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Individual Education Plan Priorities: Insights From the Autistic Community and Educators Supporting Autistic Learners

Laura Gormley¹  | Devon Ramey²  | Carrie Grennan¹  | Nathalie Koka¹

¹School of Inclusive and Special Education, Institute of Education, Dublin City University, Dublin, Ireland | ²School of Social Sciences, Education and Social Work, Queen's University Belfast, Belfast, Ireland

Correspondence: Laura Gormley (laura.p.gormley@dcu.ie)

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ABSTRACT

Individual education plan (IEP) quality is a strong predictor of student outcomes and progress towards their goals. In the Republic of Ireland, unlike many other jurisdictions, IEPs are not compulsory, regulated or assessed. Therefore, the aim of our co-produced, mixed-methods study was to identify and understand the IEP priorities of the autistic community as well as educators supporting autistic students in the Republic of Ireland and Northern Ireland. In total, 109 participants completed the survey. Sixty-five of the participants were non-autistic educators, 34 were autistic non-educators, and 10 were autistic educators. Social inclusion, independence and communication were IEP goals prioritised by all participant groups. Promotion of autistic well-being was the primary reason for these priorities. The impact of these findings, particularly as they relate to Initial Teacher Education, is discussed.

1 | Introduction

Individualised education plans (IEPs) are widely accepted to be an integral part of the framework needed to support inclusive and special education (Findley, Ruble, and McGrew 2022; Kurth et al. 2021; Ruble et al. 2010). Across many countries, the IEP is a multi-disciplinary, team-developed plan that is a legal requirement for every student, who avails of special education services (Findley, Ruble, and McGrew 2022). In the United States of America (USA), for example, the Individuals with Disabilities Education Act ([IDEA] 2004) dictates that every student with a disability is entitled to free and appropriate education, in the least restrictive setting possible and the IEP is intended to facilitate this. The legally prescribed components of an IEP in the USA include (1) the student's current level of performance, (2) measurable annual goals, (3) strategies to measure student progress on the annual goals, (4) supplementary supports and

service needs to facilitate the student to achieve their goals, (5) programme modifications to be provided and (6) the inclusive educational experiences planned for the student (Ruble et al. 2010). Similarly, legislation in Finland requires that the implementation of the IEP is assessed annually and includes (1) a description of the student's learning abilities and strengths, (2) short- and long-term learning objections, (3) communication methods and (4) learning supports and materials (Rämä, Kontu, and Pirttimaa 2018).

As such, the IEP is an educational map, which describes the student's current level of performance and the objectives that are responsive to the strengths and needs of the individual student (Kurth et al. 2022). However, only a limited number of studies have examined IEP content and its effectiveness for autistic students (e.g., Findley, Ruble, and McGrew 2022; Kurth et al. 2021; Ruble et al. 2010). Nonetheless, in the available research, clear

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and measurable goals are consistently cited as an integral part of any IEP. In their best practice guidelines, the National Research Council ([NRC] 2001) identified seven critical content areas that are necessary for success in a classroom setting: social skills, communication skills, engagement in developmentally appropriate activities, fine and gross motor skills, cognitive and academic skills, replacement of behaviours of concern with socially acceptable alternatives and independent organisational skills.

Research examining the quality of IEPs for autistic children has repeatedly shown inconsistencies and failures in meeting these best practice guidelines. In their seminal study, Ruble et al. (2010) set out to develop an IEP evaluation tool to assess the quality of IEPs for autistic students aged 3–9 years, who were availing of special education in two states in the USA. Results showed that the learning objectives did not meet IDEA or NRC standards, and if they did, they were not individualised to the specific strengths and needs of the student. Furthermore, there was a negative correlation between the total number of autistic students taught by a teacher and IEP quality. In fact, IEP quality disimproved with increased experience teaching autistic students. Findley, Ruble, and McGrew (2022) set out to achieve something similar for transition-aged autistic students by investigating the IEP quality for these students in their final year of high school. 12 years after the Ruble et al. (2010) study was published, Findley, Ruble, and McGrew (2022) also found that the IEPs did not meet best practice recommendations or the standards established by federal law.

According to Browder et al. (2003), research since the 1970s has influenced curricular philosophy and, in turn, curricular philosophy has impacted educational goals for students with complex needs, including autistic students. Curricular focus has gradually evolved from a separate, functional curriculum, to one that also addresses social inclusion and self-determination. The predominant focus, at present, is general academics (Browder et al. 2003; Kurth et al. 2021). However, Browder et al. (2003) cautioned against replacing curricular philosophies with academics. Instead, they recommended an additive approach, which would involve blending functional skills, social inclusion and self-determination with academic priorities. Kurth et al. (2021) analysed the extent to which 88 IEPs for students with complex needs (including autistic students), aligned with the curricular philosophies outlined by Browder et al. (2003). Only 26% of IEP goals were consistent with modern curricular philosophies and centred around grade-aligned academic objectives.

Subsequently, Kurth et al. (2022) evaluated a national sample of IEPs for elementary-aged students with complex support needs in the USA. Findings were consistent with previous studies, showing that poor-quality IEPs were an issue across time and educational settings (i.e., segregated and inclusive settings). Kurth et al. (2022) stressed that students with complex needs, including autistic students, need high-quality IEPs because IEP quality is a strong predictor of an individual student's outcomes and progress towards their goals. However, students with disabilities may be the victims of ableism and subjected to low expectations when it comes to their social, behaviour and academic planning (Giangreco 2020; Kurth et al. 2022). Ableism is any bias or discrimination directed towards people living with disabilities, and subtly or directly implies that these people are inferior to their

non-disabled counterparts (Smith, n.d.). This type of prejudice is intertwined with our culturally shared norms and is insidiously operating within the educational structures and systems creating IEPs (Timberlake 2020). As a result, Kurth et al. (2022) argued that IEPs, at present, are furthering this ableist agenda, by seeking to remedy deficits. They recommended that IEPs are developed with high expectations, with a student's strengths, interests and priorities to the fore.

In the Republic of Ireland (ROI), although many teachers prepare IEPs for their students, and the National Council for Special Education (NCSE) has guidelines in place, IEPs are not legally enforced. Therefore, they are not compulsory, regulated or assessed despite provisions outlined in the Education for Persons with Special Educational Needs Act (2004) ([EPSEN]; Education Bill 2022: Second Stage [Private Members] 2023). Furthermore, figures from the NCSE show a 600% increase in special classes in the ROI from 2013 to 2023, with autism classes accounting for 89% of these classes in 2023 (Travers 2023).

In Northern Ireland (NI), it is estimated that 5% of school-aged children have received a diagnosis of autism, which suggests that NI has one of the highest prevalence rates in the United Kingdom (UK; Department of Health 2023). The provision of special education services in NI has long been criticised, which has subsequently led to a substantive review of the system in 2006. However, this review has not yet been completed (O'Connor et al. 2023). To qualify for Stage 3 supports (i.e., the student has a statement of special educational needs [SEN] and a personal learning plan in place), the Education Authority must determine that a statutory assessment is needed. Yet, the increasing number of referrals for autism assessment has resulted in extensive waiting lists, which has negatively impacted the mental health and well-being of autistic students (Department of Health 2023). An overwhelmed system has resulted in deficiencies related to the 'quantity, quality, accessibility and effectiveness of supports and services at all stages of the SEN process', but little progress has been made to address these issues (Northern Ireland Commissioner for Children and Young People [NICCY] 2024, 5).

Given the precarious nature of SEN provision across the island of Ireland, as well as the discouraging findings in the international literature, our study sought to identify and understand the IEP goal priorities among adult members of the autistic community, as well as educators supporting autistic students, in ROI and NI. The aims of our co-produced study are timely and likely to be of interest to multiple stakeholders, both internationally and across the island of Ireland (e.g., the autistic community, educational professionals, policymakers, autism bodies).

2 | Materials and Methods

This was the second part of a larger study on autism-related language preferences and IEP priorities for autistic learners in ROI and NI. For pre-registration details, please see <https://osf.io/zg2ap>. Ethical approval was granted by the Research Ethics Committees (REC) of Dublin City University (DCUREC/2022/170) and the School of Social Sciences, Education and Social Work at Queen's University Belfast (REF 184_2122).

2.1 | Positionality Statement

In line with the recommendations and guidelines set forth by the Academic Autism Spectrum Partnership in Research and Education ([AASPIRE]; Nicolaidis et al. 2019), this study applied a community-based participatory research approach. Our team consisted of two autistic community members: one autistic academic and one non-autistic academic. All members of the research team had equal power-sharing and decision-making capacities throughout all phases of the research process, including the development, implementation and dissemination of the project (Nicolaidis and Raymaker 2015). Given that both academics were Board Certified Behaviour Analysts and full-time lecturers in the areas of Inclusive Education and Applied Behaviour Analysis, respectively, we carefully considered how power differentials and learning histories could potentially affect our collaboration and research focus. Therefore, the autistic co-investigators played a pivotal role in narrowing the focus of inquiry, and they were predominantly responsible for developing the outreach materials, the adaptation of the survey, the recruitment of autistic participants, and the analysis of qualitative data. It was important that the interpretation of the qualitative findings was in line with how the autistic community would interpret the themes.

2.2 | Participants

The respondents had to be 18 years or older and live in ROI or NI at the time of the survey. They also needed to meet at least one of the following classifications: (a) have a diagnosis of autism or self-identify as autistic, or (b) be an educator who supported autistic learners in primary or post-primary schools. For the first category, we did not limit recruitment to only autistic individuals with a formal diagnosis of autism because of the documented barriers to assessment and diagnosis within the region (AsIAM 2023; British Medical Association 2019; McDonald 2020; Noctor 2023; Rabbitte, Prendeville, and Kinsella 2017). We acknowledged that some of the participants would be educators who also identified as autistic, so we accounted for this within our analyses.

Participant recruitment occurred between February 2023 and May 2023, and we relied on both convenience and snowball sampling for both groups of stakeholders. To reach members of the autistic community, the autistic team members shared the recruitment flyer with their personal contacts and autism-related groups on social media platforms (e.g., Facebook, Reddit). Similarly, both academics targeted educators by sharing the flyer with their academic colleagues, research networks and social media outputs (e.g., LinkedIn, Facebook, X). In addition, they emailed the flyer to all primary, post-primary and 'special' schools located in ROI and NI.

In total, we had 109 respondents who completed the questions on IEP priorities (Part 3 of the survey [see Supporting information]). For data analyses, we divided the respondents into three separate groups: (1) autistic community members who were not educators (i.e., autistic non-educators), (2) educators who were not autistic (i.e., non-autistic educators) and (3) educators who also identified as being autistic (i.e., autistic educators). There were 34 autistic

non-educators, 29 of which were from ROI and five from NI. There were 65 non-autistic educators who completed the survey. Forty-four were from ROI, while the remaining 21 were from NI. Finally, there were 10 autistic educators; six from ROI, three from NI and one who did not specify their location. The remaining demographic information can be found in Table 1.

2.3 | Survey Development and Implementation

To promote the accessibility of the survey, we worked closely with the autistic community and followed the recommendations made by Nicolaidis et al. (2020). The following adaptations were made: (1) respondents were given advance access to the survey questions through a Google Docs link embedded into the plain language statement, (2) 'hotlinks' were provided within the plain language statement to define difficult vocabulary and clarify key terms, (3) prefaces were included to increase understanding, (4) simplified and concrete language was used throughout and (5) participants could avail of the text-to-speech option within the Microsoft Forms survey.

In addition to this, respondents could select their preferred mode of participation. The survey could be completed online via Microsoft Forms, over the phone with a member of the research team or through Microsoft Teams with a member of the research team. With the last option, cameras were turned off and the chat feature was available if needed. Only one non-autistic educator chose to complete the survey over Teams (see Table 1). Once all survey materials had been developed, five independent members of the autistic community provided feedback on their accessibility, clarity and length. One of these consultants recommended that person-first and identity-first terms were used interchangeably to reduce the potential for bias.

The survey consisted of 42 closed-ended questions and four open-ended questions (see Supporting information). It took participants approximately 10–20 min to complete. This study aimed to identify the IEP priorities for each of the three respondent groups (Part 3 of the survey) and their satisfaction with the IEP process (Part 4 of the survey). In Part 3 of the survey, participants were given 15 hypothetical IEP goals and were asked to select five that were the most important to them. They were also asked two open-ended questions about their most-preferred and least-preferred IEP goal and why. While it was anticipated that all respondent groups would complete Part 4, either as an educator who had implemented an IEP or as a student who had received an IEP, only two autistic non-educators completed this section of the survey. Due to the lack of data from the autistic community, we made the decision to exclude Part 4 from our quantitative analysis across all groups.

2.4 | Research Design and Data Analysis

This study employed a convergent parallel design (Creswell and Plano Clark 2017), where the quantitative and qualitative data were collected concurrently, analysed independently and then interpreted together. Responses to the demographic questions and the IEP priorities were collated and analysed using descriptive statistics. The qualitative responses from the

TABLE 1 | Demographic information.

	Autistic educators (N=10)	Autistic non-educators (N=34)	Non-autistic educators (N=65)
Age	18–24 years—1 (10%)	18–24 years—10 (29.4%)	18–24 years—0
	25–34 years—3 (30%)	25–34 years—12 (35.3%)	25–34 years—13 (20%)
	35–44 years—4 (40%)	35–44 years—9 (26.5%)	35–44 years—13 (20%)
	45–54 years—1 (10%)	45–54 years—3 (8.8%)	45–54 years—27 (41.5%)
	55–64 years—1 (10%)	55–64 years—0	55–64 years—11 (16.9%)
	65+ years—0	65+ years—0	65+ years—1 (1.5%)
Gender	Woman—6 (60%)	Woman—17 (50%)	Woman—60 (92.3%)
	Man—3 (30%)	Man—7 (20.6%)	Man—5 (7.7%)
	Non-binary—1 (10%)	Non-binary—8 (23.5%)	Non-binary—0
	Transgender—0	Transgender—0	Transgender—0
	Prefer not to say—0	Prefer not to say—2 (5.9%)	Prefer not to say—0
Location	Republic of Ireland—6 (60%)	Republic of Ireland—29 (85.3%)	Republic of Ireland—44 (67.7%)
	Northern Ireland—3 (30%)	Northern Ireland—5 (14.7%)	Northern Ireland—21 (32.3%)
	Missing—1 (10%)	Missing—0	Missing—0
Ethnicity	White—10 (100%)	White—30 (88.2%)	White—63 (96.9%)
	Mixed race—0	Mixed race—3 (8.8%)	Mixed race—0
	Black—0	Black—0	Black—0
	Asian—0	Asian—0	Asian—0
	Missing—0	Missing—1 (2.9%)	Missing—2 (3.1%)
Survey choice	Microsoft Forms—10 (100%)	Microsoft Forms—34 (100%)	Microsoft Forms—64 (98.5%)
	Microsoft Teams—0	Microsoft Teams—0	Microsoft Teams—1 (1.5%)
	Phone—0	Phone—0	Phone—0

open-ended questions were analysed by the two autistic team members using thematic analysis (Braun and Clarke 2006), in line with the guidelines for collaborative qualitative analysis (Richards and Hemphill 2018). One team member manually coded the responses from the autistic non-educators and autistic educators, whereas the other coded the responses from the non-autistic educators using QDA Miner software. After developing initial codebooks, the two switched data sets and re-coded the data using the preliminary codebooks. The two authors met again to compare their coding, discuss any discrepancies and necessary modifications were made to the codebooks. The authors then returned to their original data sets and used the adjusted codebooks to refine themes and identify representative quotations.

3 | Results

3.1 | Quantitative Findings

Figure 1 presents the percentage of individuals from each participant group who selected each of the 15 goals as one of their top five priorities. Table 2 provides a breakdown of the top IEP

goals across the participant groups, including the number and percentage of participants choosing these goals.

The top five priority goals selected by autistic non-educators ($n=34$) were ‘improving physical health and/or mental health’ ($n=24$; 69%), ‘promoting self-determination’ ($n=22$; 63%), ‘supporting social inclusion’ ($n=16$; 46%), ‘improving emotional awareness’ ($n=15$; 43%) and ‘improving functional communication skills’ ($n=15$; 43%). For autistic educators ($n=10$), seven priorities were identified because four of the goals were selected at the same rate. These seven priorities included ‘supporting social inclusion’ ($n=8$; 80%), ‘promoting self-determination and autonomy’ ($n=7$; 70%), ‘supporting transitions’ ($n=5$; 50%), ‘improving functional communication skills’ ($n=4$; 40%), ‘developing functional or self-help skills’ ($n=4$; 40%), ‘reducing meltdowns, aggression and/or self-injury’ ($n=4$; 40%) and ‘improving physical health and/or mental health’ ($n=4$; 40%). Finally, the top five priority goals selected by non-autistic educators were ‘improving functional communication skills’ ($n=49$; 75%), ‘developing functional or self-help skills’ ($n=41$; 62%), ‘supporting inclusion’ ($n=39$; 59%), ‘promoting self-determination and autonomy’ ($n=30$; 45%) and ‘improving social skills’ ($n=30$; 45%).

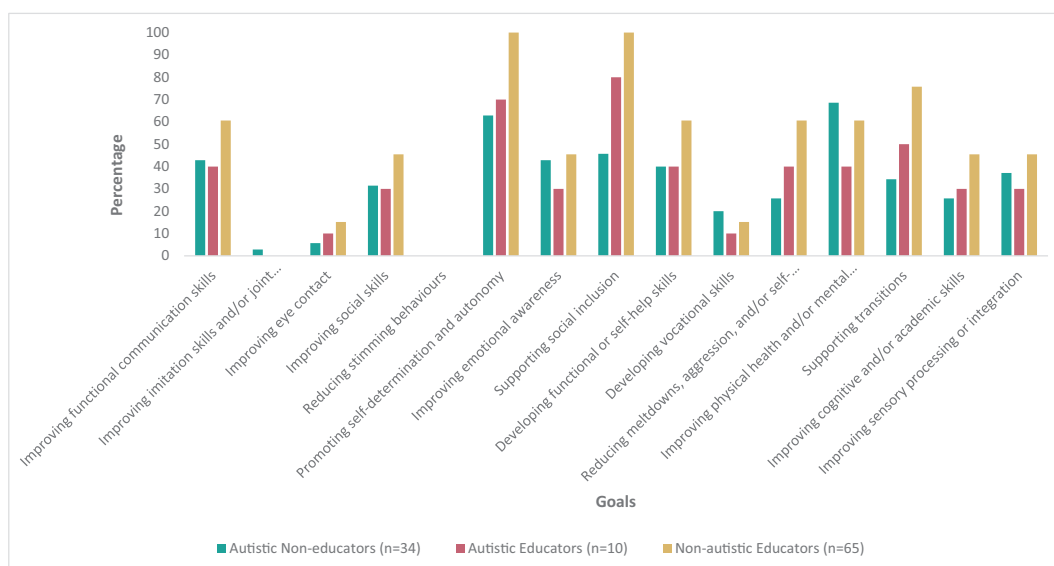


FIGURE 1 | Percentage of participants, who selected each of the goals as one of their top five priority IEP goals, across the three participant groups.

TABLE 2 | Top priority IEP goals across participant groups.

Autistic non-educators (n = 34)	Autistic educators (n = 10)	Non-autistic educators (n = 65)
Improving physical health and/or mental health (n = 24; 69%)	Supporting social inclusion (n = 8; 80%)	Improving functional communication skills (n = 49; 75%)
Promoting self-determination and autonomy (n = 22; 63%)	Promoting self-determination and autonomy (n = 7; 70%)	Developing functional or self-help skills (n = 41; 62%)
Supporting social inclusion (n = 16; 46%)	Supporting transitions (n = 5; 50%)	Supporting social inclusion (n = 39; 59%)
Improving emotional awareness (n = 15; 43%)	Improving functional communication skills (n = 4; 40%)	Promoting self-determination and autonomy (n = 30; 45%)
Improving functional communication skills (n = 15; 43%)	Developing functional or self-help skills (n = 4; 40%)	Improving social skills (n = 30, 45%)
	Reducing meltdowns, aggression, and/or self-injury (n = 4; 40%)	
	Improving physical health and/or mental health (n = 4; 40%)	

3.2 | Qualitative Findings

Participants were asked two open-ended questions about their most-preferred and least-preferred IEP goal, and why they selected that goal. Distinct themes were identified for each participant group. Therefore, the results of the thematic analysis are presented and discussed according to participant group.

3.2.1 | Autistic Non-Educators

Analysis of responses from the autistic non-educators identified two key themes: (1) Inclusion is a priority, but not solely our responsibility, and (2) Stimming is a tool, not a problem.

3.2.1.1 | Inclusion Is a Priority, but Not Solely Our Responsibility.

Responses from autistic non-educators broadly focused on skills that supported interactions and inclusion with others, including self-determination, self-confidence, emotional skills, autonomy and independence. These types of skills were viewed by many as a priority because of the perceived positive impact that integration with the general population can have on a socio-emotional level. As one participant said

Help with integration and living within society (is most important) as I believe a person's quality of life is more important than an academic skill.

A secondary facet of this theme relates to the placement of responsibility for inclusion. Participants emphasised that autistic people do not have a responsibility to adapt to neurotypical standards. Instead, they highlighted that working towards true inclusion requires a two-sided effort from both autistic people and the general population. For example, one participant noted that supporting social inclusion was their most important goal because it was

More as a way to support society in accepting us for who we are rather than ‘fixing’ something about us.

3.2.1.2 | Stimming is a Tool, Not a Problem. Many autistic non-educators felt that the general population’s perception of autistic people is problematic, particularly when it comes to innate autistic behaviours. On several occasions, stimming was highlighted as functional and helpful:

I have had meltdowns, self-harm episodes and constant anxiety my whole life until I began the process of unmasking and allowing myself to stim.

For many, stimming was a critical part of their lived experience, acting as a ‘coping mechanism’, and a way to ‘self-regulate’ and ‘express joy’. Furthermore, participants noted that trying to eliminate stimming would be harmful. As one participant said

Masking is extremely harmful to the mental and physical health of autistic people and should never be encouraged, let alone explicitly taught.

3.2.2 | Autistic Educators

As a group, autistic educators did not demonstrate a preference for a specific IEP goal. However, through their responses, they clearly indicated that the well-being of their learners was a significant priority. As a result, one overarching theme was identified, which was labelled ‘Prioritising the autistic way of being and autistic well-being’.

3.2.2.1 | Prioritising the Autistic Way of Being and Autistic Well-Being. Mental and physical health, the improvement of functional skills and independence, reducing meltdowns and shutdowns, and communication were the top priorities for this group. Given how these goals interact and impact one another, this group appeared to prioritise the well-being and daily lived experiences of the autistic learners they supported:

Helping students understand their own needs and help themselves, you’re reducing their reliance on others.

Furthermore, they acknowledged the increased incidence of anxiety and mental health issues across the neurodivergent community. One participant reported that once ‘physical and mental health’ are improved, ‘other aspects of life fall into place

more easily’. Developing learners’ communication was viewed as an important factor in driving this improvement:

It’s all very well to look at context, triggers etc ... once we have that (communication) we can begin to understand what is causing all the other behaviour.

Autistic educators also expressed a rejection of neurotypical conformity and utterly rejected prioritising eye contact and the reduction of stimming behaviours. Many participants stressed the negative impact these types of goals can have on the communication and well-being of autistic individuals. One participant wrote

Communication is hampered by insisting they look at you. Instead of thinking about what you’re saying, chances are they’re thinking about looking at you.

The goal of reducing stimming behaviour was similarly dismissed:

Reducing/inhibiting this (stimming) will reduce the likelihood of the autistic person to be fully present for their learning.

Therefore, while communication was directly and indirectly prioritised by the autistic educator group, neurotypical communication was not, and autistic educators emphasised that ‘appearing’ neurotypical (i.e., holding eye contact and not stimming) can be detrimental to autistic well-being.

3.2.3 | Non-Autistic Educators

Thematic analysis identified the following themes for the non-autistic educators: (1) Supporting learning, (2) Life-long well-being and (3) Centring the learner.

3.2.3.1 | Supporting Learning. The non-autistic educators consistently showed a preference for IEP goals that supported autistic learners to have an effective learning experience. Some educators believe that self-regulation plays an important part in an autistic learner’s ability to access educational experiences. For example, one participant noted that a student may not ‘be receptive to, or in a position to achieve any other goals’ without self-regulation. Furthermore, stimming was viewed as a self-regulatory tool:

If a student can self-regulate through stimming this can help the student to manage in class and therefore access the curriculum.

Non-autistic educators also wrote about the impact that relationship quality and the learning environment have on the IEP goals they selected, and the resulting educational experiences of the autistic learners that they support. The importance of establishing a ‘positive and healthy respective [sic] relationship’ with the learner before pursuing any other goals was emphasised, as well as proactively creating learning environments that reduce the

likelihood that individual learners will experience distressed behaviour:

If you can create the best environment for the learner, you will do this naturally.

Another non-autistic educator highlighted the onus that IEP goals can place on the autistic learner ‘to constantly change and adapt’. They felt that IEP goals should focus more on ‘social inclusion and building awareness with neurotypical people’.

3.2.3.2 | Lifelong Well-Being. This theme emphasised a preference among non-autistic educators for IEP goals that not only focus on academic learning but also support individuals to reach their full potential across the lifespan. These respondents believed that IEP goals should focus on preparing autistic learners for life beyond an educational setting and prioritise their overall well-being.

Fostering autonomy and independence was seen as essential to the long-term well-being of autistic individuals. Participants highlighted the importance of functional ‘life skills [...] to prepare them for the future’, with some educators expressing the importance of ensuring that autistic individuals have the ‘confidence and tools’ to make their own choices. For example, one educator noted that an important determinant of their IEP goal choices was ‘to ensure all pupils can self-advocate, problem-solve and make decisions and choices for themselves’. In fact, the social functioning and independence of an autistic learner were often deemed more important than academic skills, with some educators going so far as to actively deprioritise academic goals:

If a person is not functioning socially regardless of how academic they are, life is very difficult for them.

Learning how to communicate, [...] develop social skills and [...] independence skills are more important than academic skills.

The ability to communicate one’s needs was considered by many non-autistic educators to be a key factor in the well-being of autistic learners. They believed that communication allows individuals to control and shape their environment and interactions with others. Furthermore, they explained that the impact of communication has the potential to generalise across ‘various settings (school, shops, home, bank, etc.)’:

The child can ask for what they need [so] we can better understand [...] and help.

It makes life easier and less frustrating for autistic people.

3.2.3.3 | Centring the Learner. This theme described the ways in which the autistic learner’s needs are central to the non-autistic educators’ IEP goal preferences. The importance of tailoring educational goals to the unique and individualised needs of each autistic learner was emphasised by many educators. One participant explained that their preferred IEP goal ‘depends on the learner—[it] varies from person to person’,

while another participant acknowledged that IEP goals should reflect ‘what is most important to most ASD pupils and their parents’.

Several educators also highlighted the need to avoid goals that distress learners. They expressed concern over including goals that focused on maintaining eye contact because it was perceived to be ‘physically painful [...] and] unnecessary’ and ‘autistic learners do not need to make eye contact to communicate or learn’. The issue of ‘masking’ was also raised, with one educator describing it as ‘detrimental to their mental health and well-being’. Non-autistic educators also stressed the importance of prioritising the autistic learner’s individual strengths, needs and well-being while avoiding unnecessary distress and promotion of masking at all costs.

4 | Discussion

IEP quality is a strong predictor of progress and positive outcomes for students with complex needs, including autistic students (Kurth et al. 2022; Ruble and McGrew 2013). IEPs are an essential part of the inclusive and special education framework, and they should be designed with high expectations and the students’ strengths and priorities as the central focus (Kurth et al. 2021, 2022). However, although IEPs are legally mandated in NI, an overwhelmed system has resulted in poor SEN provision that is unable to respond to the needs of students (NICCY 2024) and despite provisions in EPSEN (2004), the IEP process in ROI is not legally mandated (Education Bill 2022: Second Stage [Private Members] 2023). Therefore, given the precarious nature of IEP provision on the island of Ireland, our study set out to explore the IEP goal priorities among adult members of the autistic community, as well as educators supporting autistic students. Goals represent one of the central and critical components of any IEP. Therefore, identifying and understanding the IEP goal priorities of the autistic community should also be of interest to an international audience.

In this study, participants were asked to select their top five priority IEP goals. Prior to conducting the research, we expected at least some overlap between the autistic educators’ and autistic non-educators’ priorities and relatively little overlap between the autistic community’s (educators and non-educators) priorities and those of the non-autistic educators. However, contrary to our expectations, there was substantial overlap across the three participant groups. Participants across all three groups prioritised (1) the promotion of self-determination and autonomy, (2) the support of social inclusion and (3) a focus on improving functional communication skills. Autistic educators and non-educators also prioritised the improvement of physical health and/or mental health, while autistic and non-autistic educators prioritised the development of functional or self-help skills.

While responses to the open-ended questions showed variations in participants’ most and least preferred IEP goals, the data still reflected an overwhelming preference for goals that supported inclusion and the co-development of social skills (i.e., by autistic and non-autistic people). Across all three groups, participants wrote about the importance of supporting autistic well-being by promoting inclusion, autonomy,

independence and opportunities for social interaction and meaningful communication. The autistic community were also very clear that the general population must play a role in adapting their own behaviour to successfully achieve this. Somewhat surprisingly, all groups, including the educator groups, deprioritised goals centred around academics. Across groups, participants were vocal about actively disliking and discouraging goal choices linked to improving eye contact and reducing stimming. The overriding consensus was that pursuing these types of goals would be harmful and detrimental to a learner's ability to work towards more meaningful and functional goals. It is clear from our sample of autistic adults and educators supporting autistic learners that they believe that conforming to neurotypical conventions is actively damaging to autistic well-being.

Our findings are consistent with previous research that prioritises well-being, communication, socialisation and daily living skills above more academically oriented educational goals (e.g., Hornby 2014; Wood 2019). Combining this with a growing body of literature that calls for autistic communication, focused interests and stimming to be reconceptualised as strengths to be fostered and promoted (Woods and Estes 2023), it is imperative that the educational context acknowledges autistic strengths and priorities, to ensure autistic learners thrive to the greatest extent possible (Woods and Estes 2023). Browder et al. (2003) recommended a curricular approach to IEP goal development, which would blend functional skills, social inclusion and self-determination with academic priorities. However, it is recognised that this type of approach poses significant challenges for many educators (Erickson and Davis 2015) and previous international research has revealed Initial Teacher Education (ITE) to be insufficient in preparing educators to effectively support autistic learners (e.g., Anglim, Prendeville, and Kinsella 2017; Ravet 2018; Rodden et al. 2018).

Ravet (2018) identified several issues impeding teachers from supporting autistic learners in classrooms in the UK, including limited ITE content related to autism due to insufficient tutor expertise, overreliance on the medical model, and an already burdened ITE curriculum. Participants were universally clear in highlighting the need for autism-specific knowledge and understanding to equip teachers to best support autistic learners. Similarly, in the Irish context, teachers reported being dissatisfied with the level of autism-related content and input during ITE (Finlay, Kinsella, and Prendeville 2019). These teachers were focused on similar priorities to those identified in our study (e.g., communication, social interaction, development of adaptive skills) but were frustrated by the lack of guidance about how to deliver this type of adapted curriculum. Considering the current restraints around ITE, how do we expect educators to design and implement IEPs that align with the priorities of the autistic community?

Almost two-thirds of the teachers who participated in the Finlay, Kinsella, and Prendeville 2019 study believed that a specialised qualification in autism should be compulsory for those involved in special class teaching. However, international prevalence rates for autism diagnoses are on the rise (Solmi et al. 2022), which means rising numbers of autistic children and young people will be availing of their right to access education. Furthermore,

there is a growing international trend towards including autistic students within mainstream schools (Horgan, Kenny, and Flynn 2023). Therefore, there is an increasing likelihood that teachers will find themselves supporting autistic learners in the mainstream classroom or in special class settings. As a result, during ITE, educators must have opportunities to learn about developing and teaching appropriate goals for autistic learners.

In their review of the literature, Symeonidou (2017) highlighted three approaches to address ITE limitations around inclusive and special education: (1) content-infused, (2) single-unit and (3) school placement/experience. The content-infused approach uses contextualised research findings to reform teacher education and professional development by promoting inclusive education theory values, and applications across programmes of study. The single-unit approach, on the other hand, provides one unit or module of study that focuses on a specific topic (e.g., supporting autistic learners in the mainstream class, establishing inclusive learning environments). Finally, incorporating school placement equips student-teachers with field experience, ideally through mandatory units of study, structured experiences of special/inclusive education, input from tutors with relevant experience and qualifications, and opportunities to provide school-based programmes. According to Symeonidou (2017), student-teachers' attitudes, knowledge and skills towards inclusion are positively impacted by courses that include relevant placement experience, while the impact of content-infused and single-unit approaches is much less clear, with inconsistent findings across studies. However, Symeonidou (2017) highlighted the potential of single-unit approaches that combine lectures and workshops with applied experience, as well as the need to definitively identify the effective components in this approach (i.e., the elements that facilitate a positive impact on knowledge, skills, and attitudes).

Considering these findings, alongside the findings from our own study, future research must focus on identifying effective approaches and mechanisms for preparing educators to develop and implement effective, socially valid IEPs for their autistic learners, regardless of educational setting. While we have focused on ITE in this paper, given the potential for immediate and widespread impact, continuous professional development for educators must also be examined. The potential for partnerships between universities and schools should be further explored, with a view to establish meaningful fieldwork experience that enables student-teachers and qualified teachers to master the skills necessary to design and support effective IEPs for their autistic learners.

We have identified several limitations in the current study. Firstly, we relied heavily on snowball sampling when recruiting autistic participants. As a result, our participant sample does not appear to accurately reflect the heterogeneity of the autistic community living in ROI and NI. For example, most of our autistic participants identified as female. This does not reflect the fact that males are diagnosed as autistic at much higher rates than females (Loomes, Hull, and Mandy 2017) or gender diversity within the autistic community (Warrier et al. 2020). However, this appears to be a common trend across the research, with autistic women participating in online research to a greater extent than other groups (Kapp et al. 2013; Kenny et al. 2016; Rødgaard et al. 2022).

Another limitation relates to our juxtaposition of terms in parts of the survey. For example, we have presented two separate concepts (i.e., mental health and physical health) as one potential priority within the survey (i.e., ‘improving physical and/or mental health’). This option was selected as a top five priority among autistic educators and non-educators. Although the qualitative responses indicated that participants were prioritising mental health and emotional well-being here, we have no way of definitively knowing this. Likewise, we presented ‘self-determination and autonomy’ as one option and ‘reducing meltdowns, aggression and/or self-injury’ as another. If these terms were presented separately, we may have seen different results.

5 | Conclusion

Findings from the current study show an overwhelming preference for IEP goals that support social inclusion, autonomy and autistic well-being. Across all groups, participants emphasised the importance of promoting social interaction and meaningful communication. The autistic community were also very clear that the general population must adapt to successfully achieve this. Academics did not emerge as an IEP priority in this study and participants actively discouraged goal choices related to improving eye contact and reducing stimming. Autism prevalence rates are on the rise, resulting in more autistic learners attending educational settings. Therefore, educators need training and support to enable them to effectively design, teach and monitor IEP goals that align with the priorities of the autistic community, as well as educators currently working with autistic learners. International research has shown that ITE and professional development need to evolve to facilitate this, and any evolution must be evidence-informed. Finally, we know that the language preferences (e.g., identity-first versus person-first language) of autistic people can change depending on the language, region, and cultural context (Keating et al. 2023). This is likely the case for IEP priorities. Therefore, the priorities identified in our study, as well as the reasons for these priorities, are specific to the educational context in ROI and NI.

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Conflicts of Interest

The authors declare no conflicts of interest.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.