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Acceptance in Action

- Family
- Classroom
- Workplace
- Public Spaces

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Autism Realities: Expectations, Myths, Acceptance & Quality of Life

By

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Our Journey

01

Understand Autism

Realities, prevalence, family experience, strengths, and multiple intelligences

02

Act in the Classroom

Professional humility, pedagogical clarity, and the ACTION framework

03

Share Responsibility

A biopsychosocial lens for families, communities, systems, and policy

04

Pursue Quality of Life

Listen to lived experience and move from access to genuine belonging

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01

See the Child, not only the Diagnosis

Autism realities • prevalence • family experience • strengths

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Autism is a Lifelong Neurodevelopmental Difference

A concise definition

Autism Spectrum Disorder (ASD) affects communication, social interaction, sensory experience, and patterns of behaviour or interest. Every autistic person presents differently; support should therefore be individualized (APA, 2013).

Common co-occurring needs

Autistic people may also experience:

- Attention or impulse-control differences
- Sensory-processing differences
- Anxiety or depression
- Sleep, nutritional, or neurological needs

Source: APA, 2013; Bryson et al., 2008; Lord & Spence, 2006

What may look different

Communication
Words, gestures, eye contact, and interpretation of social cues

Social interaction
Forming relationships, reciprocity, and understanding social expectations

Patterns and interests
Routines, repetition, focused interests, and preference for predictability

Sensory experience
Over- or under-sensitivity to sound, light, texture, smell, or movement

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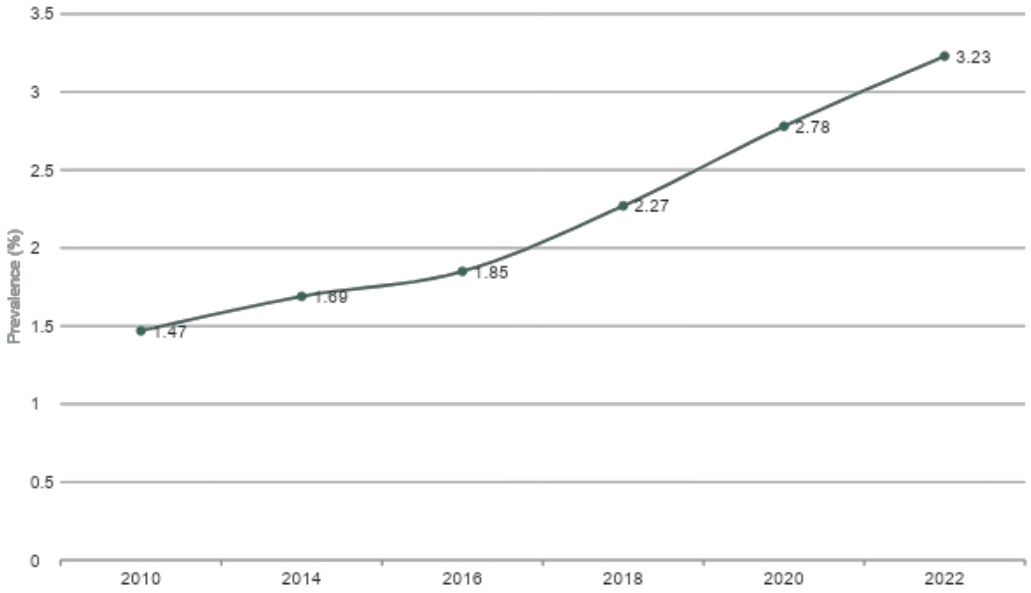
Reported Autism Prevalence has risen Across Every Surveillance Cycle



Source: Centers for Disease Control and Prevention (CDC), 2025 • surveillance years 2010–2022

2010	2014	2016
1 in 68	1 in 59	1 in 54
2018	**2020**	**2022**
1 in 44	1 in 36	1 in 31

Nigeria Context: Unlike the U.S. CDC surveillance system, Nigeria currently lacks a comprehensive national autism surveillance system. Existing studies are hospital- or community-based with varying methodology — making national estimates difficult to establish. *"Behind every statistic is a child. Behind every child is a family. And behind every family is a story."*

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Two children taught me the same lesson: Expectations can hide Reality

01

Lagos, Nigeria

A 12-year-old girl with autism and severe intellectual disability needed support with personal hygiene, body safety, and sexuality education. Yet the question remained: ‘When will she begin to speak?’

02

Accra, Ghana

A child communicated exceptionally well, well enough to be a local radio volunteer. Yet attention stayed on grades not achieved: ‘Why is he not attaining the grades I hoped for?’ asked the mother.

03

What the stories reveal

Different countries. Different children. Different realities. When expectations dominate, adults can miss a child’s present strengths and most urgent needs.

Acceptance starts when we meet the child in front of us, not only the child we imagined.

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Autism is Experienced by the Whole Family

Acceptance is a journey, not a single moment. Each family carries a different mix of love, pressure, hope, uncertainty, and advocacy.

Denial & Grief
Families process diagnosis in different ways and at different speeds.

Emotional Demand
Caregiving can be mentally, physically, and emotionally intense.

Financial Pressure
Therapy, education, healthcare, and support can strain resources.

Social isolation
Relatives and communities may misunderstand the family's journey.

Lifelong Advocacy
Parents continually seek acceptance, services, and opportunity.

Family Transformation
Routines, careers, relationships, and priorities may change.

Search for Support
Finding the right diagnosis and professionals can be exhausting.

Future Uncertainty
Families worry about independence, work, education, and long-term care.

The unspoken fear

What will happen to my child when I am no longer here? Autism is not experienced by the child alone, the entire family experiences it.

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No Single Professional can meet every need of a Family.

Developmental Paediatrician
Development, Assessment, and Diagnosis

Behaviour analyst
Skill-building and Behaviour support

Speech-language Therapist
Communication and Language

Child psychiatrist
Mental-health and Medical care

Neurologist
Brain and nervous System need

Psychologist
Wellbeing and Coping Strategies

Occupational Therapist
Daily living and Sensory Integration

Nutritionist
Food, feeding, and nutrition

Audiologist
Hearing and Auditory Processing

Special Educator
Individualized Learning Support

Early-Childhood Educator
Whole-child early development

Parents & Caregivers
Goals, context, continuity, and advocacy

The family is not outside the professional team. The family is the centre of it.

Acceptance asks a better question: What can this child already do?

Families put acceptance into action when they intentionally discover, understand, appreciate, and nurture a child's strengths. The question shifts from 'What can't my child do?' to 'What can my child already do that I have not yet discovered or celebrated?'

Savant skills

Extraordinary abilities appear in a small minority of autistic people. They may involve memory, art, music, mathematics, or calendar calculation. Savant skills are one vivid reminder that difficulty in one domain never defines the whole person.

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Intelligence is larger than Academic Performance

Gardner's framework helps adults notice different pathways through which children understand, create, relate, move, reflect, and contribute.

Linguistic
Words, stories, reading, writing, and expression

Logical–mathematical
Patterns, reasoning, analysis, and problem-solving

Bodily–Kinesthetic
Movement, coordination, making, sport, and dance

Interpersonal
Understanding others, relationships, and emotion

Visual–spatial
Images, maps, design, space, and visual thinking

Musical
Rhythm, melody, tone, sound, and appreciation

Intrapersonal
Self-awareness, reflection, and emotional insight

Naturalistic
Patterns in nature, living things, and environment

A strength-based lens

Every child has strengths—but those strengths may be expressed differently. Intelligence is not limited to grades or conventional academic performance.

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02

Acceptance Becomes Real in the Classroom

Professional competence • pedagogical clarity • practical inclusion

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Good Intentions are not the same as Professional Competence

01

Profession

Interest does not equal knowledge. Advocacy is not the same as expertise. A certificate is not a substitute for competence.

02

Pedagogy

Know the approach you use, Montessori, EYFS, HighScope, Project-, Play-, Forest-, or Inquiry-based learning, and apply it with fidelity. What Theory guides your teaching?

03

Professional Humility

One week of training does not make anyone an expert. Reflect, collaborate, study the learner, and keep developing your practice.

Differentiation is not an extra strategy; it is the natural result of understanding the learner.

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From Acceptance to Action in the Classroom

P — Profession
Knowledge, skills, ethics, and evidence-based practice. The profession gives us competence.

C — Calling (Vocation)
Purpose, compassion, patience, and commitment. The calling gives us compassion.

H — Professional Humility
Interest is not Knowledge. Advocacy is not Expertise. A certificate is not Competence. True expertise requires years, not weekends.

Pedagogical Foundations

Every teacher should answer: *"What pedagogical approach guides my teaching? What theory informs that pedagogy?"*

- Montessori — hands-on, self-directed learning
- John Dewey — learning through meaningful experiences
- Vygotsky — guided social interaction & ZPD
- Kilpatrick — learning through purposeful projects
- Erik Erikson — social-emotional development

"Differentiation is not an additional strategy. It is the natural outcome of understanding the learner."

- Interest does not equate to knowledge.
- Advocacy is not the same as expertise.
- A certificate is not a substitute for competence.
- One week of training does not make anyone an expert.

What Pedagogical Approach Do You Use?

Montessori Education, EYFS, Project-Based Learning, HighScope, Forest School, Inquiry-Based Learning, Play-Based Learning?

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The A.C.T.I.O.N. Framework Turns Acceptance into Practice

Acceptance becomes visible through what educators notice, teach, design, celebrate, and sustain every day.

A • Appreciate
See the child's uniqueness and look beyond deficits.

C • Create
Build an environment where every learner can participate.

T • Teach
Work through strengths and build on what the child can do.

I • Include
Make belonging social, not merely physical placement.

O • Observe
Notice progress, not perfection, and celebrate growth.

N • Nurture
Sustain partnership with families and professionals.

Partner
Treat families as knowledge-holders and co-designers.

Reflect & Adapt
Keep adjusting the environment, support, and teaching.

The destination

Strengths are the starting point. Participation is the practice. Belonging is the outcome.

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03

The Biopsychosocial Model: No Family Should Carry Autism Alone

Health • education • faith • community • workplace • policy

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The Biopsychosocial Model

Autism is not only the child's condition. It is a **family experience, a community experience, a societal responsibility.** Having spoken to parents and educators, I would now like to speak to policymakers, healthcare professionals, therapists, researchers, employers, faith leaders, community organizations, and everyone whose decisions influence the lives of autistic individuals.

1

"The child brings the biology."

The Biology of the Child

Every autistic child has a unique neurodevelopmental profile. Our responsibility is not to change who they are, but to understand how they experience the world and provide support to help them thrive.

2

"The parent shapes the emotional climate."

Psychological Wellbeing

Parents may experience shock, grief, anxiety, burnout, and uncertainty. When professionals support parents with empathy and partnership, they strengthen the entire family.

3

"Society creates barriers or opportunities."

The Social Environment

Schools, healthcare, policies, religious institutions, employers, and community attitudes all shape the autistic experience. An inclusive society removes barriers.

Shared Responsibility: Parents cannot do it alone. Teachers cannot do it alone. Therapists cannot do it alone. Government cannot do it alone. Acceptance in Action happens when every sector collaborates.

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Autism is a Shared Human and Social Responsibility

> Autism is not only the child's condition. It is a family experience, a community experience, and a societal responsibility. The child brings biology; family wellbeing shapes daily life; society creates barriers or opportunities.

FIVE INTERCONNECTED LENSES

- Child biology
  Neurodevelopment and sensory profile
- Parental wellbeing
  Stress, hope, grief, and resilience
- Family resources
  Time, finance, knowledge, and support
- Social environment
  Attitudes, relationships, and community
- Systems & policy
  Services, rights, access, and opportunity

Parents cannot do it alone. Teachers cannot do it alone. Therapists and governments cannot do it alone. Acceptance in Action happens when every sector collaborates.

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04

Quality of Life Begins with Listening

Ask what matters to the person and let the answer guide support

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A Student Changed the Question I was Asking

01

I assumed

I taught an undergraduate with visual impairment. Like many educators, I wanted to make her life better, and I believed surgery and restored sight would be the greatest gift.

02

I asked

One day, I spoke with her about it. I had spent so much time thinking about what I believed she needed that I had never asked how she experienced her own life.

03

She answered

She smiled and simply said: ‘I’m happy the way I am.’ Her words challenged the assumption that my definition of success must also be hers.

The better question is not always ‘How do we fix the person?’ Sometimes it is ‘How do we improve the person’s quality of life?’

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Quality of Life is Multidimensional

Schalock's framework reminds us that a good life is shaped by emotional, relational, material, developmental, physical, personal, social, and rights-based conditions (Schalock & Verdugo, 2002).

Emotional Well-Being
Life satisfaction, self-concept, and absence of stress

Interpersonal Relations
Social networks, friendships, and supportive relationships

Material Well-Being
Financial status, employment, and access to resources

Personal Development
Education, skill acquisition, and competence

Physical Well-Being
Health, mobility, and access to healthcare

Self-Determination
Autonomy, choice-making, and personal control

Social Inclusion
Community participation and belonging

Rights
Access to respect, dignity, and equitable treatment

What this means for families

Supporting parents is not supplementary. It is fundamental to children's developmental outcomes, family quality of life, and long-term social inclusion.

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The Best Question is not ‘How do we fix the Person?’

Ask instead: How do we improve this person’s quality of life? The eight domains turn that commitment into practical questions.

Emotional wellbeing
Is the person happy, safe, confident, and able to experience joy?

Relationships
Are there meaningful friendships and dependable support?

Material wellbeing
Are education, healthcare, technology, and resources accessible?

Personal development
Is the person learning, building skills, and discovering strengths?

Physical wellbeing
Are health, nutrition, therapy, movement, and recreation supported?

Self-determination
Can the person choose, express preferences, and influence daily life?

Social inclusion
Is the person welcomed, participating, valued, and truly belonging?

Rights
Is the person treated with dignity and offered equitable opportunity?

Listen before deciding

Ask the person. Listen to the answer. Let their priorities, not our assumptions, guide the support we provide.

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Stress may be Universal; Support is not

> Across countries and socioeconomic groups, families may experience stress while raising a child with additional needs. What differs profoundly is access to understanding, services, resources, rights, and opportunity.

WHERE DISPARITIES EMERGE

- Country
  Systems and services
- Race
  Recognition and equity
- Environment
  Access and infrastructure
- Culture
  Beliefs and expectations
- Socioeconomic status
  Resources and affordability

Bridging the gap requires targeted policy, equitable resources, and culturally responsive services, not identical solutions for unequal realities.

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Acceptance in Action leaves us with three Commitments

01

See the whole person

A diagnosis never explains the entire child. Notice strengths, needs, relationships, culture, context, and lived experience.

02

Practice Empathy

Understanding families' realities should change how we speak, teach, design services, make policy, and offer support.

03

Build support around families

Parents need responsive professionals, inclusive communities, equitable systems, and genuine partnership.

Support is not supplementary. It is fundamental to developmental outcomes, family quality of life, and long-term social inclusion.

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Do we advocate Inclusion or Social Inclusion?

01

Inclusion gives access

A place in the classroom. Entry into services, workplaces, communities, and public spaces.

02

Social inclusion creates belonging

A voice, meaningful relationships, participation, dignity, influence, and being genuinely valued.

03

True inclusion changes the system

Presence becomes participation; participation becomes connection; connection becomes belonging.

Our mission must go beyond placing children in our spaces. We must make room for them in our hearts, systems, and shared life.

WHY I WEAR THE SCRUB

People ask me,
"Why do you wear the scrub?"
You're not a physician.
You're not a surgeon.
You're not a nurse.
So...

Why the scrub?
I wear it…
because somewhere,
a mother has not slept all night,
waiting for her child to sleep first.
I wear it...
because somewhere,
a father is sitting quietly in his car,
not because he has nowhere to go,
but because he doesn't know how to carry the weight of tomorrow.
I wear it...
because I have seen parents apologize...
for children
who never needed to apologize for being themselves.
I wear it...
because I have watched little hands flap with excitement...
while the world called it a problem.
I saw brilliance...
where others only saw bad behavior.
I saw possibility...
where others saw limitation.
I wear it...
because I have celebrated victories
the world never noticed.
A first word.
A first eye contact.
A first friendship.
A first day without fear.
A parent...
who finally smiled again.
...
I wear it...
because I have stood beside families
when hope felt smaller than fear.
Not to promise miracles.
Not to promise cures.
But to promise,
"You will not walk this journey alone."
...
I wear it...
because research gave me knowledge.
But families...
gave me purpose.
Children...
gave me perspective.
And hope...
gave me a calling.

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I wear it...
because I have knelt beside children
who never spoke my language,
yet somehow,
they taught me
the deepest lessons about humanity.
They taught me
that communication
is far bigger than words.
That intelligence
is far bigger than grades.
And that love...
needs no translation.

So today,
this scrub is not a uniform.
It is a promise.
A promise
to every parent
who wonders,
"Will anyone understand my child?"
A promise
to every teacher
who chooses patience over frustration.
A promise
to every clinician
who remembers
that before there is a diagnosis...
there is a human being.
A promise
to every autistic child
that your worth
will never be measured
by how closely you resemble everyone else.

And when I take this scrub off tonight...

I hope one thing remains.
Not my presentation.
Not my research.
Not my title.
But the belief...
that every autistic child deserves more than awareness.
More than acceptance.
More than inclusion.

They deserve
to be understood...
to be celebrated...
to be loved...
and above all,
to belong.

So...
if you ever ask me again,
"Why do you wear the scrub?"
My answer will always be the same.

"Today, I wear this scrub in honour of every autistic child who has ever waited to be understood... and every parent who never stopped believing they would be."
So, let your child shine bright like a DIAMOND in the SKY

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Let Every Child Belong

Thank you • Questions and Reflections

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Thanks for listening