
Public Awareness and Perception of Autism and ADHD in the Polish Educational System

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Abstract:

Purpose: This article investigates public awareness and knowledge regarding ADHD and Autism, along with the phenomenon of discrimination within school environments, addressing both social and legal dimensions.

Design/Methodology/Approach: The research was conducted in elementary schools in Szczecin, where children with these conditions often face marginalization in school settings and beyond, frequently being stigmatized as problem children or ill-mannered. Utilizing a survey questionnaire, the study seeks to shed light on the level of knowledge surrounding these disorders and promotes deeper reflection on their impact on affected children.

Findings: The findings underscore the pressing need for heightened awareness and understanding concerning ADHD and Autism among parents, teachers, and children by illuminating the challenges encountered by individuals with these conditions.

Practical Implications: The study encompasses various aspects, including the identification of challenges related to understanding the functioning of children affected by Autism or ADHD, the process of diagnosis, and access to psychological, educational, and medical support. It also examines the roles of institutions and families, attitudes towards these children within and outside of school, and the importance of respecting the rights of children with Autism and ADHD.

Originality/value: The study advocates for comprehensive support systems within school environments and beyond, crucial for addressing discrimination and promoting inclusivity, thereby facilitating affected children's holistic development and well-being.

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1. Introduction

Current literature extensively discusses the challenges faced by children with Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) in various contexts, including biological, psychological, and social inclusion (Kołakowski *et al.*, 2021). These individuals require increased scrutiny concerning social awareness, acceptance, equitable treatment, and educational opportunities. Building upon the authors' previous research (Nermend *et al.*, 2022), this work focuses on the mental health and inclusion of children with disabilities in educational settings.

Previous studies highlighted the pivotal roles of schools and parents in mitigating obstacles that hinder the educational process, especially in cases involving concurrent mental health issues such as childhood autism and ADHD. Psychiatric disorders significantly contribute to high morbidity and mortality rates among children and adolescents, making the subject of this study crucial for understanding the child's performance at school, at home, and in society (Kołakowski *et al.*, 2021).

Research on Autism and ADHD in Polish schools is critical for addressing prejudice and promoting mental health among students. There is a noticeable lack of research and opinion pieces concerning social consciousness for children with Autism and ADHD, making this discussion vital for filling the research gap.

This paper investigates public awareness of ADHD and Autism and prejudice in schools, focusing on their social and legal dimensions. The Convention on the Rights of Persons with Disabilities plays a crucial role in addressing educational barriers for those with impairments. Individuals impacted by these disorders frequently encounter a lack of compassion and regard for their rights, which, if upheld, may be perceived by others as a sense of entitlement. Regrettably, parents often conceal their child's condition to ensure they are treated fairly, leading to

misconceptions about these children being problematic (Journal of Laws of the Republic of Poland Warsaw, August 25, 2017. Item 1591 Regulation of the Minister of National Education of August 9, 2017).

Children with Autism and ADHD spend significant amounts of time at school and home, making these environments ideal for implementing effective educational techniques, exchanging knowledge, and disseminating information. Students are required to adhere to regulations and fulfill numerous responsibilities that demand their attention, concentration, and self-control, particularly in managing impulsivity or hyperactivity during lessons.

When a child fails to meet these criteria, their daily functioning difficulties escalate, and the environment starts to view them as problematic, burdensome, and challenging. The article will briefly describe these disorders to illustrate the challenges associated with the cognitive and perceptual abilities of children with Autism and ADHD (Kołakowski *et al.*, 2021).

2. Literature Review

2.1 ADHD in a Student's School Life: Characteristics of the Phenomenon

ADHD is one of the most prevalent developmental disorders in children (Kołakowski *et al.*, 2021). It is characterized by difficulties in maintaining attention, excessive activity, and impulsivity (ADHD Working Group of the Psychiatric Genomics Consortium (PGC) *et al.*, 2019). Additionally, ADHD is often accompanied by impaired emotion regulation and executive function disorders (Carbray, 2018).

ADHD is a distinct and well-defined nosological entity, with criteria outlined in both the DSM-IV and ICD-11 (Cortese and Coghill, 2018). Behavioral manifestations include excessive excitability in emotional, cognitive, and motor spheres, which hinder the child's ability to function properly at school and home (Hanć, 2009; Robert Koch-Institut, 2018).

Hyperkinetic syndromes are a heterogeneous group (Tarver *et al.*, 2014). Some children with ADHD exhibit no excessive mobility and impulsivity but only problems with concentration (Cooper *et al.*, 2001). These children are often calm and polite but have significant learning difficulties, functioning far below their intellectual capacity. This can cause stress, anxiety, and depression (Jan-Llopis and Anderson, 2005).

Attention deficit disorder involves an inability to focus on a single stimulus, resulting in difficulty concentrating on tasks or listening to the teacher. Students may forget what they are speaking about, experience fatigue, struggle to concentrate despite favorable external conditions, and be easily distracted by irrelevant stimuli.

Such students listen inattentively, forget things, and have perceptiveness problems. They often drift off in thought, leading to difficulty remembering classroom activities and forgetting essential items like school supplies (Steinhausen, 2009).

Students with ADHD often struggle to maintain attention to the teacher's speech and simultaneously take notes, leading to quicker task completion and disruptive behavior, often breaking school rules. For students whose main symptoms are hyperactivity and impulsivity, the primary issue is disrupting lessons by standing up, talking, and occasionally displaying aggressive behavior or running out of the classroom. Hyperreflexivity in students with ADHD is tiring for them and irritating for their peers. They exhibit constant motion, fidgeting, and excessive motor activity unrelated to purposeful action.

Excessive impulsivity is another symptom, where children act on whatever comes to mind immediately. They do not learn from their behavior, resulting in ongoing problems with planning, organization, control, and self-control, often interfering in conversations, interrupting, and asking questions chaotically. These students may appear aggressive, need immediate gratification, and sometimes behave spitefully and vulgarly towards others (Kořakowski *et al.*, 2021).

Consequently, students with ADHD frequently face problems at school due to disobedience, aggressive behavior, and stubborn attitudes, impacting their academic performance and relationships with peers and teachers (Daley and Birchwood, 2010). Their high impulsivity often leads to emotional overreactions, such as anger or rage, causing them to be perceived as rude (Daley, 2006).

A child with ADHD attending school should be included in a supportive action plan (Adamek *et al.*, 2011). A multi-specialist team identifies the child's individual educational needs based on diagnosed psychophysical capabilities and existing learning difficulties (Journal of Laws of the Republic of Poland Warsaw, August 25, 2017, Item 1591 Regulation of the Minister of National Education of August 9, 2017). Working with students with ADHD requires adapting methods to their needs and abilities and accepting their differences and difficulties (Faraone and Buitelaar, 2010; Molina *et al.*, 2009; Taylor *et al.*, 2004).

Schools should introduce methods that facilitate knowledge acquisition and peer interaction by implementing rules that promote a favorable school environment (Taylor *et al.*, 2004). However, working with children with ADHD is challenging and demands significant commitment and dedication from everyone involved (Harpin, 2005; Spohrer and Ściepko, 2007).

Teachers play a critical role, as the success or failure of students depends on their support. Teachers should optimally enable children to participate in the educational process by selecting methods and forms of work that build self-confidence, social competence, and the ability to coexist with peers (Hanć, 2009).

2.2 Autism: Challenges and Opportunities in Students' School Education

Autism, another condition discussed in this publication, encompasses multiple symptoms and is categorized as a holistic developmental disorder (DeMyer and DeMyer, 1984). These disorders are characterized by delays or abnormalities in social relationships, behavior, communication, and cognitive functions (King *et al.*, 2014). According to the ICD-11 classification, holistic developmental disorders include Autism, atypical Autism, Rett syndrome, Asperger syndrome, Heller syndrome, and hyperkinetic disorders with associated intellectual disability and stereotypic movements (Michałowicz and Józwiak, 2000; Popielarska *et al.*, 2000; Wolańczyk *et al.*, 2001).

Autism is a neurodevelopmental disorder with unknown causes, influenced by genetic and environmental factors (Yates and Le Couteur, 2016). Individuals with Autism are diverse, affecting their daily lives differently, leading to the use of the term "autism spectrum" to describe a range of symptoms. Some individuals on the autism spectrum face challenges with speech and independence and may have intellectual disabilities, while others communicate efficiently and acquire skills through education and rehabilitation, allowing them to establish families, work, and succeed. Autism occurs from birth and accompanies individuals throughout their lives.

Autism alters thinking and perception, causing difficulties in social relations, such as establishing social contacts, following rules, and understanding others' reactions and emotions. Speech problems, expressing feelings, understanding context, and grasping abstract concepts often exacerbate these difficulties. Individuals on the autism spectrum may struggle with change and new activities, exhibiting repetitive behaviors, movements, dress styles, manner of speaking, and unusual interests.

They may have an abnormal perception of external stimuli like noise or odors, experiencing hypersensitivity to tactile, auditory, visual, and olfactory stimuli, leading to crying, panic, anger, and lack of control over reactions, resulting in unpleasant sensations and suffering (Hosseini and Molla, 2022).

Early diagnosis of Autism is crucial, as clear symptoms typically appear around the age of three when children begin attending kindergarten. Diagnosis enables effective measures to support the child's development by adjusting conditions to their capabilities (Lordan *et al.*, 2021). Early interventions can guide the child's development, helping them learn essential skills and make purposeful decisions.

Specialized kindergartens (integrated or mainstream) prepare children for proper peer interactions and teamwork. Advising, supporting, and raising awareness among young parents during early childhood education is vital. Conducting research and disseminating findings to parents also plays a crucial role in increasing awareness.

Autism can be diagnosed at any life stage, with pre-school and school-age children often diagnosed with Asperger's syndrome, which presents similarly to typical development, leading to later diagnoses (Kantzer *et al.*, 2013). These children require care from specialists to ensure proper mental development, increasing their chances of benefiting from educational opportunities. This requires both the teacher's knowledge, parental awareness, and initiative, highlighting the research's importance.

Children on the autism spectrum exhibit markedly different perceptions of the world, leading to atypical behavior and challenges in social perception. Their behavior is often perceived as rude, direct, or arrogant due to a lack of understanding, causing misattributions of bad intentions. These behaviors are not due to bad intentions but to a lack of social competence and ability to handle difficult situations, resulting in school problems. Such students may face rejection, ridicule, and peer violence, necessitating appropriate teacher responses to prevent violence and nurture a positive attitude toward peers.

Educational institutions must tailor education to the needs of children with Autism, enabling them to succeed and participate fully in society. Proper care translates into self-esteem, task engagement, social role fulfillment, and skill acquisition. Inclusive education is mandated for students with intellectual norms (Nowakowska and Pisula, 2018; Uniwersytet w Białymstoku and Otapowicz, 2021), implemented in mainstream, integrated schools, and through individualized teaching pathways (Journal of Laws of the Republic of Poland Warsaw, August 25, 2017).

Students with Autism or coupled disabilities can receive compulsory education in special schools and divisions. Legal regulations guarantee support for students on the autism spectrum, including remedial classes and additional personnel like support teachers and teaching assistants. School specialists must be qualified, and teaching staff should be trained to support students, educate them, and ensure proper support.

Proper development for students with Autism requires rehabilitation, social activation, family support, therapy, and diverse social activities. Families often bear the responsibility for these adjustments, emphasizing the need for institutional support and public understanding of Autism.

2.3 Discrimination Against Students with ADHD and Autism: Legal Aspects

Accurate knowledge of the situation of children with ADHD or Autism is crucial for providing appropriate legal protection and creating adequate social service offers. Discrimination against children with ADHD or Autism occurs not only socially but also legally. These children are often perceived as rude, dangerous, or endangering their peers, leading to legal issues related to the mismatch between legal norms and the real needs of these children and their families. Incorrect assessments lead to

discrimination against those entitled to benefits necessary to satisfy the child's special needs (Judgment of the Provincial Administrative Court in Wrocław of March 29, 2010, *Legalis*, 2010).

Children with ADHD or Autism may face both direct discrimination (being treated less favorably than others in comparable situations) and indirect discrimination (resulting from neutral decisions, criteria, or actions causing unfavorable disproportions). Indirect discrimination is not considered discriminatory if a legitimate aim justifies it and the means of achieving that aim are appropriate and necessary.

Discrimination based on health conditions involves excluding children with special needs from activities and opportunities offered to others. This includes exposing differences between these children and their healthy peers, acting against their integration, and isolating them unnecessarily. Teachers play a special role in anti-discrimination activities, preventing such situations and ensuring non-discriminatory methods based on health conditions.

Parents can address teacher misconduct to the school principal, who is responsible for safety and order and oversees internal pedagogical supervision. If the principal is passive, further protection measures can be pursued, such as complaints to the board of education or public interest ombudsmen (Flekkøy, 1991).

To facilitate discrimination claims, the person alleging discrimination must only demonstrate *prima facie* that unequal treatment occurred due to a prohibited criterion. Substantiating unequal treatment is sufficient; it is not necessary to provide evidence. The entity (e.g., school) sued by the parents must defend itself, proving the decision was based on objective reasons. This adjustment in the burden of proof improves the procedural situation for discriminated individuals and their representatives.

However, the subjective conviction of the child's legal representatives that the child was discriminated against is insufficient; actions must be objective (Lawsuit C-104/10: Patrick Kelly v. National University of Ireland (University College, Dublin), 2011). The burden of proof remains with the person alleging discrimination but is distributed to ensure legal protection.

In democratic states, legal mechanisms must counteract discrimination, supported by political and practical actions creating obligations and possibilities for specific actions. These measures should respect the rights of parents of children with ADHD and Autism and the principle of children's participation according to their health condition. Participatory instruments include formal rights for children and guardians, systematic information provision, sensitizing social groups to children's issues, and developing child-friendly public services (Jarosz, 2013).

These solutions will be ineffective without a state policy focusing on diagnosing children needing protection and support measures, considering necessary parental support. Strengthening awareness among relatives and the child's vicinity about determining needs and effective protection and development measures is crucial. It is important to ask how many parents understand the problem's importance and know where to seek legal assistance.

3. Materials and Methods

3.1 Participants

A survey of public awareness of knowledge about ADHD and Autism and the phenomenon of discrimination in the school environment, including social and legal aspects, was conducted using a questionnaire. The survey was addressed to parents of students from three elementary schools in Szczecin. These were schools with similar numbers of students (between 700 and 750 each).

The schools were chosen for their variation in academic performance: one with high scores, another with medium scores, and the third with low scores. The schools' position according to academic performance was based on the 2023 Elementary School Ranking, which was prepared by the education portal WaszaEdukacja.pl (Ranking of Elementary Schools, 2023).

The ranking was divided into a national part, and there was a summary for eighteen provincial cities, where 10,306 elementary schools qualified. The ranking took into account both the results of the eighth-grade exam and the results of the pre-subject Olympiads.

In addition, a face-to-face interview was conducted with school principals, obtaining information that the parents of students in the studied schools came from different social backgrounds with varying education and material status and different expectations regarding their children's educational process. The social and economic conditions of the child's environment and close surroundings translated into the child's level of awareness, requirements and process of knowledge acquisition, and parents' expectations.

3.2 Method of Testing

The survey was administered using a survey questionnaire containing 39 questions. A link to the survey was made available through an electronic diary to 2,100 parents of children attending selected elementary schools. These were parents of students aged 7-15. Respondents were informed about the purpose of the survey and the use of the results from the survey. An important step was to determine the minimum research sample. In this regard, the specificity of the studied problem related to dysfunctions in children, Autism and ADHD was taken into account.

In Polish conditions, it is assumed that the autism spectrum occurs in 1 in every 100 children (Autism diagnosis all about diagnosis, 2023). In the case of ADHD, it is estimated that the problem occurs in 3-8% of children (Miernik-Jaeschke, 2021).

Research and discussion in Poland in this area have been carried out intensively over the past few years and the world (Autism society, 2021; Data and Statistics on Autism Spectrum Disorder, 2023; Data and Statistics About ADHD, 2023; Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2016, Prinz, 2019).

Taking into account the prevalence rate of Autism and ADHD in Polish conditions, a confidence level of 95%, and a 5% acceptable estimation error, the minimum study sample was set at 108 for ADHD and 16 for Autism. A survey return rate of 6.47% was obtained. After data cleaning and removing deficiencies, a sample of 116 respondents was obtained. In developing the survey results, structure indicators were used to synthetically address the studied issue of social awareness of knowledge about ADHD and Autism and the phenomenon of discrimination in the school environment. The survey also used the graphical analysis method, making it possible to visualize the analyzed phenomenon.

3.3 Survey Questionnaire

The questionnaire was divided into two sections. The first section, with 9 items, determines if the respondents qualify to respond. In the second section, there were 30 items representing the conceptual dimensions of ADHD and 15 items for Autism (ADHD and autism knowledge survey, 2023).

The thematic sub-dimensions were constituted as acceptance of the child with dysfunctions and his parents, preventing violence, eliminating the differences between children with dysfunctions and healthy ones, teaching children tolerance, ensuring the comfort of development and life for children with dysfunctions, precise legal provisions, educational activities, application of sanctions against discriminators in practice, psychological help for people who have contact with the child, decisive attitude of teachers, dignity, privacy, right to education, right to be heard, and right to treatment.

The 15 thematic sub-dimensions were measured on a five-point Likert scale for importance, where 5 represented the most important, and 1 was the least important. These 15 sub-dimensions were measured for ADHD and Autism, respectively. Reliability testing of the questionnaire showed a highly reliable and acceptable result (Bitta *et al.*, 2021). The reliability test of ADHD resulted in 0.913 for 15 items, which meant the ADHD instrument is 91.3% reliable.

Similarly, the reliability test of Autism was performed and resulted in a higher acceptance of 0.919 for 15 items, representing 91.9% reliability. The overall reliability of the questionnaire performed for 30 items was 0.958, showing a very high reliability of 95.8% (Frazier *et al.*, 2023). The reason behind the higher reliability value was the clarity among participants of the questionnaire since parents showed awareness of their children's situation on ADHD and Autism.

4. Survey Results

Tables 1 to 19 in Appendix 1 show the survey questionnaire results on the study of public awareness of knowledge about ADHD and Autism and the phenomenon of discrimination in the school environment and its social and legal aspects in both study groups.

The survey data was analyzed using SPSS V26 (Statistical Package for Social Sciences Version 26). The qualifying 9 items and conceptual 30 items were first presented with the percentage of responses for their respective categories. The conceptual data was analyzed for reliability, and the survey questionnaire's acceptability was measured. The statistical test ANOVA clarified the level of awareness for 30 items representing the conceptual dimensions of ADHD and Autism (Fridman *et al.*, 2017; Miyasaka *et al.*, 2018; Sizoo *et al.*, 2009).

The respondents surveyed indicated that, for the most part, 68.1% know a child with Autism, indicating that it is most often Asperger's Syndrome (63.3%), and 16.5% of them do not know what type of Autism the child has. As the respondents indicated, this knowledge significantly translates into forbearance towards the child's behavior (45.7%) and their adherence to specific recommendations (50%).

In the case of children with ADHD, of those interviewed, 66.4% said they knew such a child, and each respondent had knowledge of what type of ADHD they had, indicating that 44.2% were hyperreflexic, which they believed mostly influenced compliance with conspecific recommendations (49.3%).

Respondents indicated that in the case of children with Autism, in more than half of the cases (51.9%), the initiators of the study were their parents. However, in the case of children with ADHD, 37.7% of respondents answered that the initiators of the diagnosis were the parents and 28.6% that the study was ordered by the school the child attended.

Nevertheless, in the case of ADHD, respondents answered as much as 82% that they knew where to go for help. Among the answers, they indicated that it should be a specialist doctor (31.6%) and a psychological educational clinic (28.4%). They also noted the important role of the school counselor (20%).

Respondents said that the parents of a child with dysfunctions should be open to cooperation with support institutions and educational units 93.7% and that these institutions should, in their opinion, primarily provide a specialized diagnosis (68.1%) and therapy (15.52%).

In addition, the results of the survey indicate that 47.4% of respondents know the classification of Autism, claiming that it is a disease/disability, while as many as 36.2% believe that it is not. In the case of ADHD, 61.2% said that the condition is not a disease/disability, while less than a quarter believe 24.1% that it is a disease/disability.

According to the respondents, 53.4% say children with ADHD should attend school with integrated classes where a supportive teacher is employed in Poland. A minority (36.2%) believe these students should attend regular school with other children. In the case of children with Autism, respondents said that the children should fulfill their compulsory education by attending a school with integrated classes (69.8%), while only a minority believed that they should go with other children to a regular school 19.8%.

Respondents in 71.6% said that children with ADHD disrupt other children during lessons, while in the case of children with Autism, 50.9% of respondents also declared such a response.

The results of the survey indicate that, to the knowledge of those who know parents of children with Autism and ADHD, it appears that in most cases, parents were not denied specialized help (Autism 62.9%/ADHD 60.3%). However, the result seems highly unsatisfactory, as approx. 40% did not get the right support at the right time. Respondents also pointed out that those around a child with Autism perceive the child as less capable 32.8% or did not indicate a specific answer 33.6% while in the case of a child with ADHD, they perceive the child as aggressive 43.1% and ill-mannered 18.1%.

In addition, more than half of the respondents said they had encountered negative behavior toward a child with Autism (50.9%) and ADHD (56%). They indicated that the negative behavior was expressed by exclusion from the class group (52.5% Autism, 49.2% ADHD) and students being humiliated and ridiculed (18.6% Autism, 27.7% ADHD).

Unfortunately, parents of children with dysfunctions are often blamed for things over which they have no control. Accordingly, the respondents were asked whether, in their opinion, there is a negative evaluation of the environment towards the parents of a child with ADHD and Autism. Respondents answered that in the case of children and Autism, as many as 48.3% negatively evaluated parents, while in the case of ADHD, 57.8% of respondents also faced such criticism. They believe that there is a public perception that they have raised a naughty child (30.4% autism,

29.3% ADHD) and neglect them (32.1% autism, 13.8% ADHD). A small group of people also believe that the parents of these children are claimants (16.1% autism, 1.7% ADHD).

Respondents were also asked to identify sources of discrimination against people with ADHD and Autism. Respondents cited fear of the unknown (24.1% autism, 18.1% ADHD), inability to cope with difficult situations (16.4% autism, 18.1% ADHD), and lack of tolerance (8.6% autism, 8.6% ADHD).

Respondents also unanimously answered that to effectively counteract the discrimination of children (36.37), educational activities to prevent prejudice against disabilities should be increased (ADHD 71.2%, Autism 73.4%), psychological assistance should be provided to those who have contact with the child (ADHD 63.3%, Autism 67.6%). The teacher at school should present a firm attitude towards those who discriminate against the child (ADHD 59.4%, Autism 65.1%).

When asked what are the most important rights of a child with ADHD and Autism, the largest number of respondents said that people with Autism and ADHD, in their opinion, have the right, first and foremost, to medical treatment (ADHD 83.5%, Autism 82.9%), dignity (ADHD 80.6%, Autism 80.2%) and education (ADHD 79.8%, Autism 78.7%).

The one-way ANOVA for ADHD conceptual sub-dimensions for items was conducted with respect to two factors, 'Should children with ADHD be taught?' and 'Do you think that people perceive children with ADHD' (Table 20 in Appendix 2). These two factors were asked to respond on the nominal scale, which categorized factors for variance estimation (King *et al.*, 2007). The 'Should children with ADHD be taught' factor for 15 dimensions calculated the F- value and significance level. The first 10 dimensions showed insignificant values of more than 0.05.

This meant there was no statistical difference in opinion for the teaching of children with ADHD, though the last 5 dimensions, and one in the middle, displayed a significant result below 0.05, showing that there was a significant difference in opinion for the teaching of children with ADHD. The 'Do you think that people perceive children with ADHD' factor for 15 dimensions calculated the F- value and significance level. All 15 dimensions showed insignificant values of more than 0.05, meaning there was no statistical difference in opinion for teaching children with ADHD.

The one-way ANOVA for Autism conceptual sub-dimensions for items were conducted similarly to the above for ADHD. The two factors, 'Should children with Autism be taught?' and 'Do you think that people perceive children with ADHD' (Table 21 in Appendix 2), were considered as the justified factors to measure the variance in group opinions asked to respond on the nominal scale (J.A. King *et al.*, 2007).

The 'Should children with Autism be taught' factor calculated the F- value and significance level, which showed that the 7 dimensions were insignificant, with more than 0.05, leading to statistically indifferent opinions for teaching children with Autism. However, the 8 dimensions displayed a significant result below or almost close to 0.05, showing a significant difference in opinion for teaching children with Autism.

The 'Do you think that people perceive children with ADHD' factor for 15 dimensions calculated the F- value and significance level. The 13 dimensions showed insignificant values of more than 0.05, which meant there was no statistical difference in opinion. However, the 2 dimensions displayed a significant result below or almost close to 0.05, showing a significant difference in opinion for teaching children with Autism.

5. Discussion

The findings of this study highlight a significant issue: there is limited public awareness and an inadequate understanding of Autism and ADHD. This lack of awareness extends globally, as evidenced by a comparative study conducted in China and the United States. Using the Autism Stigma and Knowledge Questionnaire, the study revealed stark differences in public perception, with Americans showing high awareness and Chinese respondents demonstrating relatively low awareness. Unfortunately, stigmatization remains prevalent in both countries (Yu *et al.*, 2020).

Another notable publication by Anna Lenart and Jacek Pasternak addresses unauthorized diagnoses and the collaboration between various entities, such as teachers and parents. The authors stress that diagnoses should be reliable and conducted within legal limits. They advocate for widespread dissemination of knowledge about Autism to increase public awareness (Lenart and Pasternak, 2023). Similarly, Foy and Earls (2005) emphasize the need for stronger cooperation between society and the educational system to improve clinical practices and address biases, negative evaluations, and communication issues.

Despite extensive research and publications on ADHD and Autism, public knowledge in Poland remains insufficient. Many myths and stereotypes persist, directly impacting affected individuals and their families. Autism spectrum disorders, including Autism, atypical Autism, and Asperger's syndrome, present a diverse range of symptoms, making each individual unique. ADHD similarly manifests differently in each child, emphasizing the need for personalized understanding and support.

Public awareness about the diagnostic possibilities for these conditions is crucial. Autism is often diagnosed in children aged four to five, while ADHD is typically identified between the ages of six and nine, coinciding with the start of formal

education. Early diagnosis and effective therapy initiation are essential. Pediatricians interact with children from birth and play a key role in signaling developmental abnormalities. Regular mental development assessments during follow-up visits can facilitate early detection.

Both Autism and ADHD are recognized under the ICD-11 classification, with ADHD being largely influenced by hereditary factors and potential central nervous system damage. Polish educational institutions are mandated to provide inclusive education, ensuring equal access for students with disabilities. Despite these legal requirements and various implemented measures, challenges remain in fully integrating children with Autism and ADHD into school and social life.

Survey results indicate that most respondents believe children with ADHD should attend integrated classes with support teachers, a provision limited by the lack of classification of ADHD as a disease, thereby excluding these students from special education certificates. In contrast, a majority believe that children with Autism should pursue compulsory education in integrated classes. This reflects the necessity of inclusive education as mandated by the UN Convention on the Rights of Persons with Disabilities, ensuring equal treatment and flexible assessment methods for students with ADHD and Autism.

A concerning finding is that respondents largely view children with ADHD and Autism as disruptive to others in the classroom. This perception highlights the need for individualized teaching and assessment methods to foster a better understanding and acceptance of these students. Misunderstandings about students' behavior under these conditions can lead to conflicts and negative opinions influenced by personal or second-hand experiences.

Parents of children with these disorders often face significant challenges in obtaining accurate diagnoses and appropriate support. Early symptoms of Autism, such as delayed speech development, are often overlooked, leading to delays in intervention. This raises questions about the accessibility and adequacy of specialist support for these parents. Despite these challenges, the study indicates that parents generally receive specialized assistance for their children.

Students with ADHD and Autism are frequently misjudged as rude, exacerbated by inadequate implementation of special education recommendations and lack of individualized teaching strategies. These students often face social rejection, with ADHD symptoms being more prevalent and severe in boys. Social skills deficits and difficulties in processing nonverbal information contribute to their rejection by peers, mirroring the experiences of children on the autism spectrum.

Public criticism extends to the parents of children with these disorders, who face ongoing struggles that can disrupt family functioning and social relations. The stress experienced by these families necessitates support not only for the children but also

for their parents. Respondents acknowledged societal negativity towards parents, often unjustly blaming them for their children's conditions.

In conclusion, while there is legal recognition of the rights of individuals with disabilities in Poland, societal attitudes and support systems need significant improvement. The survey results suggest moderate public awareness of Autism and ADHD, but misconceptions and negative evaluations persist. Increasing awareness among parents, teachers, and students about these disorders is essential for fostering a supportive educational environment and improving the quality of life for affected families.

6. Conclusions

The survey results indicate moderate public awareness regarding Autism and ADHD. Many children are affected by these conditions, and many people know a child who struggles with them. However, there is limited understanding of specific behaviors associated with these disorders, leading to misjudgments and isolation in the educational system. Negative perceptions also extend to the parents of these children.

The findings underscore the need for better awareness and understanding of these disorders to improve the functioning of affected individuals and their families in both school and broader social contexts. These insights can aid in promoting awareness and informed decision-making within the Polish educational system.

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Appendix 1:**Table 1.** Results of responses to the questions: Do you know a child with Autism? Do you know what type of Autism this child has?

Familiarity with a child with Autism		Knowledge of the type of Autism the child has			
Answer	%	Asperger's syndrome %	Childhood autism %	I do know. %	not Atypical autism %
YES	68.1	63.3	17.7	16.5	2.5
NO	27.6	-	-	-	-
I DO NOT KNOW	4.3	-	-	-	-

Source: Own elaboration.**Table 2.** Results of responses to the questions: Does this knowledge affect your contact and handling of a child with Autism? How does this knowledge affect your contact and handling of a child with Autism?

The impact of knowledge on contact and posture with a child with Autism		The impact of knowledge on contact and handling with a child with Autism		
Answer	%	Adherence to specific recommendations %	More forbearance towards the child %	Other %
YES	88.6	50.0	45,7	4,3
NO	7.6	-	-	-
I DO NOT KNOW	3.8	-	-	-

Source: Own elaboration.**Table 3.** Results of responses to the question: Do you know a child with ADHD? Do you know what type of ADHD this child has?

Knowledge of the child with ADHD		Type of ADHD in a familiar child			
Answer	%	Impulsiveness %	Hyperactivity %	Disorders of attention %	I do not know %
YES	66.4	5.2	44.2%	36.4%	14.3
NO	25.9	-	-	-	-
I DO NOT KNOW	7.8	-	-	-	-

Source: Own elaboration.**Table 4.** Results of responses to the question: Does this knowledge affect your interactions with and handling of a child with ADHD?

The impact of knowledge on interactions and management of a child with ADHD	
Answer	%

I am more understanding towards the child	46.3
I follow specific recommendations	49.3
I do not change anything because the child is supposed to adapt to the environment	1.4
Other	2.9

Source: Own elaboration.

Table 5. Results of responses to the question: On whose initiative was the child with ADHD and Autism diagnosed?

	Initiator of the diagnosis of a child with ADHD	Initiator of the diagnosis of a child with Autism
Answer	%	%
school	28.6	20.3
parents	37.7	51.9
I have no knowledge	23.4	15.2
kindergarten	3.9	5.1
other	6.5	7.6

Source: Own elaboration.

Table 6. Results of responses to the question: The place to turn for help if there are problems with the child.

The place to turn for help in case of problems with a child	Answer %
family doctor	14.7
specialist doctor	31.6
non-governmental organizations involved in assisting in such situations	2.1
school pedagogue	20.0
Psychological Educational Counselling Centre	28.4
psychologist	3.2

Source: Own elaboration.

Table 7. Results of responses to the question: In your opinion, should the parent of a child be open to cooperation with support institutions and educational units?

Type of Assistance	%
specialist diagnosis	68.10
ongoing counselling	3.45
therapy	15.52
psychological support	5.17
activities other than therapy	6.03
expect nothing in particular	0.86
other	0.86

Source: Own elaboration.

Table 8. Results of responses to the question: Is Autism and ADHD a disease/disability?

Answer	Autism %	ADHD %
YES	47.4	24.1
NO	36.2	61.2
I DO NOT KNOW	16.4	14.7

Source: Own elaboration.

Table 9. Results of responses to the question: A place of education for the child with dysfunctions.

Answer	Autism %	ADHD %
should attend integration classes	69.8	53.4
should attend a facility of a different type	4.3	6.9
together with other children in the school	19.8	36.2
should attend a special facility without the presence of healthy children	6.0	3.4

Source: Own elaboration.**Table 10.** Results of responses to the question: What problems can the presence of a child with Autism or ADHD in the classroom cause?

Answer	Autism %	ADHD %
disturbs other children	50.9	71.6
negatively influences the behaviour of other students	11.2	8.6
lowers the level of	1.7	0.9
other	36.2	19.0

Source: Own elaboration.**Table 11.** Results of responses to the questions: Do you know a parent of a child with Autism or ADHD being denied specialized help?

Answer	Autism %	ADHD %
YES	12.9	9.5
NO	60.3	62.9
I DO NOT KNOW	26.7	25.9

Source: Own elaboration.**Table 12.** Results of responses to the question: Do you think that those around a child with Autism and ADHD perceive them as:

Opowiedz	Autism %	ADHD %
aggressive	14.7	43.1
lazy	4.3	2.6
less able	32.8	16.4
ill-mannered	14.7	18.1
other	33.6	19.8

Source: Own elaboration.**Table 13.** Results of responses to the question: Have you encountered negative behaviour toward a child with Autism/ADHD?

Answer	Autism %	ADHD %
YES	50.9	56.0
NO	40.5	30.2
I DO NOT KNOW	6.9	12.9
no answer	1.7	0.9

Source: Own elaboration.

Table 14. Results of responses to the question: What kind of violence is used against a child with Autism/ADHD?

Answer	Autism %	ADHD %
use of physical violence by peers	3.4	1.5
exclusion from the class group	52.5	49.2
deprivation of the assistance necessary to equalize his opportunities	3.4	3.1
humiliation and ridicule	22.0	18.5
other	18.6	27.7

Source: Own elaboration.

Table 15. Results of responses to the question: Have you encountered any instances of negative judgment from the environment towards the parents of a child with Autism/ADHD?

Answer	Autism %	ADHD %
YES	48.3	57.8
NO	37.9	26.7
I DO NOT KNOW	13.8	15.5

Source: Own elaboration.

Table 16. Results of responses to the question: Forms of criticism to parents of a child with Autism/ADHD?

Answer	Autism %	ADHD %
Child neglect	32.1	13.8
Raising a naughty child	30.4	29.3
Claiming	16.1	1.7
Other	21.4	12.9

Source: Own elaboration.

Table 17. Results of responses to the question: What, in your opinion, is the source of discrimination against a child with Autism/ADHD?

Answer	Autism %	ADHD %
Inability to deal with difficult situations	16.4	18.1
fear of the unknown	24.1	18.1
intolerance	8.6	8.6
Other	6.9	6.9
no answer	44.0	48.3

Source: Own elaboration.

Table 18. Results of responses to the question: In your opinion, what can most effectively counteract discrimination against a child with ADHD?

Ways to counter discrimination	AUTISM					ADHD				
	Answer on a scale of 1 to 5 [%]					Answer on a scale of 1 to 5 [%]				
	N	5	4	3	2	N	5	4	3	2
precise legal provisions	97	45.4	12.4	24.7	11.3	6.2	98	73.4	12.8	8.3
	109	73.4	12.8	8.3	2.8	2.8	104	42.6	14.9	11.7
	98	39.8	17.3	20.4	9.2	13.3	94	63.3	14.7	1.8
	108	67.6	13.9	8.3	4.6	5.6	109	16.0	6.6	3.8
	106	65.1	10.4	13.2	6.6	4.7	106	14.2	1.8	3.8
educational activities	98	39.8	17.3	20.4	9.2	13.3	94	63.3	14.7	1.8
	109	73.4	12.8	8.3	2.8	2.8	104	42.6	14.9	11.7
	98	39.8	17.3	20.4	9.2	13.3	94	63.3	14.7	1.8
	108	67.6	13.9	8.3	4.6	5.6	109	16.0	6.6	3.8
	106	65.1	10.4	13.2	6.6	4.7	106	14.2	1.8	3.8
the application in practice of sanctions against discriminatory	97	45.4	12.4	24.7	11.3	6.2	98	73.4	12.8	8.3
	109	73.4	12.8	8.3	2.8	2.8	104	42.6	14.9	11.7
	98	39.8	17.3	20.4	9.2	13.3	94	63.3	14.7	1.8
	108	67.6	13.9	8.3	4.6	5.6	109	16.0	6.6	3.8
	106	65.1	10.4	13.2	6.6	4.7	106	14.2	1.8	3.8
Psychological assistance for those in contact with the child	97	45.4	12.4	24.7	11.3	6.2	98	73.4	12.8	8.3
	109	73.4	12.8	8.3	2.8	2.8	104	42.6	14.9	11.7
	98	39.8	17.3	20.4	9.2	13.3	94	63.3	14.7	1.8
	108	67.6	13.9	8.3	4.6	5.6	109	16.0	6.6	3.8
	106	65.1	10.4	13.2	6.6	4.7	106	14.2	1.8	3.8
firm attitude of teachers	97	45.4	12.4	24.7	11.3	6.2	98	73.4	12.8	8.3
	109	73.4	12.8	8.3	2.8	2.8	104	42.6	14.9	11.7
	98	39.8	17.3	20.4	9.2	13.3	94	63.3	14.7	1.8
	108	67.6	13.9	8.3	4.6	5.6	109	16.0	6.6	3.8
	106	65.1	10.4	13.2	6.6	4.7	106	14.2	1.8	3.8

Source: Own elaboration.

Table 19. Results of responses to the question: What are the most important rights of a child with ADHD/Autism?

Autism [%]	5	4	3	2	1	5	4	3	2	1
	80.2	10.4	3.8	2.8	2.8	80.6	10.2	3.7	2.8	2.8
ADHD [%]	74.1	16.7	5.6	2.8	0.9	73.6	14.5	8.2	2.7	0.9
	78.7	14.8	4.6	0.9	0.9	79.8	11.9	5.5	1.8	0.9
right to a hearing treatment	78.2	16.4	2.7	1.8	0.9	79.1	15.5	2.7	0.9	1.8
	82.9	10.8	1.8	2.7	1.8	83.5	11.0	1.8	1.8	1.8
Answer on a scale of 1 to 5	dignity	privacy	right to education	right to a hearing treatment						

Source: Own elaboration.

Appendix 2:**Table 20.** *Results of one-way ANOVA for ADHD*

ADHD Conceptual sub-dimensions for items	Factors			
	Do you think that			
	Should children people from the with ADHD be environment of a taught? child with ADHD perceive them as			
	F- Value	Significanc e Level	F- Value	Significanc e Level
acceptance of the child with dysfunctions and his parents	0.130	0.942	0.725	0.577
prevent violence	1.072	0.366	0.826	0.512
eliminating the differences between a child with dysfunctions and a healthy one	0.260	0.854	0.493	0.741
teaching children tolerance	0.808	0.493	1.221	0.308
ensuring the comfort of development and life for children with dysfunctions	1.395	0.250	1.061	0.381
precise legal provisions	1.301	0.279	1.129	0.348
educational activities	3.071	0.031	0.161	0.958
application of sanctions against	1.671	0.179	1.277	0.285

discriminators in practice				
psychological help for people who have contact with the child	1.572	0.201	0.973	0.426
the decisive attitude of teachers	1.796	0.153	0.364	0.834
dignity	3.910	0.011	0.709	0.587
privacy	4.731	0.004	1.126	0.348
right to education	5.474	0.002	1.078	0.371
right to be heard	5.821	0.001	1.147	0.339
right to treatment	2.577	0.058	0.518	0.723
Significance level 0.05.				

Source: SPSS outcome.

Table 21. Results of one-way ANOVA for Autism

Autism Conceptual sub-dimensions for items	Factors			
	Should children with Autism be taught		Do you think that people from the environment of a child with Autism perceive them as	
	F- Value	Significanc e Level	F- Value	Significan ce Level
acceptance of the child with dysfunctions and his parents	0.141	0.935	2.272	0.068

prevent violence	0.434	0.729	0.824	0.514
eliminating the differences between				
a child with dysfunctions and a	1.094	0.356	1.683	0.162
healthy one				
teaching children tolerance	0.734	0.535	1.041	0.391
ensuring the comfort of				
development and life for children	0.509	0.677	0.871	0.485
with dysfunctions				
precise legal provisions	0.974	0.409	0.153	0.961
educational activities	3.220	0.026	1.194	0.318
application of sanctions against				
discriminators in practice	1.443	0.235	1.865	0.123
psychological help for people who				
have contact with the child	3.198	0.027	1.142	0.341
the decisive attitude of teachers	3.837	0.012	0.622	0.648
dignity	2.649	0.053	1.775	0.140
privacy	3.595	0.016	1.943	0.109
right to education	2.519	0.062	2.588	0.041
right to be heard	3.375	0.021	1.028	0.396
right to treatment	3.966	0.010	1.300	0.275

Significance level 0.05.

Source: SPSS outcome.