

# **The Context of The Inclusion of Children with Autistic Spectrum Disorder in Early Childhood Education**

**Thelma Helena Costa Chahini (Corresponding author)**

Doutora em Educação com Pós-Doutorado em Educação Especial. Professora Associada da  
Universidade Federal do Maranhão, Campus Dom Delgado, Maranhão, Brasil.

ORCID: <https://orcid.org/0000-0001-9872-2228>

Email: [thelmachahini@hotmail.com](mailto:thelmachahini@hotmail.com)

**Isaac Pereira Viana**

Psicólogo. Mestre em Cultura e Sociedade pelo Programa de Pós-Graduação em Cultura e  
Sociedade da Universidade Federal do Maranhão, São Luís, Maranhão, Brasil

Email: [isaac\\_pviana@hotmail.com](mailto:isaac_pviana@hotmail.com)

## **Abstract**

*The Autism Spectrum Disorder (ASD) is a Neurodevelopment Disorder which involves a few deficits pertaining to social and communication skills, as well as repetitive and restrictive behaviors. Brazilian law nº 12.764 of 2012 guarantees and protects the rights of those with ASD. This study's main objective is to describe the process of inclusion of children with ASD in public institutions of Early Childhood Education in the city of São Luís, Maranhão state, based on the perception of family members and the staff from said institutions. An exploratory descriptive research with a qualitative approach was conducted in two Early Childhood Education institutions with attending ASD children. Participants were 4 family members of children with ASD and 16 staff members who worked with the ASD children in the institutions. After receiving the consolidated opinion from the Ethics Committee (CEP/CONEP/UFMA, Nº 2.891.951), data were collected through semi structured interviews consisting of two scripts: one for family members, and the other for staff. Results showed that although the majority of children with ASD were well treated and accepted by staff and other children without disabilities, there are still many barriers to overcome in the context of Inclusive Education in Early Childhood Education. Among these barriers are those caused by stigmas related to the disorder in question, as well as the fear and/or rejection by parents and other family members of the interaction between their non-disabled children and those with ASD. Most people working with ASD children still feel unprepared. There is a lack of partnership between the studied institutions and the family members of children with ASD, which leads to another barrier to their inclusion in Early Childhood Education.*

**Keywords:** children with ASD; early childhood education; social attitudes; inclusion

## **1. Introduction**

According to the American Psychiatry Association (APA) in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), the Autism Spectrum Disorder (ASD) is a Neurodevelopment Disorder. For someone to receive this diagnosis, they must show a few deficits regarding social and communication skills, as well as repetitive and restrictive behaviors (American Psychiatry Association [APA], 2013).

The National Curricular Guidelines on Early Childhood Education, in Articles nº 3, 4 and 5, state that:

The Early Childhood Education curriculum is conceived as a set of practices that aim to articulate the experiences and knowledge of children with the knowledge which makes up the cultural, artistic, environmental, scientific and technological heritage, as a way to promote the whole development of children aged between 0 and 5 years;

The pedagogical proposals of Early Childhood Education must consider that the child, the center of curricular planning, is a historical subject with rights, who, through its daily interactions, relationships and practices, builds its personal and collective identity, plays, imagines, desires, learns, experiments, recounts, questions and builds meanings about nature and society, producing culture;

First step of Basic Education, the Early Childhood Education is offered in daycares and pre-schools, which are characterized as institutional non-domestic spaces comprising public or private educational facilities, that educate and care for children aged between 0 and 5 years during daytime, either full-time or part-time, regulated and overseen by a competent entity of the education system, and are subject to social control. (Ministério da Educação, 2009, p.1).

Within this context, children education and care must be shared and complemented both by Early Childhood Education institutions and the children's families, who must in turn participate, dialog, be heard, respected and valued in their many forms of organization (Ministério da Educação, 2009). As for staff members who work with these children (teachers, caregivers, etc), it is expected, among other things, that they include in their practices "[...] the recognition of age specificities, of the child's individual and collective singularities, promoting interactions between children of the same age and children of different ages" (p.3).

Furthermore, there are laws guaranteeing the right for inclusion of disabled people in all educational spaces in Brazil, such as the National Policy on Special Education in the Perspective of Inclusive Education (2008), the National Policy on the Protection to the Rights of the Person with Autism Spectrum Disorder – Berenice Piana Law (2012), and the Brazilian Law for the Inclusion of Persons with Disabilities (2015).

For instance, according to the National Policy on Special Education in the Perspective of Inclusive Education, an Inclusive Education is a right guaranteed to all disabled students, and it requires that faculty and other staff members involved in the teaching-learning process are qualified in this education modality (Ministério da Educação, 2008).

Therefore, the main issue addressed in this study is how children with ASD are being included in public Early Childhood Education institutions in the city of São Luís/MA. Based on this question a hypothesis was raised: despite all legal apparatus supporting the academic inclusion of all children, there are still

barriers – mostly behavioral – hampering the effective inclusion of autistic children in Early Childhood Education in the city of São Luís/MA.

To answer the proposed research problem, the main objective of this study was to assess how the process of inclusion of children with ASD is being conducted in public Early Childhood Education institutions, in the city of São Luís/MA, based on the perception of children’s families and the institutions’ staff members.

2. Methodology

The study was carried out in two public Early Childhood Education institutions where ASD children were regularly enrolled in the city of São Luís, Maranhão state. An exploratory, descriptive, qualitative research was conducted with 20 participants. Among those who were interviewed, four were family members of children with ASD (three mothers and one grandmother) and 16 were staff working with these children in the studied institutions (15 faculty members and one caregiver), with ten participants belonging to school A and ten to school B.

To select interviewees, the researcher went to the Municipal Secretariat of Education (SEMED), where it was informed that there were currently 94 Early Childhood Education schools with children aged between three and five years in the city of São Luís. Among these, only 12 had students diagnosed with ASD regularly enrolled. Out of these 12 schools, two were selected as samples. The criterion adopted for this selection was non-probabilistic and by accessibility. According to Gil (2008), this type of criterion is adopted in exploratory studies with no statistical rigor.

After receiving the Consolidated Opinion of the Ethics Committee (CEP/CONEP/UFMA, N° 2.891.951), data were collected through semi-structured interviews, with questions pertaining to general ASD themes in the context of Inclusive Education. Semi-structured interviews enable the description and understanding of social phenomena, allowing for a conscious and active participation of the researcher during information collection (Triviños, 1987).

Aiming to preserve the participants’ identities, these were identified as: F1, F2, F3 and F4 (family members of children with ASD); P1, P2, P3, P4, P5, P6, P7, P8, P9, P10, P11, P12, P13, P14, P15 and P16 (staff of studied institutions). The children whose family members were interviewed were identified as C1, C2, C3 and C4 (table 1).

Table 1. below correlates each children whose family members were interviewed, the school where they are enrolled, their ASD level, age, gender, and the family member interviewed.

Child	School	ASD level	Age	Gender	Family member
C1	A	Mild (level 1)	3	Male	F4
C2	A	Mild (level 1)	4	Male	F3
C3	B	Severe (level 3)	5	Male	F1
C4	B	Mild (level 1)	5	Male	F2

Table 2 below correlates each interviewed staff member with the school where it works, its age, educational background, specialization (whenever suitable), occupation, period of experience working with children with ASD, and gender. It is important to highlight that correlating the children with the staff members interviewed was not possible, since some of them had not worked with any of the children – they had worked with ASD children in other institutions, or even children that did not attend the studied institutions anymore –, while others had already worked with the children, but not in the occasion when interviews were carried out.

Table 2. Professor’s data

Staff member	School	Age	Educational background	Specialty	Occupation	Period of experience with children with ASD	Gender
P1	B	48	Pedagogy (ongoing)	None	Teacher	3 years	Female
P2	B	62	Pedagogy	None	Teacher	2 years	Female
P3	B	34	Pedagogy	None	Teacher	3 years	Female
P4	B	41	Pedagogy (ongoing)	None	Teacher	1 year	Female
P5	B	53	Linguistics	None	Teacher	4 years	Female
P6	B	45	Pedagogy	None	Teacher	1 year	Female
P7	B	49	Accounting	Public accounting	Caregiver	1 year and 5 months	Female
P8	B	48	Pedagogy	None	Teacher	5 years	Female
P9	A	34	Pedagogy	None	Teacher	8 years	Female
P10	A	34	Pedagogy	None	Teacher	1 year	Female
P11	A	40	Pedagogy	None	Teacher	1 year	Female
P12	A	32	Pedagogy	Neuropsychology pedagogy	Teacher	2 years	Female
P13	A	39	Biology and Pedagogy	None	Teacher	4 years	Female
P14	A	45	Pedagogy	Inclusive Education	Teacher	10 years	Female
P15	A	40	Pedagogy	None	Teacher	10 years	Female
P16	A	37	Pedagogy	None	Teacher	1 year	Female

Procedures were carried out taking into consideration the ethical criteria involving human beings. All participants signed an Informed Consent Form, agreeing to their participation and are aware that results would be published in scientific journals and events.

### **3. Results and discussion**

Data obtained through interviews are presented here. When asked **what they understood about the Autism Spectrum Disorder**, 60% of interviewees responded within the scientific criterion for ASD diagnosis – or got close to this criterion by citing at least one of the characteristics of ASD included in the DSM-V. On the other hand, 40% of participants responded within common sense, i.e., they did not cite any of the ASD characteristics found in the DSM-V.

It should be noted that among the participants who responded to the question above within the DSM-V scientific criterion, or at least close to it, 11 were staff members and one was a family member. It is also important to highlight that participants P11 and P15 referred to ASD under the name of Global Development Delay. Although this term is in disuse according to the DSM-V, in the context of this research it was considered to be close to the scientific criterion, since it refers to a nomenclature used in the previous DSM edition, namely the DSM-IV.

Among the main aspects which according to the DSM-V can place a person within the ASD diagnosis, participants mentioned the difficulty in social interaction and communication; presenting stereotypical movements, and the classification levels: mild, moderate or severe, reflecting a reasonable understanding of what ASD is.

Among the participants who could not answer within the DSM-V scientific criterion – and not even close to it –, rather answering according to common sense, five were staff members and three were family members.

In general, a certain difficulty in identifying which type of disorder ASD is was noted, as well as its specificities, focusing on conceptions such as the *normal x abnormal* dualism, which does not in any way contribute to the inclusion of children with ASD, and even on stereotypes (Carvalho, 2006), agreeing with the thought of Amaral (1998) and being exemplified in one of the participants' statement: "These children are different from us, but with notions sometimes even better than that of a normal child" (p.13).

In this context, it is worth citing the National Policy on Special Education in the Perspective of Inclusive Education, as it emphasizes that staff members must have both an initial and continued education that covers from general teaching knowledge to the specific knowledge in the area of special education, as a way to establish an interdisciplinarity that creates conditions for several subjects (for instance, health and social assistance). They must also act collectively towards inclusion (Ministério da Educação, 2008).

It is known that staff with a certain level of scientific understanding regarding ASD – thus being capable of understanding and exemplifying some of its specificities, for example – may be in a better condition to favor the inclusion of children with ASD, while staff members that have no scientific understanding on this matter, at any level, may not be as fit to facilitate the inclusion of children with this disorder.

Furthermore, it is important to consider that social attitudes are also comprised of a cognitive aspect – besides the emotional and behavioral aspects – which is related to the level of knowledge individuals have about a certain social phenomenon. In this sense, Rodrigues, Assmar and Jablonski (2009) state that this cognitive aspect, when altered, may eventually modify the emotional and behavioral components of individuals, thus changing their own social attitudes in face of social phenomena.

Therefore, the importance of a correct understanding about ASD can be noted both by staff and family members, so that it generates favorable social attitudes to the inclusion of children with this disorder in Early Childhood Education.

Still on this matter, it is important to observe the results of the questions presented hereinafter, as they also cover the understanding staff and family members have about ASD and are therefore prone to the same discussion.

When asked **whether faculty and other staff members of the studied institutions were prepared for the inclusion of children with ASD in Early Childhood Education**, 40% of participants responded affirmatively and 60% responded the opposite, as they did not consider they were well prepared, albeit emphasizing that some of them still did whatever they could in favor of including children with ASD in Early Childhood Education.

As observed, the majority highlighted the lack of professional qualification in the context of Special/Inclusive Education. Therefore, data agree with what was found in the studies by Cabral and Marin (2017), Aguiar and Pondé (2017) and Ferreira (2017), when recognizing that staff members do not feel and/or are not ready to work with children with ASD. Cabral and Marin (2017) and Ferreira (2017) emphasize that this lack of training arises from the staff education itself, which is poor in the aspect of preparing them for inclusive practices.

Considering the exposed, it is observed that despite the existence of some public policies aiming at guaranteeing the training of staff members to work with disabled children, in practice, the majority of them do not feel and/or are not indeed ready for this job, pointing to a potential flaw in complying with the existing federal law in the inclusive education context.

It feels as if this flaw includes both the staff's initial and continued education, as observed in the following statements: "However, we do not get a lot of support in this sense. We do not have the support of the city hall itself. [...] we have a training in which we do not get a lot" (P3); "We do not receive training, not only by the Secretariat, but also by our professional training" (P12).

After being questioned about **whether there were barriers to the inclusion of children with ASD in Early Childhood Education institutions**, 85% of interviewees responded that there were; 10% did not know how to answer; and 5% stated that there were no barriers in the investigated context.

Among the interviewees who responded that there were barriers to the academic inclusion of children with ASD in Early Childhood Education, 14 were staff members and three were family members. The barriers mentioned include the lack of adequate teaching material; the lack of an adequate physical structure; the lack of a multidisciplinary team in schools; overcrowded classrooms; unprepared teachers due to a lack of adequate professional training and/or a lack of willingness; schools making the process of enrollment difficult; families that do not accept the child's condition, etc.

It is important to note that (P7) said there were no barriers, but right afterward contradicted itself by saying that there were no classrooms with multifunctional resources in the school it worked at, which characterizes a structural barrier.

In light of these facts, data go against what is assured by the National Policy on Special Education in the Perspective of Inclusive Education (Ministério da Educação, 2008), through the Berenice Piana Law (Lei nº 12.764/2012) and the Brazilian Law for the Inclusion of Persons with Disability (Lei nº 13.146/2015),

since, according to the current federal law, none of these barriers should exist. However, for most of the interviewees, there are barriers hampering the process of including children with ASD in Early Childhood Education, thus denoting a disagreement between the objectives of public policies targeting Inclusive Education and its operational purposes.

Regarding the gap between public policies and their operationalization, data agree with the results of studies by Chahini and Souza (2016), Luz, Gomes and Lira (2017), Ferreira (2017), Aguiar and Pondé (2017) and Cabral and Marin (2017), in which the authors identified barriers in the inclusion context and emphasized the need to overcome these obstacles so that Inclusive Education becomes a reality.

Participants who responded that there were no barriers to inclusion in Early Childhood Education said so based on their personal experiences, without entering into the specifics of how public policies have or have not been applied to Early Childhood Education, as observed in the following statements: “We never had. Everyone tries to help. Everyone works hard” (P8); “For now, since I am still new to this, I have not found any” (F1).

Based on these answers, determining to which point these personal experiences may be representative in the broader context of Early Childhood Education in other public schools of São Luís/MA does not seem possible.

After being asked about **how other children interacted with children with ASD in Early Childhood Education**, 65% of the interviewees said that children with ASD were accepted by others; 35% said that colleagues were sometimes afraid of children with ASD; that classmates used stereotypes when interacting; that the relationship between children with ASD and others without disability was not good due to the aggressiveness shown by some of the children with ASD, and that the classmates without disabilities retaliated; that children without ASD were not welcoming to those with the disorder.

As for statements describing the unfavorable attitudes regarding the acceptance of children with ASD by those without ASD, data agree with those of Brito (2017), when elucidating that when children with ASD were aggressive, they are under higher chances of not being accepted by their classmates, or even of receiving unfavorable social attitudes to their process of academic inclusion.

In this study, for example, it can be noted that in almost all occasions when staff and family members mentioned any unfavorable social attitude to the inclusion process, such as fear, they related it to the aggressiveness of the children with ASD, as seen in the following statements: “Suddenly, if he gets irritated with someone, he hits the child. And the child gets afraid of playing” (P5); “Even if he is part of the circle, everyone wants to sit faraway, because sometimes, all of a sudden, he would hit (P8); “[...] when I come here, I receive a lot of complaint about him hitting others” (F1); “Only in a few cases, when the child is hit by the autistic, it fights back” (P6).

Therefore, on the one hand, it is worth thinking about strategies that help children with ASD who behave aggressively in schools to reduce these behaviors. On the other hand, the school instrumentalization must be considered, as well as the students without ASD, so that they can deal with children with ASD more adequately when they present this type of behavior.

In summary, as for the two staff members who answered that children with ASD were accepted but overprotected by the other children, this is a good representation of what Amaral (1998) calls *victim stereotype*, in which the disabled person is seen as incapable of doing anything, even tasks they are able to

perform autonomously. In this case, it would be interesting that children are instructed to welcome children with ASD but taking care not to ignore their individual capabilities.

When asked about **how the parents and/or guardians of the children without ASD see the children with ASD in Early Childhood Education**, 40% said that parents of children without ASD accept those with ASD, as long as they are not aggressive towards their children and as long as they do not disturb the classroom, as seen in the following statements: “the parents understand, as long as the autistic does not “disturb” the activities in the classroom” (P11); “the parents see children with ASD as ‘sick’, ‘different’ and ‘incapable’” (P10). 30% answered that parents of children without ASD accept their children going to school with children with ASD, without restrictions.

Considering these facts, it is worth citing Brito (2017) when stating that aggressiveness represents a negative social contact, which tends to lead to unfavorable social attitudes to the process of inclusion of the child with ASD who displays this type of behavior. The more positive are the social contacts with the children with ASD, the more favorable social attitudes towards these children tend to be.

Regarding parents that do not accept the interaction of their children with others with ASD, the lack of knowledge about what ASD is prevails, as well as of the rights children with this disorder have of being a part of regular schools. This results in social attitudes that are unfavorable to the inclusion process of these children, as can be noted in the following statements: “Some of them do not like it, because they think their child will not learn, because the teacher will focus only on the autistic” (P14); “I have experienced this in a school. The parents got together and asked the school’s principal to move a child to another class” (P16); “She [*mother*] was complaining about her son going to school with an autistic child. I told her that, if she wanted she could take her child out of the school, because the other boy was not going to leave” (P15); “[...] there are those adverse opinions from who does not understand autism” (F2).

As for the staff member who said that parents accepted, as long as the child with ASD did not disturb the activities in the classroom, it is possible to notice what Amaral (1998) calls *villain stereotype*, in which the person with disability is seen as a troublemaker.

Participants also said that some parents complained their kid was “attacked” at school but when informed that the “aggressor” had ASD, they understood the situation, as seen in the following statements: “When they know an autistic hit another student, they get a little insecure, but we explain the situation and they are even sympathetic; they understand well” (P12); “[...] when they know about the situation, then that’s it, they understand it. All good” (P13).

These results agree with what (Omote, 2004; Campbell, 2006; Chambres et al., 2008) found, in a sense that when someone does not appear to have any disability, as is the case of someone with ASD, and behaves aggressively, they are under higher chances of receiving unfavorable social attitudes when compared to someone whose disability shows, and behaves in a similar way. However, when it is explained that, despite not showing, that person has a disability – thus causing the aggressive behaviors –, then positive social attitudes are seen, which favor the inclusion process.



## 4. Conclusions

The proposed objective was to investigate how children with ASD are being included in public Early Childhood Education institutions in São Luís/MA, based on the perception of their families and staff members of the institutions. Among the universe of 94 public Early Childhood Education institutions in São Luís/MA, only 12 institutions had children – a total of 84 – diagnosed with ASD regularly enrolled, with 15 attending daycare facilities and 69 attending pre-schools.

In the two studied institutions, there were four children with ASD (one hundred per cent of the studied universe), two in school A and two in school B, with ages ranging between two and three years. Three children had mild autism (level 1) and one had severe autism (level 3). Eight staff members belonged to each school. Four family members of children with ASD participated (two from school A and two from school B): three mothers and one grandmother. In total, twenty interviewees participated in the study. The criterion used to select these participants was based on the universe of children with ASD from both schools. Most participants showed an adequate knowledge regarding Autism Spectrum Disorder – ASD. Although some of this knowledge is based upon common sense experiences, it shows understanding, awareness, and favorable social attitudes to the inclusion of autistic children and respect for human diversity.

On the characteristics of children with ASD, even amongst some *myths*, the ones most reported by participants were: difficulty in speaking, communication, social interaction, and visual contact; patterns of repetitive behaviors; restrictive interests; lack of autonomy in daily activities; stereotypical behaviors, etc. These characteristics are found in the academic literature, as well as in legislation. Therefore, this is considered favorable to the process of inclusion, as it assumes some level of adequate knowledge on their part in terms of the autistic people they work or have worked with, and this is an essential aspect for inclusion to happen.

In relation to the access of children with ASD to Early Childhood Education, most interviewees claimed they did not know children with this diagnosis outside of school, which is something positive for the academic inclusion, since these children have the right to not only being enrolled, but also to remain at school, interacting with other children and learning in their own pace, interest and capability. Lack of compliance to this right would represent the lack of academic inclusion itself.

As for the training of staff members to work with children with ASD in Early Childhood Education, most participants believed there was no training, mainly due to a lack of initial and continued adequate education to meet this demand. This result is alarming, considering all staff working with these children should be fully trained, according to the scientific literature and to the legislation itself. Therefore, the lack of training can hamper the process of inclusion.

Regarding the existence of barriers for the inclusion of children with ASD in Early Childhood Education, most interviewees stated that such barriers do exist. The main barriers mentioned were lack of adequate physical space, playful resources, adequate teaching material, staff training, and clarification for the families; the existence of unfavorable social attitudes to the process of inclusion by a few staff members; overcrowded classrooms, etc. According to the legislation and to the scientific literature, all these barriers should have been gone already, considering they hamper the process of academic inclusion.

On the matter of how children with ASD were treated by the staff members of the school they were enrolled in, most participants said they were treated well, “well” meaning children received: attention; care; love; hospitality; understanding. They were included in the social context; had their difficulties minimized; other classmates were aware of the condition of children with ASD, etc. This is a process considered favorable to the inclusion, since the acceptance, respect and interaction with differences assumes that inclusion is in fact happening, in compliance with the current legislation and with scientific studies in the area.

When asked about how children without ASD interacted with those with ASD, most interviewees claimed the latter were accepted by the former. This acceptance consisted in being called to play, interacting with others; being taken care by classmates; teachers receiving help to care for children with ASD, etc. These behaviors, in fact, denote acceptance and interest for the other, which are fundamental steps towards inclusion.

In regard to how parents/guardians of children without ASD dealt with the fact that children with ASD went to school with their children, most interviewees said they accepted, as long as their children were not assaulted. Indeed, the academic literature has pointed that aggressiveness hinders the inclusion process of children with ASD. With that in mind, it is important that the schools explain to parents of children without ASD about what it is. It is also essential for schools to learn how to deal with these aggressive behaviors in order to minimize them, thus favoring the inclusion process.

About the existence of partnership between family and school, most interviewees said that such partnership does exist. According to them, this collaboration occurs through: participation of families in the schools; families looking for specialized services, besides enrolling their children in regular schools; families adapting to the children’s needs, with staff members providing guidance; exchange of information between staff and family members regarding the child’s daily life both at home and at the school; sharing of information regarding the specialized services the children are subject to etc. It can thus be noted that the family participation is essential to the process of inclusion, as foreseen in both legislation and scientific findings.

Regarding what is missing for the school inclusion to happen, most interviewees stated that a bigger investment from the public authorities in this sector is lacking. According to these participants, improvements in the schools’ physical spaces are necessary; that teachers receive more support; resources, such as teaching materials; resource rooms in a few schools; more caregivers in classrooms; offering more training to staff members working in the schools; more public health staff to accompany children with ASD, facilitating issuing reports, for example, etc. Indeed, all these aspects, when lacking, are barriers to the inclusion. For inclusion to truly happen, these barriers must be brought down in conformity to the current legislation.

In regard to how staff members, see themselves in terms of training to work with children with ASD, most of them do not feel ready, mainly claiming deficits both in their initial and continued education. According to the law, these deficits should not exist, as all staff should have the opportunity to be fully trained.

As for how staff members, in particular, perceived the process of inclusion in the schools they worked at, they claimed children with ASD were welcomed, because according to them: the right for enrollment was respected; staff members mediated the social interaction with other children; participation was guaranteed in the same curricular activities as other children; there was partnership between the school and the family;

there was partnership between the school and health care workers; the teaching material was adapted; in one of the schools, a specialized educational service was provided in the resource room etc. It is interesting to highlight that most interviewed families agree to this perception by staff members. These characteristics do point favorably to the process of school inclusion, according to the legislation and to the theoretical scientific knowledge.

Regarding the age at which children with ASD enrolled in Early Childhood Education, the interviewed family members said that it was between ages two and three, which is favorable to the process of inclusion and complies to current legislation.

Considering these results, it is evident that most participants show adequate knowledge about ASD. Although children with ASD are treated well and accepted by the staff members and the non-disabled children in the studied institutions, several barriers still need to be overcome so that the Inclusive Education is effectively applied in Early Childhood Education. Among these barriers are those caused by stigmas related to the neurodevelopment disorder in question, and the fear and/or rejection of parents and other family members of non-disabled children in relation to the interaction between their children and the children with ASD; most staff members working with children with ASD still feel unprepared; there is a lack of partnership between the studied institutions and the families of children with ASD, leading to another barrier in the context of the inclusion of children with Autism Spectrum Disorder in Early Childhood Education.

Therefore, results from the present study corroborated the hypothesis raised, by highlighting that, despite the existence of a legal apparatus supporting the academic inclusion of all children, there are still barriers, mainly behavioral ones, hampering the effective inclusion of autistic children in Early Childhood Education.

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