

Navigating Autism Inclusion in a Context of Limited Formal Diagnosis: The Interpretations and Practices of Early Childhood Teachers in Lagos, Nigeria

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Abstract: This paper discusses the interpretation and application of inclusion of autistic students in the normal classrooms in the early childhood education. The research methodology is interpretivist research design and it is founded on online semi-structured interviews with 36 early childhood teachers in six Local Government Areas of the Lagos State (Ikeja, Alimosho, Surulere, Eti-Osa, Kosofe and Agege) between 2023 and 2025. The paper examines the ways in which behaviours that are usually linked to autism are identified, perceived and addressed in day to day classroom setting, especially in a case where formal clinical diagnosis is not available or is delayed. The results show that teachers depend mainly on the sustained classroom observation, professional judgment and experience in identifying and supporting learners with autism and do not use formal diagnostic classifications or expert interventions. Inclusion is primarily supported by means of flexible teaching methods, adaptive classroom management methods and consciously made attempts to promote social interaction and acceptance of peers. There was also a significant emotional and professional effort by teachers to make sure that autistic pupils are actively involved in the classroom activities. Nevertheless, inclusive practices are limited by the lack of professional training, poor teaching materials and a lack of institutional support. The research paper shows that there has always been an existing discrepancy between policy and practice in the implementation of inclusive education in classrooms. It concludes that more system-level support is needed and that teacher preparation and professional development based on autism needs to be institutionalised in early childhood education to increase positive inclusive outcomes.

Keywords: *Inclusion in Autism; Early Childhood Education; Interpretivism; Indeterminate Diagnoses; Adaptive Pedagogy.*

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I. INTRODUCTION

Inclusive education has become the central global framework for addressing educational inequality, social exclusion and disparities in educational outcomes for children with disabilities. With the implementation of the Sustainable Development Goals (SDGs), especially Goal 4 on inclusive and equitable quality education, the discourse overcoming internationally has put early childhood education (ECE) in succession about the encompassing entry point to an inclusive practice (UNESCO, 2017; UNICEF, 2021). Early childhood is well known to be a fundamental period of development where cognitive, linguistic, social, and emotional competencies are laid down, with long-term consequences for the educational involvement and wellbeing (Solang et al., 2024; Likhar et al., 2022). For this reason, inclusive early childhood education is increasingly portrayed not only as a matter of rights but as also an investment in human development.

As part of this international agenda, autism spectrum disorder (ASD) has been gaining subsequent attention in both policy areas considering its rising prevalence and its impact on the early learning and socialization. Internationally, the inclusion of persons with autism is informed by a combination of frameworks on disability rights and a set of policy instruments on autism. The overarching legal foundation is the United Nations Convention on the Rights of Persons with Disabilities (CRPD) which emphasises the right of children with disabilities to inclusive education without discrimination and on an equal opportunity basis (United Nations, 2016). Expanding on this, the structure designed by the World Health Organization Autism Spectrum Disorders and Other Developmental Disorders identify early identification, family-centred intervention, and inclusive learning environments as defining of adequate collaboration especially in low resource areas (WHO, 2019). On the same note, UNICEF (2022) confirms the lack of access to early childhood opportunities among autistic children as the source

of lifetime disadvantage and calls to involve children in inclusive early childhood education settings instead of segregated ones.

Despite these international frameworks, there is evidence that implementation of policies that are inclusive of autism in the classroom remains patchy, especially in the low and middle-income countries (LMICs). While the policies of inclusive education have been adopted in many countries at the policy level, implementation is often limited, owing to inadequate diagnostic infrastructure, the lack of trained professionals, and inadequate teacher preparation (World Bank, 2020; Hollings, 2021). Autism poses specific difficulties with inclusive education as it bears heterogeneous and non-identifiable developmental pattern with non-obvious, thus non-obvious, needs of interpretation and adaptive pedagogies (Hasson et al., 2024). In settings where access to formal diagnostic services is limited, early childhood teachers are often left to themselves when it comes to recognising and responding to behaviours linked to autism without specialist advice (Coughlan et al., 2020; Antalek et al., 2025).

Across sub-Saharan Africa, the policy visibility of inclusive education has grown in the past decade, although autism specific inclusion is underdeveloped. In regional research, there have been noted chronic barriers that include a fragile early screening system, lack of access to developmental examination, overcrowded classes, and little chances of autism centered professional growth (Ali et al., 2024; Williams Harryman, 2025). Cultural beliefs and stigma also make inclusion for autism more complex, as the presence of developmental differences are often misinterpreted or seen as non-medical due to the influence of this on parental responses and decision-making in education (Al-Attar & Worthington, 2024; Taresh et al., 2021). As a result, autistic children in many African contexts are either excluded from mainstream education or included but not provided with adequate support, leaving great interpretive and emotional demands on the teachers.

Nigeria is a reflection of all these regional dynamics as well as a unique context of challenges. National education policies provide official support to inclusive education and to the inclusion of children with disabilities in regular schools; autism is, however, not included in the implementation guidelines, especially for early childhood levels (Nwankwo & Nnatu, 2018; Hill et al., 2024). Autism diagnosis in Nigeria is often delayed as a result of low numbers of developmental paediatricians, clinical psychologists and diagnostic infrastructure especially in public health systems (Folorunso, 2025; Robertson, 2021). As a result, many children are coming into early childhood centres with no formal diagnoses and teachers are left relying on observation, experience and professional judgement when interpreting behaviours associated with autism.

Lagos State is a pivotal case when it comes to exploring how autism inclusion is to be implemented. As Nigeria has its largest urban centre, Lagos has experienced a rapid growth in the provision of early childhood education especially in the

private sector leading to a high enrolment of children with varying developmental profiles (Lemea-Adoma, 2024). This growth, however, has not been followed by systematic application of autism-inclusive models like including multi-tiered systems of support, planning individualised education, and the systematic work of education and health services as bequestioned in international policies on autism (WHO, 2019; UNICEF, 2022). Early childhood teachers in Lagos therefore work in a policy-practice gap and find themselves struggling between the expectations of inclusion and the lack of formal diagnostic input and specialist support.

Existing international research on inclusive education has mostly been conducted on teacher attitudes, preparedness and self-efficacy, most of which has been carried out in high-income contexts where the diagnostic pathways and access to autism support services are well established (Taresh et al., 2024; Islek, 2025). While potentially valid, this literature tends to assume the availability of formal autism diagnoses and multidisciplinary teams. In contrast, there is a paucity of empirical research, which explores how teachers enact autism inclusion in contexts characterised by diagnostic uncertainty. Nigerian studies on inclusion have been quite policy analytical or infrastructural constraints or broad disability categories with little or no qualitative focus on the teachers lived experiences of supporting autistic children in the early childhood classrooms (Alumona & Odoh, 2025).

This gap is especially important as early childhood teachers are often the first professionals to notice early childhood developmental differences related to autism, especially if the child is in an early childhood setting where there is limited access to diagnostic services. Their interpretations determine the approaches to teaching, with peers, to emotional support, and to the sense of belonging of children in the classroom (Garcia-Peinado, 2023; McGillicuddy & Machowska-Kosciak, 2021). Recent scholarship therefore calls on context-sensitive and practice-oriented research conceptualising inclusion of autism as a situated process influenced by professional judgement, institutional constraint and socio-cultural norms rather than only policy mandates (Lester & O'Reilly, 2021). Responding to these calls, this study discusses the extent, nature and processes that drive this and explores the ways in which early childhood teachers in Lagos State interpret and practice inclusive education for children (2-5yrs) with autism in mainstream early childhood classrooms in contexts that are characterised by weak formal diagnostic support.

This study is based on a qualitative, interview-based approach that aims at understanding interpretation and enactment of autism inclusion by early childhood teachers in educational settings characterised by limited access to formal diagnostic services (Siller et al., 2021; Costa Couto et al., 2019). Rather than an approach towards understanding autism as the fixed clinical categorisation, the conceptual focus of the study is concerned with exploring how autism is recognised, understood, and responded to within everyday classroom practice (Happe & Frith, 2020; Leatherland, 2018). This orientation reflects the realities of early childhood education in many low- and middle-income education

settings where teachers are often expected to make pedagogical decisions that are based on professional judgement without formal diagnostic confirmation or specialist support and where inclusion is characterised by professional judgement and not by the clinical categorisation of (suspected) children (i.e. Tegtmejer et al., 2023; Lawson & Jones, 2018.)

The conceptual orientation of the study draws on the interpretivist perspective that recognises teachers as active meaning-makers whose understandings are constructed through their experiences, reflection and interaction in a particular institutional and socio-cultural context (Yuan & Lee, 2022). From this standpoint, autism inclusion is not seen as the simple application of predefined policy directives but as a situated and negotiated process that occurs through the interpretations of teachers regarding children's behaviours and their reactions to classroom demands, as well as their engagement with the school-level structures and expectations (Solberg et al., 2021). Interpretation, in this sense is ongoing sense-making under conditions of uncertainty as opposed to diagnostic decision-making embedded in the practicality of teaching young children in a variety of resource constrained environments (Capolla et al, 2024).

International frameworks of autism and inclusive education--frameworks consisting of Universal Declaration of Human Rights' Convention on the Rights of Persons with Disabilities (CRPD), guidance of the World Health Organization (WHO) on autism and developmental disorders' and UN Women's framework on inclusive early childhood education'--provide a normative context for the present study by defining expectations at a global level regarding early identification, teacher-assisted solution and inclusive learning situations (United Nations, 2016; WHO, 2019; UNICEF, 2022). At the same time, these frameworks make clear recognition of in-equality of access to diagnostics systems and specialist services at the national and regional levels (WHO, 2019; UNESCO, 2020). This study is situated at the crossroads between these mandates at a global level and classroom realities at a local level, conceptualising teachers as key mediators to make tangible the broad policy dreams in applying inclusive educational practices into everyday realities in early childhood educational settings (Fitriyah, 2025; Li & Ruppard, 2021). Accordingly, these frameworks informed the analytical focus of the study without prescribing expected outcomes or interpretations which could decontextualize the study by judging the teachers' accounts in relation to, rather than judging them against, international policy ideals (Nordin & Wahlstrom, 2019).

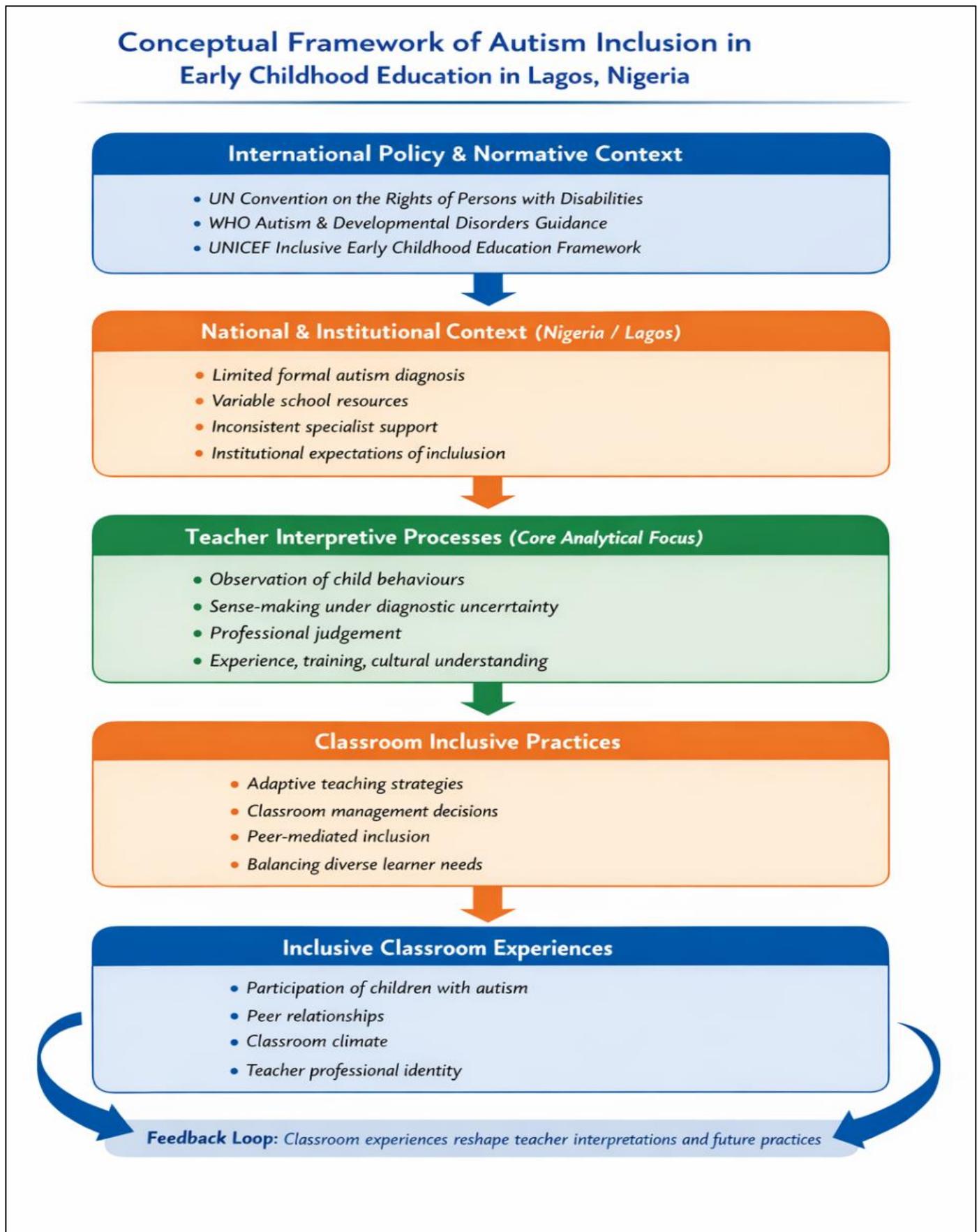


Fig 1 Conceptual framework showing how international policies for autism inclusion are interpreted and implemented through the professional judgement and classroom practices of early childhood teachers in contexts characterised by low levels of formal diagnostic support.

II. RESEARCH METHODS

➤ *Research Design*

This study followed a qualitative research design and the study employed semi-structured interviews to examine early childhood teacher's interpretations and classroom practices in relation to autism inclusion in contexts where there were limited levels of formal diagnostic support. A qualitative approach had been considered appropriate as the focus in the research process was to capture the lived experience of teachers, their sense making processes and professional judgement, rather than attempting to measure predefined variables and/or test hypotheses. Semi-structured interviews allowed for flexibility with participants communicating their experiences in their own words while ensuring alignment of the study conceptually and relation to interpretation, practice and policy relevant reflection.

➤ *Study Context*

The study was conducted between the years of 2023-2025 in Lagos State in Nigeria, the biggest urban centre in the country and a major point of childhood education provision in the country. Lagos is characterised by a diversity of public and private early childhood centres as well as an increasing enrolment of children with varying developmental profiles. However, access to formal autism diagnostic services and specialist educational support is Brown's main theme as it is still uneven across the state. This makes Lagos a good context for exploring interpretations and enactments of autism inclusion in early childhood classrooms in a mainstream classroom context under conditions of diagnostic uncertainty by early childhood teachers.

To ensure geographical and institutional diversity, participants were selected from early childhood education centres in six major Local Government Areas (LGAs) in Lagos State namely Ikeja, Alimosho, Surulere, Eti-Osa, Kosofe, and Agege. These LGAs are mixed residential and commercial areas and areas with socio-economic diversity as well as having different levels of access to educational resources.

➤ *Participants and Sampling*

A total of 36 early childhood teachers were a part of the study. Participants were drawn from the population through purposive sampling and the inclusion criteria were as follows:

- Currently teaching at the early childhood level (approx. age 2-5);
- Worked in a public or private early childhood education centre in Lagos State;
- Having experience in teaching children with developmental or learning difference - including children perceived to display autism related behaviours.

Purposive Sampling was appropriate as the aim was to engage participants that had some direct and relevant experience of inclusive practice in early childhood settings. Teachers differed in their years of teaching experience, the type of school (public and private), and the institutional

context to allow the study to represent a wide array of perspectives.

➤ *Data Collection*

Data were gathered using individual semi-structured interviews with each of the participants. An interview guide was created according to the conceptual orientation of the study and international frameworks of autism and inclusive education. The questions investigated teachers' professional roles and contexts, recognition of children with developmental differences in classrooms, recognition of autism-related behaviours in classrooms in the absence of formal diagnosis, strategies for supporting inclusion, institutional support and constraints, challenges experienced, adaptive practices, perceived impacts of inclusion, professional identity and policy recommendations.

Interviews were done in English, Nigerian schools' official language of instruction, and conducted in online platforms. Each interview lasted for about 30-45 minutes. With the consent of the participants, interviews were audio-recorded, and subsequently transcribed verbatim in order to ensure accuracy.

➤ *Data Analysis*

Data were analysed following a flexible and inductive approach appropriate to interpretivist qualitative research by means of thematic analysis. Analysis involved different phases of familiarisation with the data by reading the transcripts several times; initial coding; identification of meaningful segments related to teachers' interpretations, practices and experiences; and, finally, the process of developing broader themes that recognised patterns across the accounts of different participants.

The focus of the analysis was on how teachers understood autism inclusion, navigating the uncertainty surrounding autism diagnosis, and how institutional and policy contexts shaped teachers' classroom practices. Themes were refined iteratively, by comparing transcripts to ensure they were grounded in the data and aligned with the study's conceptual framework. No effort was made to quantify responses; instead, attention was given to depth, nuance, and the context of meaning.

➤ *Ethical Considerations*

Once the ethical principles that promote qualitative research were strictly followed, participants were told the purpose of the study, that participation was voluntary, and that they had the right to withdraw from the study at any stage without consequence. An informed consent was obtained before the data collection. Anonymity and confidentiality of the participants was also provided by the use of pseudonyms and removal of the identification information from the transcripts and reports. All the data was securely stored, and was only for academic use.

III. RESULTS AND DISCUSSION

➤ Results

Analysis of interview data led to the emergence of a set of inter-related, but not homogenous themes, which shed light on how early childhood teachers understand and practice autism inclusion in settings characterised by a lack of formal diagnostic help. While there were high levels of similarity between participants with regard to relying on observation, professional judgement and adaptive classroom practices, there were also significant differences in the way teachers conceptualise inclusion, manage constraints and position themselves in relation to policy and institutional responsibility. The findings are thus organised thematically, with considerations of both patterns of meaning as well as divergence across the narratives of participants.

• *Interpreting Autism through Observation & Professional Judgement*

Across interviews, teachers regularly referred to the identification of autism behaviours through long-term observation in the classroom as opposed to any formal diagnostic processes. Participants emphasised paying close attention to the children's communication, social interaction, emotional regulation and responses to routine activities. As one teacher explained,

"When a child has a repeated difficulty communicating, paying attention or interacting with others, this helps me recognise that the child might need special help even if there is no formal diagnosis."

However, although reliance on observation was common in the group, there was variation in the degree of confidence with which teachers interpreted these observations. For some, observation was a pragmatic and adequate basis for action, and thus enabled timely support for action despite uncertainty in the diagnosis. Others offered moderate or tentative interpretations, in which observation was considered a tool which needed to be continuously assessed. As one participant noted,

"We normally identify these behaviours via close personal observation over time . . . one of the stock signs that children may be showing behaviour that requires further support is if they are displaying learning difference or difficulty understanding lessons put before them, or finding it hard to interact with others."

Importantly, teachers were careful to help position their interpretations as practice oriented rather than diagnostic. This setting of boundaries reflects an awareness of the professional limits and ethical responsibility as suggesting that the way teachers operate (sense-making) is constrained by perceived limits and constraints of role legitimacy. At the same time, several participants did not express explicitly how they dealt with the emotional or professional risk involved in acting under uncertainty and there was evidence of an implicit normalisation of interpretive labour in the participants' everyday practice.

• *Sources of Teacher Knowledge of Autism*

Participants said they learned about autism through experience as professionals with uneven supplementations of training, workshops, learning with colleagues, and experiences with parents. Experiential knowledge was again and again brought to the forefront of our consciousness as the most reliable source of understanding:

"My understanding of autism is largely from teaching experience and trainings I have attended" "I have also learned from my colleagues and parents"

However, there were significant disparities with regard to access to formal or specialised training. While some teachers reported joining organized workshops or having certifications related to inclusive education, some have been supported almost solely by clinical experience. This unequal distribution affected the way in which autism fibrillation was conceptualised as teachers with little exposure to training to conceptualise autism tended to articulate functional differential connotations, which relate to learning speed, behaviour or social interaction while those who were more exposed to training to conceptualise autism articulated the more differentiated understandings of autism.

Across accounts, teachers invariably resisted fixed accountings of autism forecasting, as they put it, heterogeneity:

"Through experience, I know autism to be a condition that affects children in different ways, and that requires patience and support."

Notably, cultural beliefs were not often mentioned explicitly - although of great importance in the wider literature. This lack of representation can be a reflection of participants' framing of autism more as a classroom issue than a cultural or social issue, or only a reluctance to represent beliefs that are seen as professionally inappropriate.

• *Inclusion Practices in Mainstream Early Childhood Classrooms*

Teachers described a range of adaptive strategies for supporting the inclusion of students within mainstream classrooms such as instructional modification, the use of visual and auditory aids, segmenting instruction into manageable tasks and the use of peers, and flexible assessment practices. One participant noted,

"I evaluate kids according to their individual abilities and, to the extent possible, assistance is then given in the form of helpful learning tools and materials to enable better understanding."

While inclusion was often defined as full participation in the shared activities of the classroom, some of the participants defined more differentiated or staged approaches. For example, a few teachers explained temporary withdrawal or phased integration of those children that were seen to be in need of extra support prior to integrating into the group activities. These accounts challenge the uniform practices of

inclusion and posits that inclusion is enacted in a continuum rather than having a uniform model.

Social inclusion was also actively developed, with many teachers placing great emphasis on conscious endeavours to develop empathy, cooperation, and peer support:

"By promoting kindness and understanding between the pupils, the classroom environment is more supportive and this can help balance everyone's needs."

However, the extent of support these practices had received institutionally varied considerably and this served to reinforce the individualized nature of inclusion work.

- *Working Through Institutional Constraints and Weak Support*

A common theme throughout interviews was the difficulty of a lack of institutional and systemic support. Teachers reported shortages of trained personnel, specialised materials and diagnostic services which contributed to a high level of professional uncertainty:

"The lack of formal diagnosis means that teachers have to depend on observation and experience . . . we are not always sure of the exact needs of the child"

While this uncertainty was being widely recognized, people in the study varied in their responses to it. Some of the respondents framed uncertainty in terms of a challenge that could be overcome with cooperation and experience while others view uncertainty as a source of stress and role strain. Financial and infrastructural constraints were, however, often cited:

"Learning materials for children with autism are very costly, and some teachers fail to be well trained in inclusive education."

In response, many teachers depicted engaging in informal coping strategies, such as collaboration with the parents, peer support, advocacy and personal financial contributions:

"Personally, I have at times helped with monetary support to help children if the resources were limited."

The normalisation of personal resource mobilisation is indicative of a more general structural problem, in which institutional inadequacies are absorbed at the individual level. Interestingly, only a few participants raised explicit doubt about such an expectation, implying that practices that could compensate for time spent outside the classroom have apparently become established as normative in the profession.

- *Perceived Effects on Children, Classrooms and Professional Identity*

Despite systemic constraints, teachers always perceived inclusion practices to have positive impacts on children and

classroom environments. It has been described by participants the improvements in: children's confidence, behaviour, participation, and relationships with peers:

"Over the years I have seen a difference in children's behaviour and confidence." The environment of the classroom has also become more supportive and understanding."

However, these positive judgments were mostly made based on teacher's observation rather than assessing through formal monitoring and assessing processes reflects the strength and the limitation of the practice-based assessment. Inclusion was also described as changing the professional identities of teachers. Many said that they became more patient, reflective and committed to child-centred teaching:

"Working with these children has given me more patience and understanding as a teacher . . . It has helped me see teaching as more than teaching lessons."

Several teachers communicated a lawyer-green sense of advocacy as inclusion a physical professional task and for a moral one. At the same time, few participants explicitly talked about emotional fatigue or burnout, which raises the question of including absence, normalising, or challenging emotions to articulate in an interview context.

- *Reflections from the Policy Perspective*

When invited to reflect on policy, such participants had some of the most explicit and normative responses in the interviews. Teachers regularly highlighted a need for systemic change, in relation to better training, funding of poorly resourced teachers, enforcement of inclusive education requirements and infrastructural investment:

"I would make sure teachers will be properly trained with inclusive education to properly train children with Autism."

Beyond training, a number of people sought ways to impose policies of compulsory inclusion, punishments against stigma, enhance teacher motivation, and allocate inclusive separate school infrastructure. These recommendations reflect the lived experiences from teachers of institutional failure, and their desire for responsibility to be re-scheduled from individual to systems.

Importantly, it was clear that although teachers all expressed policy aspirations, there was little talk of how this type of reform ought to be and remained implemented or sustained, suggesting there is a mismatch between the policy imagination and perceived political or institutional feasibility. This tension highlights the divide between what is happening at the classroom level with regards to inclusion and what is occurring on a macro-level (i.e. policy).

➤ *Discussion*

This study aimed at investigating the interpretation of autism inclusion in mainstream classrooms and its enactment by early childhood teachers in Lagos State in contexts that are

characterised by lack of formal support for diagnosis. The results suggest that inclusion of autism in such settings is not merely an absentee or some aspiration, but an active process formulation through professional judgement of teachers that is based on observational practices and adaptive pedagogical reactions. Importantly, the findings also provide evidence that these processes do not happen uniformly across teachers but are instead varied depending on the access to training and institutional context and the individual positioning towards inclusion. However, these practices are less the outcome of a structured implementation of policies and are more of compensators to systemic gaps. This distinction is a critical one, as it turns the problem of inclusion not so much into a fully institutionalised process but into one that is sustained through individual and collective professional sense-making in a context of uncertainty (Mohammed, 2023; Ganon-Shilon & Chen, 2019).

Timing teachers' observations and experiential knowledge as the means to recognise behaviour linked to autism attests to a pragmatic response to the scarcity of diagnostic criteria, rather than to a disbelief in the value of clinical approaches. Similar dynamics have been recorded in low- and middle-income contexts where the early childhood teachers are acting as *de facto* first responders to developmental differences (Molla & Nolan, 2019; Salavera et al., 2024). However, the study also shows divergence in the relations of teachers for this responsibility: while some of the study participants showed their confidence in observation-based interpretation, some of them situated this practice as tentative, emotionally demanding and professionally risky. While this reliance is in line with the World Health Organisation's recommendations that recognise uneven diagnostic infrastructure across the world (WHO, 2019) and allows for teachers to achieve identification and support of students in the early stages, it also reveals a structural contradiction where teachers are expected to enact early identification and support without access to the systems of specialist support, which international frameworks presume in place. As a result, interpretations are tentatively defined and full of risk, putting teachers in ethically complex quandaries in which they are compelled to act in the absence of knowledge, yet are held accountable for inclusive results (Mosala & Sefotho, 2025).

The socially constructed nature of teachers who have an understanding of autism also reinforces this tension. Participants' knowledge was influenced by mainly experience, collegial interaction and informal learning, and formal training was secondary and uneven. This unevenness gave rise to various understandings of autism, ranging from generalized functional descriptions, to increasingly minutely trained, interpretations of the condition defying any guesses of a common professional knowledge base. When viewed from a social constructionist perspective, this points to the reality that autism inclusion is mediated through institutional cultures and norms for professional practice and not through standardised expertise (Baird, 2020; Lester & O'Reilly, 2021). Although experiential knowledge allows for the capacity to be responsive to context, its predominance also raises issues of consistency and equity especially in the

absence of commonly held professional benchmarks. UNICEF's focus on teacher capacity as a foundation of inclusive early childhood education supports this gap and as access to structured education is restricted in accessibility it hampers embedding inclusive ideals in systematic practice (UNICEF, 2022).

Teachers' descriptions of inclusive practices (from instructional adaptation to the cognitive development of inclusive social norms) reflect connections to the participatory ethos of the CRPD, which conceptual of inclusion as a right based on a sense of belonging and equal participation (United Nations, 2016). Yet results suggest the idea of inclusion as being enacted in terms associated with a continuum rather than a lone model within which some teachers use phased or partial forms of inclusion in relation to perceived readiness and available support. However, the findings suggest that the realisation of these rights is uneven and contingent and depends to a great extent on the commitment of individual teachers, their emotional labour and personal resources. This dependence upon teacher goodwill leaves a crucial weakness in rights-based frameworks if they are not backed up by an enforceable mechanism. There is a tendency, instead of guarantee through policy infrastructure, to see a lack of priority and support, which leads to burnout, turnover and drain of resources, diametrically echoing and reflecting any criticism made in wider discussions of inclusive education implementation in sub-Saharan Africa (World Bank, 2020; Muhati-Nyakundi, 2023).

The restriction on structures reported by teachers, including insufficient specialist support, inappropriate materials, insufficient funding and poor institutional coordination, therefore points to a persistent policy-practice divide. Although CRPD/WHO/UNICEF frameworks encourage togetherness and multi-sectoral approaches to inclusion, the findings show a fragmentation between the three sectors - education, health and social services - in practice. This fragmentation has the effect (not only of pushing down responsibility) but also the normalisation of the expectation that teachers take on the failures of systems through unpaid emotional, financial and advocacy labour. This individualisation of inclusion obscures systematic accountability and understands what we have participants describing as their routine reliance on personal sacrifice. Similar dynamics have been seen in Nigerian studies and regional studies in which the concept of inclusive education has passed the plus bar but where in practice, inclusive education is operationally under-resourced (Manir & Jabbi, 2025; Obizue & Enomah, 2025).

In spite of these challenges, however, teachers were consistently positive about the effects of inclusion in terms of children, peers, and classroom environments, indicating that inclusive practices - even if improvised - can have important developmental and social benefits. These results are consistent with the international evidence on the positive relationship between inclusive early childhood education and social participation and emotional development (Rafiyya et al., 2024; Blewitt et al., 2021). However, the findings of this

study warned against seeing these positive outcomes as a reflection of the effectiveness of the systems as they are mainly supported by individual teacher labour rather than institutional provision. The change of professional selves of teachers into advocacy and increased reflexivity is good, but simultaneously serves as an indicator to the extent to which the shortage of the system is adopted individually (McCullough Hedelin, 2024; Chamo, 2024).

Critically, the findings counter assumptions implicit in international frameworks for autism inclusion that early identification leads to the natural consequence of the access to support. In the context of Lagos State, identification is often leading to increased responsibility with the same (or few) resources resulting in what may be described as a "recognition-support gap." Teachers policy relate responses reveal their keen insight into the nature of this gap since the call for mandatory inclusion mandates, sanctions against stigmatization, more adequate training, and infrastructural investment are all prominently featured, pointing towards systemic rather than classroom level solutions. This gap fails the intentions of frameworks created and implemented by the WHO and UNICEF organisations, which highlight the importance of early intervention as a protective factor, and instead risks further straining already struggling professionals and putting into question uneven inclusion outcomes (WHO, 2019; Ricks, 2023).

Taken together, the study calls for reconceptualization of the inclusion of autism in diagnostically constrained environments as a process of negotiated practice and not policy enactment. More allied to this, while global frameworks give us important direction in terms of norms, to be operational, the framework models depend on alignment with local institutional capacity, sustained teacher training, and integrated services. Without these conditions, however, inclusion is precarious-ex Attendance (at face level) Enabled: interpretive and emotional labour of teachers Limited: institutional inertia/ inability. By foregrounding teachers lived experience, divergences, and silences, this study moves on from the standard, diagnosis-centred and policy-centred models of inclusive education, providing a context-specific understanding of the processes of diminishing inequalities or making inclusion an unevenly enacted process in everyday early childhood practice.

➤ *Implications for the Policy/Practice*

Findings reveal that the role of early childhood teachers in supporting the inclusive of autism is important at a very early age in settings with limited infrastructure for diagnosis. Policy efforts may therefore focus more on strengthening current classroom practices that could even alienate a diagnosis-dependent entry point. Consistent with tenets as stated in the United Nations Convention on the Rights of Persons with Disabilities, the education authorities could support inclusion by including autism-inclusive competencies in pre-service training and ongoing professional development. In preparation for the World Health Organization's guidance, more collaboration between education and health services may be beneficial in terms of offering consultative support without enriching in education-

based classrooms. Additionally, system level investment in learning materials and structures of support for teachers is consistent with the UNICEF emphasis upon inclusive early childhood systems. Addressing stigma through school-wide sensitisation and parent engagement may serve to further strengthen participation and belonging to the extent to which it addresses the stigmatisation of children with developmental differences.

IV. CONCLUSION

This study seeks to provide a contribution to the fields of inclusive education and autism scholarship, in the form of investigational research, in which early childhood teachers in Lagos State had to interpret and enact autistic inclusion in mainstream classrooms under the conditions of limited formal diagnostic support. Drawing on an interpretivist approach in the form of social constructionism and sense making theory, the findings show that inclusion is not driven by diagnostic classification or formal implementation of policies per se, but by teachers' professional judgement and experiential knowledge and practices that adapt to various situations. Autism inclusion is therefore exposed as a negotiated and practice-based process with institutional limitations, socio-cultural contexts, and processes of everyday realities of early childhood education.

Theoretically, the study contributes to a better understanding of the inclusion of autism by broadening inclusive education discourse from diagnoses-centred and resource-rich environments. It shows that in diagnostically constrained environments, processes of inclusion are maintained through sense-making and relationship work (as opposed to the intervention routes that are standardised). By showing both the normative power and the contextual limitations of global policy instruments in the process of translating into local practice, the study empowers international frameworks like the CRPD, WHO guidance and UNICEF's inclusive early childhood education framework by making empirical connections with teachers' practices. In the process, it offers a lens that has a sensitivity to the context but also puts the teachers to the foreground as important mediators between what is called global ideals of inclusion and what is done in class.

From the policy perspective, the findings highlight the need to go past the symbolic support for in inclusive education to make systemic investments in teacher capacity, diagnostic infrastructure and inter-sectoral cooperation. While the teachers in this study deliberately undertook inclusive practices in relation to rights-based and developmental frameworks, their activities were often compromised by a lack of training opportunities and limited resources and institutional support. This dependence on the personal commitment is therefore concerning for sustainability and equity issues, which means that successful inclusion of autism needs policy coordination designed to reallocate responsibility from teachers to educational systems. Strengthening early childhood teacher preparation, creating the space for inclusive education as part of ongoing professional development, enhancing connections between

education and health services, are critical steps towards institutionalising inclusion instead of making it depend on the special initiative of individuals.

Overall, the study establishes the inclusion of children with autism in an early childhood education context as an important area in which global policy desires clash with local realities. By locating teachers' lived experiences at the centre, it includes empirical foundations for developing more responsive contexts that are contextually sensitive and responsive to teachers' hardships and aspirations in their communities in Nigeria, among others, and which can guide more responsive and accommodating policies of inclusion.

➤ *Limitations and Future Research*

First, the study relies on self-reported information about teaching practices provided by the teachers and this information may have been subject to responses related to social desirability and/or professional norms regarding the inclusion of children. While the use of in-depth interviews afforded rich exploration of meaning and practice, observational data could provide the opportunity to even strengthen knowledge of how inclusion is acted out in situ. Second, the study targets the early childhood teachers in selected local government areas of Lagos state, which can reduce the transferability of the findings into rural settings or areas with other institutional and socio-economic circumstances. The goal, however, was analytical, rather than to generalise statistically, and to provide insights for similar diagnostically constrained situations.

Future research could extend this research by including classroom observation, parent perspectives, and children's experiences to provide a more holistic experience of autism inclusion in an early childhood setting. Longitudinal studies would be especially useful in understanding how interpretations and practice changes over time by teachers, especially as children move through the education system. Further research is also necessary to address the impact of emerging diagnostic initiatives, teacher training programmes or policy reforms, in the areas of inclusive practice both in Nigeria and elsewhere. Comparative research across regions or countries could contribute to a better understanding of the role of different forms of institutional arrangements in mediating global inclusion frameworks at the classroom level.

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