Parents' difficulties and needs in accessing guiding materials for supporting their children with ASD attending inclusive schools

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ABSTRACT: *Inclusive education for children with autism spectrum disorder (ASD) relies on the active involvement of parents. However, in Vietnam, research on the difficulties and needs of parents in accessing reference materials remains limited. This study aimed to examine the challenges and requirements of parents in obtaining guidelines for children with ASD in inclusive schools. An online survey was conducted with 109 parents of elementary school students with ASD to investigate this issue. The findings indicate that, in the existing guidelines, much of the information on autism symptoms, signs, and causes are primarily obtained from social media sites and unreliable sources. In contrast, parents expressed a desire to access materials developed by autism experts in a video format that is easy to comprehend and implement.*

1. Introduction

The difficulties and needs of parents in accessing guidelines to support their children with ASD participating in inclusive schools are increasing. Autism is a neurodevelopmental disorder with complex impairments, in which the core impairment is presented in social communication, interaction, and restricted behavior (CCIHP, 2015). Establishing a close relationship between teachers and parents to cooperate in education is supposed to be one of the essential issues determining the effectiveness of inclusive education for children with ASD (Lindsay et al., 2014, p. 115). Davis and Florian (2004, p.13) also suggested that in this inclusive education, the coordination between parents, family members, and other societal forces is a critical factor for success. Through the connection with parents, teachers can learn the psychological characteristics of children and capture information about the child's learning process, thoughts, feelings, difficulties, and obstacles during their learning at inclusive schools and home. They can even guide parents

to work with children at home to reinforce or practice what children have learned in class. If the teacher can do this, the teaching process of the teacher will become much more convenient and practical.

Many documents on children with ASD have been published by reliable agencies such as the National Children's Hospital, Vietnam Association for Educational Psychology, National Center for Special Education, Vietnam Children's Fund, Catholic Relief Services (USA), Autism Speaks, and other educational institutions, colleges, and universities. Books from experts (Cara, 2019; Mai, 2014; Nguyen, 2014; Tran, 2017) also provide accurate scientific information about ASD and guidance for parents in caring for and intervening with children with ASD. In addition, many documents that appear with unknown authors are not guaranteed for accuracy, and they are widely circulated, especially on the Internet. However, statistical and evaluation results show that there is a lot of incorrect and unclear information, and much conflicting information exists in electronic newspapers,

websites of organizations, forums, blogs, social networks (mainly Facebook), and video-sharing sites (Youtube) (Tran, 2021). Meanwhile, when sharing feelings about children with ASD attending inclusive schools, parents experienced anxiety and were concerned for children's safety (according to the video series Raising Children Network). These videos showed that parents of children with ASD often fear that their children would not be safe or would be bullied at school. Thus having materials with accurate, reliable, and easy-to-understand content is essential to assist parents in guiding their children's skills when participating in inclusive schools.

This study aims to identify the needs and difficulties of Vietnamese parents in accessing the guidelines that support children with ASD to participate in inclusive schools. The result will be the foundation for building and developing different forms of valuable documents for families to refer to and follow.

2. Literature review

2.1. The increase of children with ASD in the world and in Vietnam

The number of individuals diagnosed with ASD has increased rapidly over the past few decades (Constantino & Todd, 2003; Fombonne, 1999; Croen, Grether, Hoogstrate, & Selvin, 2002; Croen, Grether, & Selvin, 2002; Gillberg & Wing, 1999; Reichenberg et al., 2006). The prevalence of children with ASD in Vietnam is not outside this upward trend. In Ho Chi Minh City (2002), there were only 2 children who went to the Children's Hospital for exams and treat ASD. In 2008, the number of children coming to the clinic was 324, an increase of 160 times. In addition, according to statistics, the number of children diagnosed with ASD at the Department of Psychiatry, National Children's Hospital, in 2011-2015 was 15,524. The earlier preliminary statistics from the Hanoi Department of Education and Training in 2011 showed that there were about 200,000 autistic children in the city studying at primary schools. According to another statistic of the Department of Rehabilitation of the National Children's Hospital in 2000-2007, the number of children with ASD (2007) coming

for medical examination increased 50 times, and for treatment increased 33 times compared to 2000. Besides, the trend of ASD rose rapidly from 122% to 268% from 2004 to 2007.

Evidence on inclusive education shows that successful implementation of inclusion principles can lead to increased student participation in social interactions at higher levels of education, social support, social networking, and advanced educational goals relative to their peers in segregated environments (Bredekamp & Copple, 1997; Eldar, Talmor, & Wolf-Zukerman, 2010). In Ontario, Canada, the Department of Education has identified including students with ASD in school settings as a priority area for action (Lindsay et al., 2013). They have supported this inclusive approach with the Education Act and are committed to helping children with disabilities in the Ontario school curriculum (Lindsay et al., 2013). In Vietnam, research during the COVID-19 pandemic showed that children with special needs were susceptible to routine changes and needed a teacher or relatives to support them to learn independently through technology (Mai, 2022). However, parents' knowledge about the care of children with ASD was restricted. Teachers often have significant difficulty managing children's needs appropriately because of the behavioral and social impairments due to ASD (Bowe, 2004; Lindsay et al., 2013). Another significant barrier was the need for knowledge and skills in information technology. Teacher face difficulty teaching online and supporting children with autism (Mai, 2022). An online survey of 83 parents whose offspring aged 21 and below were diagnosed with ASD rated available ASD treatments for perceived effectiveness and scientific validity. The result showed that most parents agreed with the National Standards Report for only 9 out of 26 identified treatments, and more than 35% of the parents listed interventions that were not part of the NSR consensus (Deyro et al., 2016).

2.2. Difficulties of parents when supporting children with ASD to participate in inclusive schools

Raising a child with ASD can be an overwhelming experience for parents and

families. The severe ASD impairments in children were related to various caregiver challenges, including decreased parenting effectiveness, increased stress, and physical and mental health problems compared to parents of typically developing children and children with other developmental disorders (Karst et al., 2012). Approximately 85% of individuals with ASD have cognitive and/or adaptive limitations that limit their ability to live independently, possibly needing care from parents and family throughout life (Volkmar & Pauls, 2003). Seltzer et al. (2001), in a long-term study of parents of children with developmental disabilities, over 50% of parents aged 50 years and older said they were still living with their child. In addition, parents face difficulties supporting children with ASD to perform self-help tasks and personal hygiene. Many parents of children with ASD reported problems with most dental care services, including dental care at the home, clinic, and accessing oral care (Stein et al., 2012). They often found it challenging to maintain employment opportunities, resulting in financial, social, and psychological losses (Hill et al., 2015). The other difficulties might involve negative views in the community. Families of children with ASD in Hanoi experience discrimination and stigma and face various obstacles in accessing appropriate diagnosis, assessment, and intervention services. Poorer families and those from rural Vietnam have neither the income, time, nor opportunities to pursue interventions (Vu, 2014). Moreover, the previous study by Foronda (2000) reported that parents draw less social support from family members such as their relatives.

Although the study results from Chong and Kua, 2016; Foronda, 2000; Xue et al., 2014; Santoso et al., 2015 indicated that social support for families of children with ASD could be obtained from many sources such as schools, the families of other children with ASD or extended family members, and professionals, the number of schools in Vietnam accepting children with intellectual disabilities and ASD was not much. Schools must be equipped and approved by the Department of Education as inclusive schools. Children are allowed to attend school. Private schools were more willing to take children, but tuition fees were relatively high and unsuitable for families' economic conditions (Do, 2012). Furthermore, studies in Vietnam on parents' difficulties have shown that teachers lack professional knowledge to support them, and some refuse children with special needs (Do, 2012). Parents sometimes gave teachers gifts so their children could attend school (Vu, 2014).

Although in recent years, the government has developed policies to educate and take care of children with disabilities, these policies have not yet been paid to deserve attention. For example, up to 75.2% of parents want the government to complete the subsidy system for children with special needs. Research showed that parents in Vietnam are eager to receive more support with information, tools, intervention methods, and advice on care and support for children with ASD (Hoang, 2017).

3. Methodology

3.1 Research procedure

A cross-sectional study design was conducted. A questionnaire survey is the primary method used in this study. In addition to demographic information of both children with ASD and parents, such as age, gender, city, and autism level, the questionnaire includes 3 main contents as follows: (1) the Status of children's integration learning with questions about problems when participating in inclusive school; (2) the reality of documents guiding for parents to support children with ASD to participate in the inclusive school, which parents have and already know, including content, form, source of documents and parents' subjective assessment of this document; and (3) parents' needs for the use of references to support their child's inclusive learning.

Due to the context of the COVID-19 epidemic, the research team conducted an online survey on parents of children with ASD in Vietnam. The questionnaire link was sent to educational institutions and interventional centers and posted on associations, groups, and forums for parents to complete. Criteria for selecting subjects include: being parents/caregivers of children with ASD studying in inclusive schools. Children who

have never attended inclusive learning will be eliminated. After filtering, 109 self-reports were analyzed on SPSS statistical software.

3.2. Participants

Out of 109 caregivers of children with ASD who participated in the survey, 13.8% are male, and 86.2% are female; the average age is 36.80 (SD = 5.28); the oldest is 50 years old, and the youngest is 25 years old; 99.1% are parents reporting about their children, and only 0.9% are grandparents. Most participants are from Hanoi, Ho Chi Minh, and Nam Dinh; other provinces/cities include Dong Nai, Hai Phong, Nghe An, Quang Nam, Thai Binh, and Vinh Phuc. Regarding education level, most subjects graduated from College/University (59.6%), Postgraduate has 24 people (22%), Intermediate level accounts for 11.9%, High School is 1.8%, Middle School is 3.7%, and Primary is 0.9%. Some other information includes: full-time work has 79 subjects (72.5%), the part-time job has 20.2%, and unemployment/not working has 7.3%; the total average monthly income of families is 24.11 million VND (SD = 30.34), the lowest is 4 million, and the highest is 300 million; more than half of the families have 2 children (67%), 20.2% have 1 child, and only 1 family (0.9%) has 4 children and 1 family has 6 children; there are 99 families (90.8%) with one child with ASD and 10 families (9.2%) with two children with ASD. The average age of parents when giving birth to a child with ASD is 28.83 years old (SD = 4.14), the highest is 40 years old, and the youngest is 19 years old.

Meanwhile, among children with ASD,

the majority are the first child in the family (accounting for 61.5%), followed by the second child (accounting for 33.9%), and only 4.6% are the third child in the family. Regarding gender, 88.1% are boys, and 11.9% are girls; the average age of children is 7.69 years old (SD = 2.75); the oldest is 19 years old, and the youngest is 2 years old. Characteristics of children's ASD level by gender are presented in the table 1.

Regarding the current learning environment, 65.4% of the children are in full integration, 15% are in semi-integration, and 27.8% are in complete special education. Of 109 families participating in the study, there are 78 families (71.6%) let their children intervene in special education institutions such as inclusive education centers and specialized intervention classes; 50 families (45.9%) let their children intervene at home, and there are 21 families have their children intervene at a special education institution and intervene at home.

4. Results and discussions

The main research results include three contents as follows: firstly, the difficulties of children with ASD and their families when children participate in inclusive learning; the second is the reality of accessing parental manuals to support children with ASD attend to inclusive schools; and the third is the need for parental manuals to help children with ASD attend to inclusive schools.

In addition to the main results, the study identified interventional and therapeutic services that children received, such as behavioral and

Table 1. Characteristics of children with autism by gender

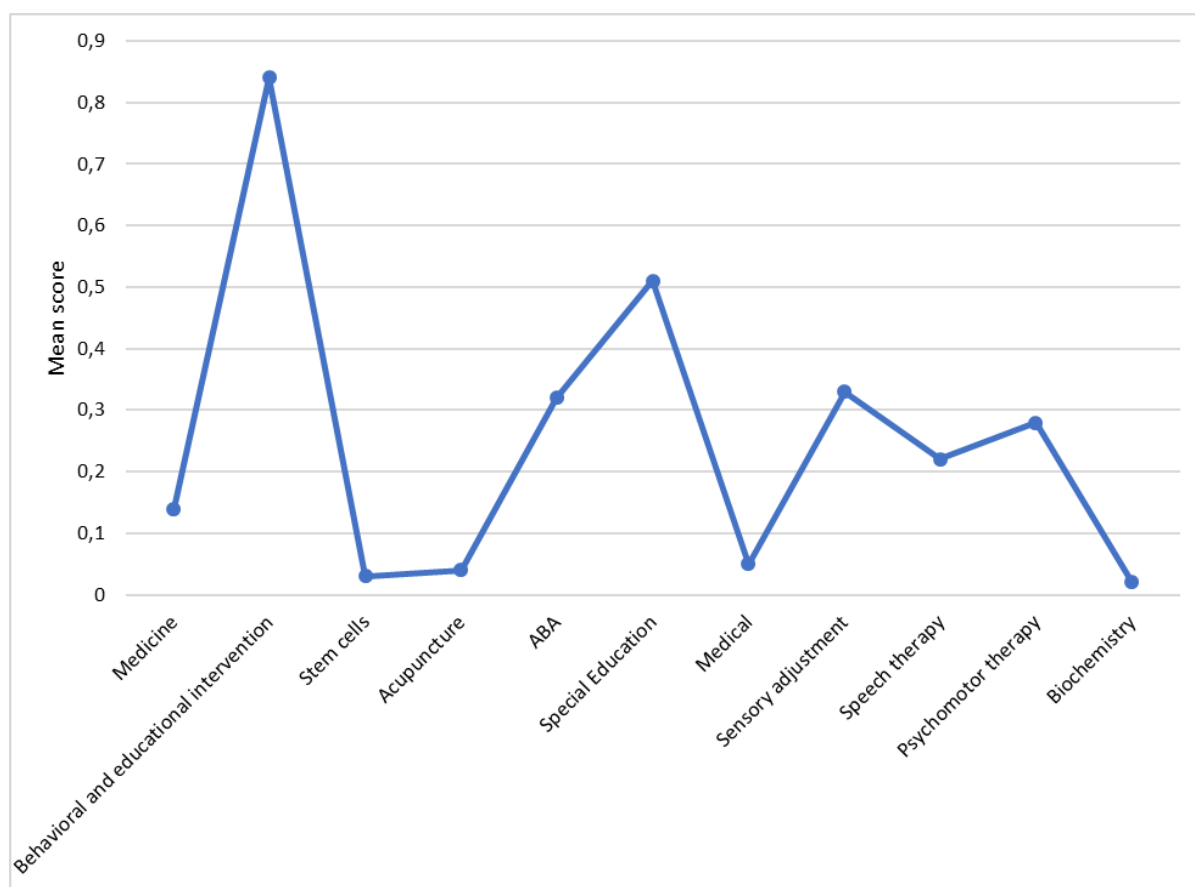|			Mild Moderate	ASD level		Total
				Serious	Moderate	
Gender	Male	Frequency	37	51	8	96
		Percentage	33.9	46.8	7.3	88.1
	Female	Frequency	5	6	2	13
		Percentage	4.6	5.5	1.8	11.9
Total		Frequency	42	57	10	109
		Percentage	38.5	52.3	9.2	100.0

Figure 1. Therapeutic services that children with ASD have access to

educational interventions, sensory regulation, and occupational or speech therapy. The results show that behavioral and educational interventions are the most accessed services, followed by special education and sensory adjustment. Meanwhile, the 3 least used services are acupuncture, stem cells, and biochemistry. Specific data is presented in the figure 1.

4.1. Difficulties of children and families when participating in inclusive schools

4.1.1. Children's difficulties in performing skills before participating in inclusive learning

Children's difficulties in this study include a range of skills related to preparing children to integrate, such as communication and building friendships, self-service, attention, play in groups, and behavioral and emotional control problems. The average score results show that the biggest challenges children face are communicating with others *(M = 1.60, SD = 0.51),* establishing relationships with friends and other people *(M = 1.59, SD = 0.55);* participating in activities and playing in groups *(M = 1.53, SD = 0.57).* These core defects in children with ASD are social communication and interaction limitations. Because of these impairments, children will find it challenging to develop and maintain relationships with friends, play in groups, or communicate with people around them. Meanwhile, self-service and personal activities are the minor common problems with an average score of *M = 0.97, SD = 0.65*, and the sensory problem with *M = 1.06, SD = 0.66*.

Conducting a correlation test between the difficulty level of the children's integration learning skills with some other characteristics shows a low negative correlation with the children's age *(r = -0.22*),* so in some children, the younger they are, the more these difficulties. Besides, the difficulty level in these skills is also positively correlated with the level of autism in children *(r = 0.475**).* This result can be predictable because when a child has a high degree of disorder, communication deficits, and rigidity are also high, leading to impairments

in their functional activities. Other comparative tests show no statistically significant difference in the difficulty level of the integration learning skills of children with ASD by gender or by order of the child in the family, *p > 0.05*.

4.1.2. Difficulties of children when participating in inclusive school

For children to participate in inclusive learning smoothly, besides the necessary skills themselves, the combination of a network including family, school, and community is essential. The result of difficulties that children with ASD face when participating in inclusive learning indicates that: according to caregivers' reports, the biggest barrier is the absence of staff to support children at school *(M = 1.39, SD = 0.78)*, followed by the lack of expertise in inclusive education for children with ASD in school staff and teachers *(M = 1.32, SD = 0.74)*. Some other difficulties include no policy to support families and students with ASD *(M = 1.06, SD = 0.81)*; some classmates ignore because children with ASD do not know how to play, have different behaviors and emotions *(M = 1.06, SD = 0.74)*; changing environment, children appear more challenging behaviors *(M = 1.04, SD = 0.68)*; and parents of other students in the class do not accept children with ASD to study with their children *(M = 0.69, SD = 0.72)*. Similar to the difficulties above, the results of the correlation test also show a low positive correlation between the difficulty of children when attending inclusive schools with the level of autism, *r = 0.235*;* in some children, the higher the level of autism, the more difficult it is to participate in inclusive learning. There is no statistically significant difference in children's difficulty level when attending inclusive schools by gender or by order of the child in the family, *p > 0.05*. The previous studies also indicated that students with ASD faced many obstacles in the school environment, such as academic challenges, social isolation, anxiety, and inadequately trained teachers (Costley et al., 2012). The other teachers focused too much on academic outcomes and neglected to support the student in other non-academic areas, such as social integration (Hummerstone & Parson, 2020). Furthermore,

in Humphrey's studies, children with ASD were approximately 20 times more likely to be socially excluded at school in comparison with other groups of children (Humphrey, 2008); they were up to three times more likely to be bullied, were less likely to be socially supported and were more likely to be rejected than their counterparts (Symes & Humphrey, 2010). Thus, It could be seen that the challenge students must face relates to two school connections: teachers and their peers.

4.1.3. Difficulties of parents when supporting their children to participate in inclusive learning

When considering the difficulty of parents when supporting their children to participate in inclusive learning, the average score analysis results are presented in Table 1.

Table 2. The average score of parents' difficulties when supporting children with ASD to participate in inclusive learning

Difficulties when supporting children with ASD to participate in inclusive learning	M	SD
Coordinating with social organizations and educating children with ASD	1.39	0.693
Lack of knowledge about psychological counseling	1.35	0.614
Lack of knowledge about forms of treatment for children with ASD	1.32	0.637
Lack of skills to control emotions	1.28	0.610
Lack of skills and knowledge to teach children with ASD to learn	1.27	0.662
They haven't understood the ability to ask children with ASD	1.26	0.672
Lack of knowledge about the form of education for children with ASD	1.26	0.658
Lack of knowledge of social policies for children with ASD	1.26	0.725
Lack of knowledge about schools for children with ASD	1.26	0.712
Lack of knowledge about educating children with ASD	1.18	0.611
Lack of essential skills to care for children with ASD	1.15	0.621

Difficulties when supporting children with ASD to participate in inclusive learning	M	SD
Lack of communication skills with children with ASD	1.09	0.646
Lack of knowledge in caring for children with ASD	1.06	0.684
There is no information on the causes and criteria for autism assessment	1.06	0.731
Total	1.23	0.53

The results from the table 2 show that the major difficulty that parents face when supporting their children to participate in inclusive learning is the coordination with social organizations to jointly educate children with ASD, lack of knowledge about psychological counseling about forms of treatment for children with ASD, and lack of skills in managing emotions. Meanwhile, the more minor challenging difficulties for parents include the skills and knowledge to communicate and care for children. In addition, the analysis results also indicate a low negative correlation between the difficulty of parents when supporting their children to participate in inclusive learning and their children's age *(r = -0.215*).* However, a positive correlation exists with the degree of autism in children *(r = 0.254**).* Thus, the younger the child, the less complex it is for the parents, and the higher the child's autism level, the more difficult it is for the parents. There is a moderate negative correlation between parents' difficulty in supporting their child's integration with parents' understanding of the materials and resources to support their child's integration *(r = -0.310**).* This means that the greater the knowledge of the supporting documents, the less complicated it is. Several previous studies showed that many professionals also wished they could offer greater support, particularly as an adapted educational provision in schools was difficult to access for children with ASD. This difficulty was exacerbated by a lack of understanding and awareness about ASD, partly due to diverse and differing needs (Hasson et al., 2022). Thus, providing support for children with autism to integrate based on the family was considered by experts to be more beneficial and feasible than the school approach. However, the connection between professionals and families seemed loose and improved.

Conducting a regression analysis showed that parents' understanding of documents supporting children's inclusion explains 8% of the variation in the difficulties faced by parents when helping their children's integration learning, as in Table 3:

Table 3. Model to predict parents' difficulties when supporting their children's integration learning

Model				
Model	R	R²	R² adjustment	p
1	.310ᵃ	.096	.088	0.001

4.2. Reality of accessing parental manuals to support children with ASD to participate in inclusive schools

Regarding accessing parental manuals to support children with ASD to participate in inclusive schools, the research identified the following aspects: understanding of the documents, the source, content, form of publication, and authorship of the materials that parents had or knew. In addition, we also asked for parental feedback on these documents.

4.2.1. Status of existing documents

The first results show that most parents report that they "knew little" about inclusive learning materials and resources, with 77.1% of the total, 16.5% reporting that they "know a lot," and 6.4% "do not know." There is no difference in understanding between parents with different working hours, nor was there any correlation with age, education level, or monthly family income. When asked, *"Have you had access to the parental manuals to support your child's inclusion?"* up to 73.4% of the total respondents answered "yes", and 26.6% answered "no". The correlation test shows that: in some parents, the higher the educational level, the more likely they are to access documents *(r = 0.256**).* Regarding other characteristics of the guidance materials parents have and/or know, the data are presented in Table 4.

Table 4. Characteristics of resources and content of documents guiding parents to support children with ASD to participate in inclusive schools

Information resources on inclusive education	M (SD)	Parents' scope of the document	M (SD)
1. Facebook, Youtube, Zalo, v.v.	0.83 (0.37)	1. Symptoms and signs of ASD	1.39 (0.61)
2. Sharing of teachers and intervention staff	0.78 (0.42)	2. Causes of ASD	1.21 (0.61)
3. Training courses	0.59 (0.50)	3. Treatment for ASD	1.17 (0.58)
4. Handout, photo	0.28 (0.45)	4. Screening and diagnostic ASD	1.10 (0.69)
5. Bookstore	0.21 (0.41)	5. Support integration for children with ASD	0.97 (0.65)
6. Books from publishers	0.17 (0.38)	6. Policy on ASD	0.61 (0.64)

Table 4 shows that parents' sources of information about inclusive education for children with ASD are primarily from social networking sites such as Facebook, Zalo, and Youtube, followed by teachers and intervention staff sharing. This shows the media's and the Internet's strong development in communicating and providing information to people. This will bring faster and more attractive impacts to the community.

Regarding the content of the documents: the symptoms, signs, and causes of ASD are still the most critical topics, with the average score of *M = 1.39* and *M = 1.21*, respectively. Remarkably, the content of policies for individuals with ASD does not seem to have been mentioned much in the relevant documents for families of children with ASD. Meanwhile, the full use of supportive policies can benefit children.

Other characteristics include: The published form of the document that parents have is mostly illustrated and instructive *(M=0.66, SD=0.48)*, and very few papers are produced under video format *(M = 0.30, SD = 0.46)*. The authors of documents currently available are mostly domestic autism researchers *(M = 0.77, SD = 0.42)* and documents compiled by intervention centers *(M = 0.52, SD = 0.50)*. In general, these are two reliable sources. Still, there is much information from social networks, and the author is unknown *(M = 0.50, SD = 0.50)*.

4.2.2. Parents' assessment of available documents

Most opinions indicate that there are too many documents and need to know which one to use; the current literature lacks interdisciplinary such as combining psychology, education, and medicine. The specific data is shown in Figure 2.
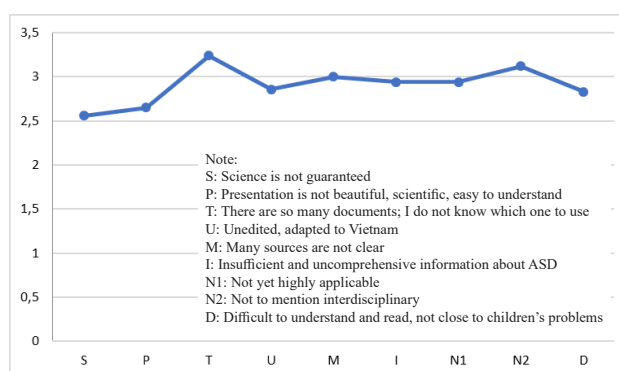

Note:
S: Science is not guaranteed
P: Presentation is not beautiful, scientific, easy to understand
T: There are so many documents; I do not know which one to use
U: Unedited, adapted to Vietnam
M: Many sources are not clear
I: Insufficient and uncomprehensive information about ASD
N1: Not yet highly applicable
N2: Not to mention interdisciplinary
D: Difficult to understand and read, not close to children's problems

Figure 2. Parents' assessment of available support materials

There were many parenting materials available to help their offspring to be integrated, for example, Carrington et al., 2021, "Supporting Students on the Autism Spectrum in Inclusive Schools: A Practical Guide to Implementing Evidence-Based Approach"; InclusionBC (2014), "Everyone belongs in our schools: A parent's handbook on inclusive education". However, it was clear that English was a barrier for Vietnamese parents. Meanwhile, parent manuals

in Vietnam focused more on preschool children with ASD. Therefore, it was necessary to have documents that provided correct information and were suitable for Vietnamese people's reading culture.

4.3. The need for instructional materials for children with autism spectrum disorder when participating in inclusive school

The survey on the needs of parents to use manuals for helping their children attend inclusive schools shows the following results: 67.9% of the total respondents said that it is "very necessary," 29.4% are "necessary", and only 2.8% consider it "a little necessary". There is no statistically significant difference in the need for manuals by gender, $p > 0.05$. Some factors in the demand for documents include the type of publication, the paper's author, the document's content, several other expectations, and the form of access. The specific results are as follows:

The typical contents most parents want in the document are skills to behave *(M = 0.93, SD = 0.26),* peer relationships and study skills *(M = 0.92, SD = 0.27),* self-service skills *(M = 0.83, SD = 0.37);* then include skills to deal with adverse situations such as bullying, accidents *(M = 0.83, SD = 0.38),* compliance with classroom rules, how to communicate with teachers. Lesser-mention content includes choosing the right school and class for children, knowledge of basic cultural subjects, and skills in arranging school supplies. Along with these contents, parents also expect more the autism research experts in the country will be the ones who compile the documents with an average score of *M = 0.97, SD = 0.16*, followed by foreign autism research specialists *(M = 0.61, SD = 0.56);* intervention center *(M = 0.56, SD = 0.50).* However, 10.1% of customers chose information from social networking sites, 9.2% chose photo documents with unknown authors, and 5.5% did not care about the author. So, there are still some parents who do not care who compiled the content of the manual.

In addition to the content and author-compiled factors, the study also provides some quality criteria for parents to choose from;

the results show that: practicality and ease of understanding are the two criteria that are the highest requirements, with average scores of *M = 2.86* and *M = 2.85*, respectively; followed by the reliability and completeness of the content; meanwhile, scientific and interdisciplinary nature are less required in the literature. However, up to 68.8% (over half) of the total parents have high demands on the science of the document. Some of the other requirements include documentation containing practice content *(M = 2.87, SD = 0.34);* documents with illustrations *(M = 2.68, SD = 0.49);* the document has case-specific examples *(M = 2.58, SD = 0.64)* and the document covers the theory *(M = 1.93, SD = 0.69).* For publication form and document accessibility, the results show that: instructional video is the most desired format with *M = 0.81, SD = 0.40*; the two least chosen forms are handouts and handbooks, with an average score is less than 0.25. In addition, for bringing these materials to the community, parents expect that through training sessions of experts *(M = 0.77, SD = 0.42),* through workshops on ASD *(M = 0.77, SD = 0.42), M = 0.74, SD = 0.44).*

It was supposed that the experiences of accessing support negatively impacted parents' well-being. For instance, they believed that school staff had limited knowledge and they also had experienced bullying or discrimination (Hasson et al., 2022). Therefore, the need for access to awareness-raising guidelines and strategies to support their children was essential and deserved to get substantial attention.

5. Conclusion

This study aims to identify the difficulties and needs of parents of children with an autism spectrum disorder in accessing materials to guide their children in inclusive education. The main results show that the greater the parents understand the materials to support their child's inclusion, the fewer difficulties they face in supporting their child. Meanwhile, less than a quarter of the subjects knew much about these documents, and most only knew a little. However, their level of knowledge did not differ in terms of gender, education level, and family

income. Regarding the accessibility to these documents, the results showed that the higher the educational level, the greater the accessibility to the documents, and vice versa.

Regarding the state of the literature available to parents, much of the material is on the symptoms, signs, and causes of ASD. In contrast, policies for autism are less mentioned. This can be seen quite clearly in Vietnam, in which a series of public awareness programs on ASD has been implemented in recent years through seminars, training, and free books from the combination of the Vietnam Children's Fund and PNJ. Meanwhile, policies for individuals with autism have not been strongly promoted; specifically, it was until 2019 that autism was included in the list of other types of disability, and there were no separate policies for this group of children. Additional information about the documents includes: the primary source of access to the material is from social networking sites such as Facebook, Zalo, and Youtube. Materials from books are the least accessible source for parents. However, these documents generally still have text, pictures, and illustrations; very little information is produced in videos. Parents also think there are too many documents nowadays and do not know what to choose. The papers are also entirely lacking in interdisciplinary nature, such as the combination of health and education; many sources of information are not transparent. This is probably also an inevitable consequence of mainly accessing data from the Internet. Because social media is an open space, much of the information lacks verification, making it challenging to identify the author in books from the publisher - with a clear source.

As for the demand for materials, parents expect that the content can include behavioral skills, peer relationships, study skills, and self-service skills. These are core skills to prepare children before going to school to integrate. The three groups of authors that the audience most wants to participate in compiling documents are domestic and foreign autism research experts and special intervention centers. Practicality and ease of understanding are essential for document content; simultaneously, video is the form parents want the most.

Based on the findings of this study, several recommendations are suggested: (1) Increase public awareness of supporting children with ASD to participate in inclusive primary schools through ongoing communication and education; (2) Professionals and researchers should prioritize official publishing documents to reduce parents' reliance on unofficial materials from the Internet; (3) Materials should be created in various formats, including videos, e-books, and images, and be freely available for download from the Internet; (4) Seminars and training sessions should be organized to educate parents on how to select the most suitable materials for their children.

However, there are some limitations to this study. First, due to the COVID-19 pandemic, the research was limited to an online survey, which may not represent the full range of experiences of parents with children with ASD. Second, the sample size was relatively small, which may limit the generalizability of the findings. Nevertheless, these limitations are independent of the value and significance of the study's results.

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