized by some degree of impaired social behavior, communication and language, and a narrow range of interests and activities that are both unique to the individual and carried out repetitively" (2019). Depending on these traits, an appropriate course of treatment can be followed. The most commonly applied method is the Applied Behavior Analysis. ABA enables professionals to target specific behaviors and working to improve them (Kearney 2015). These behaviors can range from social skills to cognitive skills, to physical skills. ABA has proven to be successful due to its targeted approach, this way the child is not overwhelmed. One of the most common uncertainties about ASD is the cause, primarily because there is no definite one. There is a basis to show that there are genetic predispositions to developing the disorders, siblings of an affected person are more likely to develop it than random people (Haroon 2019). A major misconception is the link between ASD and the measles vaccine, a claim which has been disproven but somehow still finds its way into conversations (2019). The versatile nature of the disorder, has emphasized how important accurate information is both for the families affected and for the environment around them.

2.3. Policy

Policies have their roots in law, and the law is woven into the fabric of society. Education is impacted by policies and has a definitive influence in society. Although special arrangements are undoubtedly needed, some experts argue that inclusion in classrooms is a human right of these children and could sometimes prove detrimental to a positive influence or have the opposite effect, and have a negative impact, in cases where inclusion lacks (Harrower & Dunlap 2001). In Kosovo, there has been notable effort from the Ministry of Education Science and Technology (MEST) in order to ensure the smooth functioning of such programs. As a result of the inclusion initiative, new employment opportunities opened up for the position of support teacher. In order to avoid any confusion, MEST issued a work document detailing the requirements and responsibilities of this position (MASHT 2015). The document also clarifies that these special education classes are managed directly from MEST (2015a). To ensure that these teachers are successful, as are the programs they were hired for, MEST published a guide for the planning and reporting of teaching staff (MASHT 2019). The guide is complete with a clear division of responsibilities between the teacher, pedagogue, parents, and assistant. Moreover, it has templates for a weekly, and monthly plan and report; it also has reports to be submitted to the

ministry. These publications solidify the idea that MEST is actively involved and aiding in the success of Special Education Classes. The focus of this paper also includes kindergarten, and that is included in MEST's plans as well. In the published curriculum for kindergarten (ages 3–6), there is a section specifying that kindergartens are open for children with special needs (MASHT 2015b). Apart from that, however, no specific reference was made in the curriculum. Lastly, MEST has also made sure that the student-side of the program is an active participant. To maximize benefits for all involved, MEST has published the tools for educational assessment for special needs children (MASHT 2020). This publication has a 1 – 5 rating system which the professional will use to rate the student's performance and capacity. These two factors are rated in a list of activities provided in the pamphlet. Lastly, there is a page left for the recommendations of the assessing team (2020). This assessment then helps the school not only to assess the fitness of the student for classes but also the course of treatment to follow should that student make it in. The benefits of this method will be explained as we unravel the remaining perspectives and areas. The aforementioned documents best portray the existing policies in terms of educational inclusion and the general attitude of MEST towards this topic.

2.4. Education in Relation to ASD

Policies are insignificant unless applied, and the same applies for policies on the inclusion of children with ASD in the education system. A large amount of the existing literature on education in relation to ASD highlights the differences of special education. These differences come into fruition as a result of both the obstacles and benefits this endeavor entails. For example, apart from the social deficiencies, another issue educators face is the fact that many children with ASD can present with accompanying problems such as Central Auditory Processing Disorders that increase difficulties in learning (Ocak et al. 2018). Conversely, there are beneficial strategies that can be used in aiding ASD students, such as pretask sequencing, pivotal response training, and multicomponent interventions (Harrower & Dunlap 2001). The main aim of such techniques is not only to enhance the students' educational capabilities but to also hone their social skills as well. Pretask sequencing entails preparing students for a big task by presenting a series of small tasks to them (2001). This technique ensures that the children are at ease and prepared for the task at hand. Additionally, pivotal response training has a, "focus on increasing motivation to learn among children with autism by incorporating choices, reinforcing attempts, using adequate modeling, and providing natural consequences" (2001). In Kosovo,

special focus is also given to how kindergarten classes are conducted in regards to children with ASD. A study published in 2018 highlighted the importance of organizing such classes beforehand (Gjelaj et al. 2018). Furthermore, we have alluded to the importance of individual plans, crafted with consideration to the assessment mentioned in the previous section. The IEP is not only a customized study plan but it is also a legal document that contains: "The child's special education plan (goals for the school year); Services needed to help the child meet those goals; A method for evaluating the student's progress" (Individualized Education Plan n.d.). MEST also published an informative pamphlet in Albanian, detailing the beneficiaries, drafters, and all needed information about the plan (MASHT 2017). We can see the importance of the IEP seeing as it is utilized across all schools that have mixed classes. Another important factor is the support system within the schools. These support systems consist of support teachers and, when needed, assistants (MASHT 2018). The importance and benefits of these support system were brought into the spotlight during the 2020 covid19 pandemic when schools had to resort to online learning. A study showed that the absence from school had a negative emotional effect on children with ASD (Duraku & Nagavci 2020). Given time, the children will learn to rely on the schools and their learning.

2.5. The Socio-Cultural Sphere

Society is where all the aforementioned spheres connect, adhering to the fact that societal perceptions of children on the ASD spectrum range from prejudice and shame to charity and acceptance. Research indicates that a diagnosis with ASD has implications that dictate the course of someone's life. In a survey conducted in Southeast Europe, particularly in the countries of Albania, Bulgaria, Croatia and Turkey, families raising children diagnosed with ASD confirm that they face a disheartening amount of stigma and even report feeling "helpless" (Daniels et al. 2017). In this survey, more than 30% of the participants agreed to some extent with statements alluding to the fact that they would rather keep their child's diagnosis with ASD a secret (2017). This is by no means an isolated occurrence. In the UK, Somali parents of children diagnosed with ASD suffer greatly because of stigma (Selman et al. 2018). This effects the parents as well. The study shows that they hesitated in participating in conversations for their children's diagnosis as well (2018).

We have discussed the possibilities that this stigma may be perpetrated by ASD's history or common misconceptions present today; Grinker, however, puts forward another captivating theory. He relates the discrimination towards people with ASD to capitalism (2020). Because they are diagnosed with a disorder, this makes us think of them as less, considering them to lack "financial capabilities" (2020). Living in an admittedly money-oriented world, this causes us to disregard this group of people. Ultimately, this is yet another misguided approach because it relies on perception of the truth rather than the truth itself. An aspect of life that influences one's perception of facts is the media. It is one of – if not the most – defining part of the socio-cultural sphere is. The media has proven to be a double-edged sword when it comes to ASD.

> [P]opular media remain to be a pivotal information source that parents rely on in making a decision on the treatment for autism[.] Recently [it has been] reported that more than 75% treatments of autism mentioned in print media (e.g., newspapers and magazines) are not scientifically supported. Examining newspaper coverage, as such, will provide insight into information which may significantly affect parents' decision on treatment for autism (Zhai et al 2017).

Considering the influence media has, 75% is a worrying amount.

On the other hand media also benefits people diagnosed with ASD – especially social media. In-person social interactions, social cues, and the like, is where people on the spectrum struggle the most and social media eliminates that (Pinchevski & Peters 2016). Without the barrier of those obstacles, interactions become easier and potentially more attractive for them. Lastly, the media indirectly affects the perception of people diagnosed with ASD. Recent years have shown an increase of ASD representation in the mainstream media, mainly in TV shows. One of the most popular ones is *The Good Doctor,* starring a boy with ASD who also has Savant syndrome (Stern & Barnes 2019). This essentially makes him a genius at surgery (2019). An expected worry with this representation is that it sets an unrealistic norm about people with ASD – it is not always accompanied by Savant syndrome. Despite this concern, a study conducted showed that the most impactful effect this show had was an increased interest towards ASD, with over half of the participants showing some degree of curiosity towards the disorder. While they may have been lead there by fascination with the character, the possibility exists that they will stay and learn more.

3. Methodology

This study has been conducted through two forms of research: desk research and interviews. As part of the desk research, thirty sources spanning articles, journals, books, and legal documents were reviewed. While there are not a lot of studies on Kosovo, there is quite a lot of information on the Balkan region. Enough similarities (development, culture, region, etc.) exist between Kosovo and the countries analyzed for solid conclusions to be drawn. In the parts of my study when the general understanding of the topic is concerned rather than the specifics, I have used sources that best aid that understanding regardless of the geographic location of the study. This mainly applies to the parts of the study where I have referenced universally-accepted medical explanations that will develop the aim of my capstone. The Kosovo-specific secondary data I have used is the legal framework when examining existing policies. The information collected through interviews is analyzed in the section 4.0. I have conducted 13 interviews covering the areas of policy, education, and the socio-cultural sphere. For each of these areas, I have selected appropriate representatives, selected for their academic or practical experience in their respective fields. The interviewees were: A law school graduate (henceforth, expert A); three school representatives from two regions of Kosovo – two primary school representatives (school A and school B, respectively) and one high school representative (school C); one occupational therapist (expert B); two autism organizations (association/organization A and B); one psychology student and one psychologist (expert C and expert D, respectively); two neuro-typical students from a mixed class (student A and B) – with their parents' consent, and two parents of children with ASD (parent A and B). The interviews were unstructured, and semi-structured with open-ended questions. All sets of interviews had questions curated in accordance to the nature of the interview and the field of the interviewees. More details can be found in Appendixes 7.1 – 7.7.

3.1. Limitations

I did not encounter severe limitations while I was conducting my research. The phenomenon of Covid19 did transfer most of the interviews to the virtual world but that did not change the course of the interviews when the content is concerned. Nevertheless, the in-person interviews (namely, school A and organization A) did offer a more thorough perspective because I could see the premises and understand the process better. Because of the situation, schools are operating in varying schedules in controlled capacities which effected the number of schools I interviewed.

The choice of the schools was a mixture of convenience and exposure. School A and C are from a region I had convenient access to, while school B was selected because it is located in a region that is exposed to a large number of people. Across all interviews, the questions were conducted with the intent of applying the answers to general scenarios in order to draw accurate conclusions.

4. Primary Research and Analysis

This sectionoffers an analysis of the results derived from the interviews. The KAP analysis reviews the policy, education, and socio-cultural spheres of the inclusion of children with ASD in Kosovo's educational system (K-12).

4.1. Knowledge about ASD in Kosovo

The knowledge component is used to convey the existing information the interviewees possess on ASD in Kosovo. As mentioned, the knowledge will be examined in three dimensions: policy, education, and the socio-cultural plane. Through this examination this section aims to establish a baseline for the current level of information, which can then be utilized to better understand the other components of attitude and practice.

4.1.1. The Legal Framework of Policies Regarding Children with ASD

Undoubtedly, one of the most important factors to consider in policy-making is the legal aspect of the ordeal. Law is where the human and policy factors overlap. In order for a viable recommendation to be made, an understanding of the legal perspective is needed. Expert A provided an insight as to what both the legal incentives and obstacles in inclusion policies such as the one we are analyzing may be. Expert A right away cites the notion of human rights, and the fact that the right to education is among them. Kosovo is in par with such rights, making lower education (ages 6 – 15) obligatory for children belonging to all communities. As we found in the literature review, special education is also allowed for the children who cannot benefit from the regular schooling program. While Kosovo has good legislation as far as inclusion of children with disabilities is concerned, we start to see issues emerging when we look at the implementation which will be addressed further along. As it stands, Kosovo's approach to inclusion policies has been acknowledging the existence of such needs and creating a legal space for them to be fulfilled.

Considering the legal framework to policies helps us understand not only the policy itself but also the "cause & effect" components of it. The interview results indicate that while there is definite support for such inclusion in Kosovo's law, there is not much of an incentive for its implementation. This is to say that these policies do not necessarily encourage schools to be inclusive, rather they simply do not obstruct the decision to do so. Indeed, such a thing reflected amongst the upcoming interviews as well. A number of interviewees found the legal gray areas to affect the way they approached the subject. Ultimately, the mere existence of such policies – as mentioned in the corresponding part of the literature review – informs us that Kosovo is on the right track. When a school opens up its program to include special needs children – those with ASD included – it is not a onetime decision but rather an ongoing process, a commitment they make for years to come. Since the process is ongoing, legal support should be as well. Currently, the schools that do offer these programs are outliers, but time and time again we have seen the law set the tone for societal norms. If there are drafted policies for this issue, then that could potentially increase the number of schools that partake in inclusion.

4.1.2. Information on ASD within Educational Institutions

The main pillar of academic inclusion is, of course, the schools themselves. A myriad of factors come into consideration not only when schools make the decision of inclusion but very much in its aftermath as well. The aftermath is the day to day journey in the inclusion process, with all the changing variables of new students, needed supplies, training of staff, etc. In the matter of trained staff, the schools representatives stressed the need for proper training, noting that support teachers are essential. A support teacher is a trained individual that accompanies the child to their regular class. In order to be eligible for the position, candidates have to follow a specialized one-year training that prepares them for the job. The support teacher's duties include both emotional and physical support – from trivial things like aiding the child putting on a backpack to ensuring the environment is appropriate and not triggering. School A and B appreciate the importance of such teachers, claiming that ideally there would be a support teacher for each student enrolled in these programs. School C cites this issue of understaffing as one of the difficulties preventing inclusion, amongst others. Seeing as inclusion would be very difficult to integrate without the help of support teachers, schools like school C have refrained from taking initiative at all. Another important

component in the classroom environment are the children. Children with ASD are by no means the only children effected from such inclusion policies in schools. Neuro-typical children also have to adapt to such programs and their academic experience differs from classes that do not have them. As growing children, their perception is an important variable to consider. Socialization has been acknowledged to be a crucial part of the development of a child with ASD, effecting how they approach situations and even aiding their development. The main aspect of this socialization is the interaction with fellow classmates. School A. Both schools A and B attest to the positive effect the socialization often has on the children in a classroom. The vitality of information also plays an important role in how parents take to the inclusion process of their children. The schools reported that sometimes parents are misinformed on the specifics of ASD, having had no exposure to the disorder prior to their children's diagnosis. Due to the lack of information, there can be a disruption of the natural pace of the inclusion process. There have been cases when parents had expectations that were too high and were displeased with the school when those expectations were not met. Seeing as this inclusion is destined to fail without parental support, it is important that the parents stay informed, as well.

A good way to obtain reliable information on ASD is through consulting an expert. The people with the best understanding of both the disorder and the social issues surrounding it are psychologists. ASD is not like other disorders. The main differentiating factor is one we are already familiar with: the fact that it is a spectrum. Furthermore, it has varying cognitive skills. Disorders tend to have uniform cognitive capabilities but this is not the case with ASD. A child with ASD can have extraordinary verbal skills but could struggle with mathematical calculations. When considering education, this aspect of the disorder should be noted seeing as it can affect the way students approach and absorb the material. We recall individual plans from the literature review and are reminded why that technique is so important and beneficial. The general principle of this approach should be applied to all forms of treatment. Namely, being wary of the fact that the person being treated is on a spectrum – there is no one size fits all solution. Even less so, sometimes that "one size" does not fit the same person on a different day.

4.1.3. The Socio-cultural Perspective

Despite the importance that education holds, it is not the only area of life that we need to focus on. There is a lot to be seen and learned outside of the school walls as well. Places like association A and B offer a haven for children with ASD where they can interact with one another and partake in many activities. These organizations acknowledge the importance social interactions can have in the development of the children. The organizations function as a mixture of professional and volunteer staff. This showcases how all members of society, with trained background or not, can play a part in ensuring that children with ASD find comfort and acceptance in society. Association A reveals that there can be no accurate indicator of the growth in number of cases but they have noticed a growth in the number of reported cases. Association B credits a lot of the progress being made in the area to community involvement and societal progress.

4.2. Attitudes towards ASD in Kosovo

The following component of the KAP analysis is Attitude. This section reviews how the aforementioned knowledge influences behaviors and beliefs. Seeing as policy is an unbiased area, it has not been unraveled in this section of the paper. The educational and socio-cultural spheres, however, do exhibit certain attitudes that will be examined. Attitudes are a key component of this analysis because they are a manifestation of the knowledge and a predecessor to the practice.

4.2.1. The Current Situation with ASD Inclusivity in Education

The information on ASD within the education system is only one block of the chain when it comes to inclusion. Another important block is how this information is received and reflected onto other people. The reception towards this inclusion differs from child to child. Student A confirms that they were nervous when it was announced that a student who was "a bit different from you" would be in the class. In the beginning, they struggled to understand what this difference meant. As a result, they approached the new student more cautiously. It took a while before student A learned to recognize the child with ASD as just a regular classmate. Conversely, student B had been given a more detailed explanation of the circumstances of the classroom and its students. They had a different approach towards the student and tried to be accommodating and welcoming. Both students had been in the first

grade when they became a part of these mixed classes. After this introduction period, both students got much more familiarized with the situation. The students note that their parents were effected as well; they also went through a transitional period much like their children. At first, they were worried that there would be too much focus on the child with ASD thus impeding the educational development of their own children. Moreover, they also feared the safety implications because they were not familiar with the evaluation system in place for assessing the child before joining class. All of these concerns diminished over the years as both them and their children became familiar with the situation. The parents even admitted that their children were the ones teaching them through sharing their experience and recounting the events of the class back at home every day.

Socialization and its importance have already been highlighted in this paper; it is, however, not always an effortless endeavor. The main obstacle to inclusion for school C is actually related to such notions – of socialization during challenging times, such as puberty. High school is notably a transformative period for students where they are being exposed to new experiences and are, simply put, figuring themselves out. Being a high school, the representative from school C expresses concerns not only for the potential student with ASD but also for the environment. While in the cases of school A and B, the neuro-typical children were part of the mixed classes from an early age and had grown accustomed to the situation, for school C it would be a new adaption quite late in the students' academic journeys. As such, school C representative worries that transition into a regular class would be difficult for all students involved and could potentially bring more harm than good. Forcing "regularity" and ignoring the needs of a child with ASD is not beneficial.

This phenomenon of forced regularity is also present within ASD family structures. Both the schools and organizations interviewed cited numerous cases where parents expected a cure when in fact there was none. Especially when the process of inclusion begins, this period of the parents coming to terms with the diagnosis also requires great care and involvement from the school staff as they offer their support and understanding. Even after acceptance, however, it takes time for the parents to grow accustomed to this role.

4.2.2. Socio-cultural Perception of ASD

The main link between children with ASD and social life are autism-related organizations. Although they are such an important social factor, it is societal attitudes towards ASD that have sometimes disrupted their work. Association A has been functioning for over ten years whereas Association B has also been active for nearly a decade. Both of them note major changes from the early days of their operation to the present. Representative from Association A says that they had to track down potential children with ASD and appeal to to their parents to join the activities, quite often being met with refusal. Representative from Association B shared similar stories, noting how parents would often ask for their names to be kept of public statements and no pictures. Both organizations link this with the stigma around ASD which was even more evident back then. Association A highlights that they also had difficulties when cooperating with schools. Teachers who noticed that a student of theirs could potentially be on the spectrum hesitated to report them or could not report them due to the parents objecting to it. However, these cases – although still present – do not have the same numbers anymore. Nowadays, both organizations boast an active social media presence where their activities and member adorn nearly every picture and the community is constantly welcoming new people. The regional branch of association A has around 20 members currently attending the services, while of Association A has over 54. Both reported that the numbers are constantly growing, not because of a general increase of cases but rather an increase of overall acceptance and willingness to take part the services.

So far we have discussed the involvement of parents in the context of school life for children with ASD. They are, however, involved in so much more than that. While all the other perspectives we have considered have a "clocking out" time, the parents are there day in and day out. As such, their role and perspective is one of crucial importance to study. Parents are there when it all starts: the diagnosis. This journey is vastly different for each family. Parent A reported to have been to get a diagnosis fairly quickly, but was discouraged from sharing the news. Their family didn't want word getting out that this had happened. Conversely, parent B found it very difficult to get the diagnosis at all. They were accused of overreacting and misinterpreting the child's behavior. After years of relentless pushback, parent B was able to confirm the diagnosis and begin treatment for their child. They express regret at the years wasted.

"I felt like I was swimming against the current, everything holding me back when I was trying to move forward"

Because they had fought so hard for the diagnosis, they refused to back down and got the treatment they needed. Meanwhile parent A's story of endurance begins a few years after the diagnosis. They had ensured their child follows classes with peers and has an active social life. They learned to manage the triggers and integrated their child into society. Although it took a couple of years filled with uncertainty, the child now has a loving group of friends who he has formed a real connection to. Parent A confirms that this social group would most likely not exist had their child not attended school. Both parents confirm the importance of inclusion polices, both to them and their children. In terms of changes within the family, both parents had surprisingly similar answer. In both cases, the siblings of the child with ASD had stepped up -parent A had a younger child take on a protective role while in parent B's case it was the older sibling. Both parents stated they were in awe at their children's maturity and ability to handle the situation. When it comes to changes in parental approach, neither of the parents confess to a change. They argue that at the core of it, the principle remains the same, you just want to do what's best for your child.

4.3.   Practices on ASD in Kosovo

This section of the paper pertains to the final component of KAP: Practices. These practices derive as a result of the knowledge and attitudes that have been analyzed in the preceding paragraphs. Understanding these practices is crucial in getting a clear view of the situation with ASD on all planes, political, educational, and socio-cultural.

4.3.1. The Application of Current ASD Inclusion Policies

The literature review and the expert interview have shown us that there is legislation on inclusion in place in Kosovo. The story begins to change when we consider its real-life application. Expert A makes note of the fact that there is not a lot of legal support once special education has been installed. Say, for example, a parent's expectation from a special education program are not met – through no fault of the school staff. There isn't a designated policy to prevent said parent from suing the school. While a fair legal procedure will exempt the school from responsibility, they will still have to bear the costs. Or in cases when the

situation gets physical, seeing as there are points of the spectrum where the children have aggressive tendencies, the line of responsibility is extremely blurred and would prove difficult to argue in a court of law. As such, we can see that there is a duality when it comes to the legal coverage of educational inclusion. In theory it is much easier for such a thing to occur than it is in practice. That is why it is important that we study the existing attempts, in order to draft and practice these policies in the most beneficial way for everyone.

Furthermore, as it has been discussed, there is no real incentive for institutions to be more inclusive. Simply put, existing policies do not offer sufficient funding. In School A, only the psychologist's salary is covered from the municipality. The creation of the SEC, including its furnishing and supplying, were done on private funds gathered from the school. This material gap in current practices discourages institutions from pursuing what is already a challenging undertaking.

The issue of funding transcends the walls of schools and affects autism organizations as well. Especially in cases of governmental funding, it is very difficult to be at the top of the priority list. Association B explains that because ASD is not a disorder that shows any physical symptoms, it is harder to garner the sympathy needed a lot of the times for funding. They mostly rely on private donors and the fees from their members. Although out of the 54 currently attending Association B, 10 of them are pro-bono (they do not pay). Although it is not always easy, it is definitely worth it, as they say,

"Nothing compares to the joy of making that connection with a child, knowing you are making a difference" (Interview with Association B)

Due to this lack of funding, associations like these rely on private donors and fundraisers. As a result, they organize many campaigns. The financial incentive is only part of the reason, the other being the need to raise awareness. Association A has published a number of pamphlets that explain various aspects of ASD. Association B has also held a number of awareness-raising activities together with its members.

While funding is definitely an issue, existing policies are not only defined by what they lack. Currently, there is a lot of governmental involvement in the inclusion procedures. The literature review highlighted a number of documents that the government has produced in

order to ease the process. Furthermore, municipalities hold assessments for ASD students looking to attend their respective schools. These sorts of assessments are used to create an "individual plan". An individual plan is essentially a course of action tailored to the needs and functionality of each individual student. The plan takes into account where a student is on the autism spectrum, whether they have accompanying difficulties, physical capabilities. School A and B cited these plans as their main approach when it comes to the education of the children. The fact that these plans are the main approach showcases the importance that an active government involvement has on the inclusion of children with ASD in education.

4.3.2. How Inclusive Classes Function

When discussing socialization, it became apparent how children with ASD attend regular classes, with the aid of special teachers. Alongside the regular classes, the children attend the special education classes. There, they are tended to by a licensed psychologist. The importance of such inclusion programs rests primarily on the SEC classes – that is where the heaviest load of progress is made. In the hours spent in SCEs, the children engage in activities meant to enhance not only their educational capacities, but also their cognitive, behavioral, and physical capabilities as well. These classrooms are designed and furnished with books, toys, tools, and all what's needed to stimulate these improvements. School A has six students enrolled in this class, two of which have shown significant advancements since enrollment. The interview results indicate how progress is noticeable by improved social behavior in the children. For instance, a student started smiling to peers after being overly aggressive in previous sessions. Another indication is improved cognitive abilities. In one case, a student was able to complete a puzzle with improved timing – having had trouble completing it at all before joining the SEC. It is worth noting that the children who showed improvement were on the higher functioning end of the spectrum. This fact highlights the need for SECs because in their absence there would have been no improvement for the students - despite them having the potential to improve. Furthermore, it reiterates the importance of individualized study plans as it shows that different children progress differently. School B also has six students enrolled, one in a SEC and five in regular classes. While these may seem as small numbers compared to the non-mixed classes, it is important to remember the nuances of the disorder – and the limited number of staff who are involved in the program. It can be both a physically and emotionally taxing activity for one

psychologist. The children are usually not capable of communicating their needs so the professionals have to find a medium.

As the attitudes of neuro-typical children towards peers with ASD have been discussed, now we'll examine the practices of these children in the classroom. As far as schoolwork is concerned, neither of the students interviewed reported noticing a difference. Seeing as the student with ASD is meant to follow an individual plan, the rest of the class follows the same pace as their peers without being left behind. Furthermore, neuro-typical students are never discouraged from participating in school activities. The area that is primarily affected is socialization. As we've discussed, children diagnosed with ASD do not have the same social capabilities as their neuro-typical peers. This effects the way the children interact inside the classroom. Student A reports bonding with their ASD classmate over school work. They made conversation over the homework (stimulated mostly visually, with student A showing their notebook and going through the notes). Student B utilized the shared hobby of art to communicate with their classmate. They would compare drawings and in some instances the student with ASD drew portraits of classmates as tokens of appreciation. Over time, the students grew accustomed to their fellow classmate to the point that they did not differentiate them from others. The students said that the experience helped them feel more mature at a younger age, a phenomenon they'd noticed in the ways they approached more sensitive subjects as opposed to their peers. For example, they felt they were much better at rationally explaining their feelings – having had to carefully interpret them from their ASD classmates. Outside the walls of the classroom as well, the children were better informed on disorders like ASD, learning from an early age that,

"What makes us different is what makes us special"(Interview with Student A)

Schools A and B work with a mixed approach. A student of the spectrum spends a set amount of time in the "special education" class, and a set amount of time in a regular class. The individual plans are applied in both of the classes. In the SEC, the individual plan is utilized by the psychologist in terms of activities and treatment methods. In the regular classes, the plan is used by the teacher and support teacher in order for the child to have a

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seamless experience. Outside of the classroom, the educational weight falls on the parents. They have to make sure that the progress being made in the schools is encouraged and continued at home. All activities being done in the classrooms need to be repeated at home in order for the outcome to be successful. Psychologists that treated the children once the COVID19 restrictions were lifted reported that, during the covid19 pandemic, when in person classes were unavailable, some students with ASD showed signs of regression because their parents were unable to offer the same quality of treatment as the SCE.

4.3.3. Social Inclusivity of Children with ASD

It goes without saying that integration into society is not a seamless experience for children with ASD. This experience, in fact, is primarily made possible by the dedicated work of autism organizations and their team of professionals. The organizations interviewed offer services which consist of various treatments and activities. The main treatment method used by both organizations is the ABA. Within it, representative of the Association B reports that they have a 'behavioral plan' which they use to map out certain behaviors of children in order to identify and potentially prevent triggers. They work on the ABC principle: (A)ntecedent (B)ehavior (C)onsequence. Through this principle, they analyze certain behaviors of the children and figure out what is causing them while attempting to stop the behavior or replace it with something more productive. It is not uncommon for dolls to be utilized for such purpose. It was reported during the interviews that in a SEC at school A, a doll had had its lower-body region, around the sexual organ, completely torn apart by one of the teenage students. Similarly, Association A uses stimuli to instill positive behaviors, often using rewards when a child is showing progress. Even though the method is the same, it is the behaviors that differ. For example, Association A recalls a case where a child showed high IQ but low EQ, lacking empathy and showing very little interest towards other people. Through rewarding every positive interaction the child had with staff or peers, they were able to encourage more social tendencies after a certain period of time. In another case, a child would be overtly friendly but would struggle with mathematical problems. Acknowledging these differences and utilizing them to form a plan of action has proven to be a very successful approach for both associations. As the number of members and the success grows, the organizations still encounter difficulties.

Cognitive skills are not the only ones needed for successful integration into schools and social life. Another skill that needs developing is motor skills. Occupational therapy specializes in this type of development and even goes beyond that. They utilize daily activities in order to form a personalized plan that best caters to the physical, emotional, and mental capabilities of their clients. Expert B notes that they refrain from using the word "patient" because they feel it does not set the desired relationship between them and the children. In the case of ASD, occupational therapists work to develop and nurture primarily the fine motor skills. Another aspect they work towards with ASD kids is sensory processing and doing so, they try to remove their barriers in socialization and learning to interact with other kids, autistic or non-autistic kids. Through this technique, the children become calmer and more focused. Expert B states that working with children with ASD can be quite challenging seeing as they're all different from one another and they all have their own way of thinking. The biggest challenges are building trust, creating a relationship and letting them know that the specialists are only there to help.

4.3.4. Case Study: The Results of Occupational Therapy

Expert B states that the work of an occupational therapist is best showcased with an example. There was a special case involving a girl they met while completing an internship with an Autism Center somewhere in Kosovo, a nonverbal autistic girl. They used sign language to communicate with her, which was a very hard thing to do because she wouldn't let anyone talk to her, get near her, sit next to her, and most importantly, she wouldn't let any other kid in the same room with her. It was hard not only for her but, for every other kid there as well. When she started yelling, everyone got so irritated that it took the whole day to try to calm the other children down. It took expert B over three months to gradually build a relationship with the girl. A lot of different activities were attempted, but the one that helped her a lot was music therapy. She tended to calm down when she heard music playing, especially violin melodies. After three months, they had put her in the same class with another child. They were each given a toy, she was given her the toy she did not like while the other child was given the toy that she loved. It was the only way to make her socialize with other kids there. She threw the toy and started crying and yelling while the other kid got close to her and gave her the toy she liked. When she got what she wanted, peacefully got the toy she threw on the ground and gave it to the other kid. Expert B says that it felt like witnessing a miracle. She sat on the floor playing with her toy but, next to her was the other kid sitting and making sounds, kind of a melody that he always used to do. They played with each other, without talking, without a therapist in the room to make sure she would do anything. She loved that he was quiet and calm. From that day, she didn't want to hold therapy sessions without him in the class. Gradually, they started bringing other kids in the class too, one by one, each with their own specific needs. It was such a progress for her, she was calm and the joy her parents felt at this progress was incredible. Expert B recounts how both rewarding and impressive this occurrence was. They also state how important the inclusion of children with ASD in education is, not only for the child but also everyone around them. Interactions with other students benefit them immensely.

"Endurance, education, respect, love and support for everyone is what brings success to the inclusion of children with ASD in education"

(Interview with Expert B).

Practicing these traits is a sure way to ensure not only educational growth but also personal growth as well.

Perfecting the practice of those traits is a linear ongoing procedure. Expert D notes that she has a much better understanding of these treatments having had many years of experience. Expert C too highlights the difference between studying the techniques and putting them to the test first-hand. While the safety of predictability is gone, expert C admits that witnessing a reaction to the treatment leaves a much deeper print. It is exactly for this reason that both experts advocate for educational improvement. No amount of stimulating social situations in sessions can compare to the actual school-life experience. Nevertheless, expert D still promotes caution. They mention the need for evaluations in order to assess that a mixed education is the best choice for the child with ASD but also for the people around them as well. If all these steps are taken and respected, the situation can only grow to improve. Lastly, we address the media effect on the perception of ASD. Expert D states that it depends on the audience. Shows that depict people on the spectrum to be flawless geniuses will set the norm for a uniformed audience. In the cases where the audience is informed, they can consume the content as entertainment without any lasting impressions.

4.4. What We Can Understand from the KAP analysis

The KAP analysis categorized the results by looking at them from a policy, education, and socio-cultural perspective. This section utilizes that analysis in order to determine problems with ASD inclusivity in the three aforementioned spheres, and the potential implications for the primary stakeholders.

4.4.1. Current Problems with the Inclusion of Children with ASD in Educational Institutions

For clarity, the KAP analysis has been synthesized and divided across the categories of policy, education, and the socio-cultural sphere. As the paper has shown, these fields are connected and overlap in the topic of ASD inclusion and this section shows how problems in one sphere relate to problems in another. This finding is relevant when considering recommendations.

4.4.1.1. Current Problems with Policy

It has been pointed out throughout the paper that there are certain areas of policy that are lacking when it comes to the Inclusion of Children with ASD in educational institutions. The major issue that is currently plaguing our policies is lack of funding. While existing policies encourage inclusion, they do not financially support it. Organizations have to fight for grants and, as the KAP analysis has shown, ASD organizations are frequently overlooked. Schools only have a fraction of the necessary costs covered by the respective municipalities. The lack of funding has significant damage in that it discourages schools for taking an inclusion initiative and it makes it difficult for the ones that already have. There are enough obstacles on the course to inclusion that the lack of funding only worsens. Necessities like trainings for staff, facilities, tools, toys, etc. all have to come through private funding when not provided by the government.

4.4.1.2. Current Problems with Education

While ASD inclusion in schools has a profound impact on this group of children, the effects ripple through the entire classroom, and even the entire school. The interviews with the schools showed that there is a dual program in place for children with ASD – the SEC and regular classes. The fact that these classes come into fruition as a result of the work of many people highlights not only the intricacy but also difficulties of an undertaking like this one. Firstly, all of these 'cogs of the mechanism' (teachers, psychologists, support teachers, school administration) need to be properly trained and briefed on the individual cases seeing as different students with ASD will have different tendencies and characteristics. Furthermore, this staff has to be in constant coordination with one another in order for them to keep track of the progress and remain consistent. It is obviously a task that requires willingness and endurance. While psychologists and support teachers are there for this specific job, and have the years of training for it, regular teachers have to adapt all the while being mindful to the other number of students present in their classes. In order for initiatives such as ASD inclusion to succeed, regular teachers need to have the necessary accommodations. It would be reasonable that mixed classes have a set number of students that guarantees there is enough time for all students to feel looked after.

Secondly, there is the preparation of the individual plan. This is the key element that sets the tone for the success of such inclusion endeavors. As mentioned, the individual plan enables teachers and psychologists alike to best tailor their approach to individual children with ASD. It was seen in the literature review, however, that – due to the importance it carries – creating such a plan is a lengthy process that takes into account many factors. Simply put, it requires time and investment. Another currency that is involved in the process, one that actually doesn't get put in the spotlight a lot, is patience. All parties involved need to have a great amount of patience towards the process, and towards the children. While, as aforementioned, some are trained to practice this patience, others are not.

Thirdly, the parents of children with ASD are fundamental in the development of this educational experience. Whether it is because of unfortunate misinformation or the parental wishful thinking no one can beat, it was stated that parents can sometimes have unrealistic expectations of the school's results. Again, we mention patience. Here we should see it practiced on both sides: Patience from the parents as the staff is doing their best, and patience from the staff because the parents are doing their best as well. After all, it is something that the parents have to live with as well and learn as they go. This brings even further attention to the need of awareness raising campaigns that would eliminate, or at least minimize, such 'collisions' between the parents and the schools. Moreover, it would enable the parents to extend the progress made in school to their homes. The mentioned regression due to online learning as a result of the global pandemic goes to show how important parents – more accurately, well informed and equipped parents – are to the success of the schools' initiatives for improvement.

4.4.1.3. Current Problems with the Socio – Cultural Sphere

The socio-cultural perspective is the most layered and calls for the most considerations to be made. Throughout the interviews conducted, I observed these common issues that were brought up:

- Stigma
- Approach

Firstly, let us begin with the stigma that seemingly is a considerable part of the narrative built around ASD. Now that we have studied both the history and social conceptions of the

disorder, the picture starts to become clear as to what all this stigma is fueled by. As presented in the literature review, in its beginnings ASD was associated with feral behaviors that aimed to dehumanize people with the disorder. As time progressed, the world feral was replaced with crazy but nevertheless the aim remained the same. We have grown up hearing, "there is strength in numbers" and how sticks are harder to break when they stand together. This has lead a lot of people to form a mentality that different is risky and we should stand close to what fits our norm. Existence of the stigma is not just an issue in and of itself; it becomes more problematic when we look at the effects it has. The stigma that surrounds ASD perpetrates an unreasonable and unnecessary "shame" for those affected directly or indirectly by it. The interview results showed how stigma is the root of the problem that branches out into many other areas. Parent A struggled to announce the diagnosis due to familial pressure while the parent B writhed to even confirm a diagnosis at all. Both of those stories paint a clear picture to the troubling effect something as little as someone saying, "I heard he's not normal", about a person whose story they don't even know, can have in the long run. The power of words is one we're constantly being told to wield cautiously but it is truly a sentiment worth repeating. Above feelings, the consequences of stigma transcend to actions as well. The feeling of shame that seems to come from the diagnosis, as we've seen, can push people to deny it or in some drastic cases even refuse to get diagnosed at all. Research shows us that an early diagnosis can be major influencing factor in the result of treatment. The fact that places such as association A had to seek out participants due to low responses clarifies the harm these pre-conceived notions about ASD can have. The time spent tracing and contacting families could have been spent on research and improvement for association A, all of which would have eventually benefited the very people that didn't want (truthfully, were discouraged) from participating. It is good news that these occurrences were at their height years ago and in recent times have seen a decline, with more and more people understanding the benefits of early diagnosis and treatment. This benefits both the families effected and association like A and B that now get to reach a larger number of people. This domino effect is not only evident within the issue of stigma alone, but also in all of the issues mentioned at the beginning of this discussion.

Issues like stigma snowball and grow into larger problems effecting different spheres of life. Such is the case with the second issue that we mentioned: approach. When analyzing

approach, we're going to utilize the interviews to understand how: society approaches ASD and consequently the families affected by it, and how family's approach ASD and how they approach society because of it. We have already established that a part society approaches ASD with some sort of misguided caution and that they are wary of people associated with it. Existing literature and the interviews conducted, reveal that this caution creates a friction between some people and families affected by ASD. At the beginning, the 'social shunning' parent B experienced was disheartening but also an accurate portrayal of how a diagnosis can go beyond medical symptoms and manifest itself in real life scenarios as well. It is worth repeating that such a response has softened with time. However, that is more a reflection of parent B's effort of normalizing ASD within their social circle and relentless integration of the child in everyday situations. While it does bode well for specific cases like this, we should strive to make it the norm rather than the exception. In cases where acceptance isn't as evident, families would be forced to modify themselves in order to fit in and that is unfortunate no matter what scenario you are considering. There are two sides to every story and it would be amiss not to acknowledge how the family contributes or reacts to this friction as well. Because they fear this very social expulsion, they will distance themselves and disengage with social activities. Like the associations reported, parents wanted their names and identities to be kept hidden in the social events. This "us vs. them" mentality is damaging to both sides. Parent A's story should have been about how they were encouraged to be social and not how they had to blaze the trail and set the norm.

5. Conclusion & Recommendations

For policies to be inclusive and effective, policy makers must do more to include relevant stakeholders in the policy making processes of established laws and practices for including children with ASD in the education system. There are many variables to consider, and even then, we must consider the consequences those variables will have. For this reason, this research has been multi-faceted and has touched upon many topics such as the legal framework of policies, current socio-cultural attitudes, educational practices, personal stories, professional treatment methodologies, etc. Policies that support the inclusion of children with ASD in education have a reach far beyond the walls of those classrooms. They affect families that have been touched by

ASD by giving them equal opportunities for education. They affect organizations that work with ASD by normalizing the disorder, making the organization's job that much easier. They also set a precedent for future policies and for people with other disorders who want the same opportunities. Neuro-typical students are also affected by being able to broaden their understanding, compassion, and even social skills. The consideration of these policies encompasses much more than mere words on a paper. Based on these conclusions, the following recommendations are made:

- *Government funding for schools and organizations working for ASD*

In the analysis section, it was analyzed how government funding – or lack thereof – can harm the inclusion process greatly. Therefore, it is recommended that there are more funds allocated towards this cause. Sponsoring SEC in schools that integrate students with ASD by providing classroom equipment is a very important step. Furthermore, investing in human resources to ensure that well-trained staff is among the ranks of the school education body will have a positive impact not only on the current students attending classes but also on the ones who are considering joining. Providing grants for organizations that work with ASD ensures community engagement and a more social potential body of ASD students.

- *Awareness Raising*

These wrongful approaches towards ASD can be eliminated with increased awareness. Throughout this paper we have seen how history and social misconceptions have created a division between families with ASD and society. While history cannot be rewritten, we can combat the misconceptions with by spreading the correct facts and getting the word out. One of the main methods of spreading awareness is through various campaigns, like the interviewed associations have done. Whether it be through shows, pamphlets, advertisement, or even as simple as word of mouth, everyone can do their part in raising awareness. It not only minimizes the other two aforementioned issues in this paragraph, it goes beyond that. The problem of funding mentioned by the associations due to lack of sympathy; that is a result of lack of awareness as well. The issues laid out in this paper are intertwined and thus resolving one aids in resolving the rest. Similarly, fueling one also magnifies the effect of the other.

- *Support for Families Dealing with ASD*

The genesis of the struggles with ASD is the family home. If the family is not capable of managing the challenges of ASD, then the chances of that child ever moving on to educational institutions are fraught. Policies should be placed that incentivize support for these families. Organizing support groups within the municipality activities is a great way to activate the community and to give the families an outlet for their experience. Routine medical checkups provided by the government are also a good way to alleviate the family of the stress and also ensure that a member of our community is doing well.

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6. Appendixes

6.1. Interview Questions for the Expert A

This was an unstructured interview. The interviewee was asked to give their professional opinion on the topic – namely, the legal perspective on the inclusion of children with ASD in Kosovo's education.

6.2. Interview Questions for schools A and B

1. How did your school take initiative for the inclusion of children from the spectrum?

2. What social and legal problems did you encounter?

3. How does the process function in your school (how many children are there, what classes, etc.)?

4. What is the role of the parent in the process?

5. How has the pandemic and online studying effected your work?

6. How important do you think educational inclusion is to children on the spectrum?

7. How can the current situation on the matter be improved?

6.3. Interview Questions for school C

1. Why has your school not taken the initiative for the inclusion of children from the spectrum?

2. What issues do you see with such inclusion policies?

3. Do you think you can implement inclusion at some point in the future?

4. Is there alternatives for children with ASD who cannot attend your school?

5. How important do you think educational inclusion is to children on the spectrum?

6. How can the current situation be improved?

6.4.   Interview Questions for students A and B

1. What grade were you in when you became a part of mixed classes?

2. Did your parents have a conversation with you about the class?

3. How did you first approach the situation?

4. How did your initial response change after a period of time?

5. How did this experience effect you?

6. Would you recommend being a part of such classes to other students?

6.5.   Interview Questions for Expert B

1. What do you specialize in?

2. How does your field relate to ASD?

3. How important do you think educational inclusion is to children on the spectrum?

4. What steps do you think should be taken in order for this inclusion to be successful?

5. Do you have any experiences you would like to share?

6.6.   Interview Questions for organizations A and B

1. How long have you been active as an organization?

2. How has your organization evolved since then?

3. In terms of policy, do you have support?

4. How important do you think educational inclusion is to children on the spectrum?

5. What has been the societal response to your organization?

6. What are some activities you offer?

6.7.   Interview Questions for parents A and B

1. When did you first diagnose your child?

2. How has your life changed since then?

3. How important do you think educational inclusion is to children on the spectrum?

4. What has been your experience with the response to ASD? In your family? In your social

   circle?

5. How has your parental approach changed after the diagnosis?

6.8.   Interview Questions for Experts C and D

1. How does ASD differ from other disorders?

2. What is the best approach towards a child with ASD?

3. How important do you think educational inclusion is to children on the spectrum?

4. How can the current situation be improved?

5. Do you think the media has altered society's perception towards ASD? Why or why not?