

Residential child care practitioners in autism-specific units: The perceptions of potential staff and newly recruited current practitioners

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Abstract

This paper presents findings about the beliefs and experiences of potential and current residential child care practitioners who work with children affected by autism spectrum disorders (ASD). Some children and young people affected by ASD live in residential care. This can be a residential school's short break service or long-term home. Residential child care practitioners are those who provide direct care, 24 hours a day, for the young people who live in these facilities. In Scotland, such practitioners are required to be registered for practice and provide a vital service to this group of young people.

Keywords

Residential child care, practitioners, autism, autism-specific units, methodology

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Introduction

This paper presents findings about the beliefs and experiences of potential and current residential child care practitioners who work with children affected by autism spectrum disorders (ASD). Some children and young people affected by ASD live in residential care. This can be a residential school's short break service or long-term home. Residential child care practitioners are those who provide direct care, 24 hours a day, for the young people who live in these facilities. In Scotland, such practitioners are required to be registered for practice and provide a vital service to this group of young people.

An analysis of newspaper articles, novels and guidance documents concerning ASD revealed the existence of narratives about autism and Asperger Syndrome (AS) which presented a partial and incomplete picture of this group of children and young people (Stevens, 2008). According to Fairclough (1995; 2003), traces in media discourse give cues to the reader about how they should interpret what they read. Such interpretations can be assumed to contribute to the beliefs which potential and current practitioners bring to residential child care.

This paper seeks to examine the beliefs and experiences of social care students who are thinking of embarking upon a career as practitioners and compare them with the

experience of those who already work with children and young people affected by ASD in residential settings. In particular it will explore differences between perceptions of autism and AS. It will outline the methodology used for the study, present the findings generated from groups of potential and actual practitioners in autism-specific units in Scotland, and explore the implications for practice.

Methodology

Twenty-eight participants who were potential residential child care practitioners took part in the study. They were drawn from three further education colleges in Scotland. The students were undertaking the Higher National Certificate in Social Care which is one of the registration qualifications for residential child care practitioners. Eighteen participants who were recently recruited residential child care practitioners from two autism-specific residential units in Scotland also took part. The recruits had been in post for less than three months. All participants completed a questionnaire and also took part in a focus group. There were three student focus groups and two practitioner focus groups. The responses to the questionnaires and the focus group transcripts were analysed using content analysis to draw out emerging themes and to allow comparison.

Findings

Sources of knowledge

In the questionnaire, students were asked where they had gained most of their knowledge about autism and AS. Practitioners were asked from where they had learned about autism and AS before they started in their post. Only six of the students had learned about autism from their college course. These six students came from the same college, which appears to demonstrate that the other two colleges may not have provided a specific input on autism as part of their curriculum. Both groups referred to films, TV, books and newspaper articles as being a source of knowledge. Practitioners also quoted the internet as a source of knowledge, while none of the students quoted this as a source. This may be because if someone is actually moving into a post working with ASD, they may carry out some research about this before they go for an interview or begin their job. In the focus groups, there were examples of students talking about the film *Rain Man* when describing sources of knowledge. A total of seven references were made to the film across the three student focus groups. This appears to demonstrate the power of this particular film as a cultural marker for autism. There were also direct references made to television, newspaper or magazine reports about Luke Jackson (a young author affected by ASD), Bill Gates (the Microsoft inventor) and Peter Howson (the Scottish artist). This indicates that some of the students have been exposed to the media messages which exist in the wider discourse. Practitioners also mentioned the film *Rain Man*, as well as the film *Mercury Rising*.

Understanding of autism and AS

Students and practitioners were asked if they could give a definition of autism. The answers to this question were collated and subjected to content analysis.

Table One: concepts from students on the construction of autism

Concepts used in construction of autism	Frequency of occurrence
Disability	19
Communication	11
Social interaction	9
Flexibility / imagination	10
Giftedness	3

Table Two: concepts from practioners on the construction of autism

Concepts used in construction of autism	Frequency of Occurrence
Disability	10
Communication	16
Social interaction	15
Flexibility / imagination	9
Giftedness	0

The types of response were qualitatively different. Some typical quotes illustrate this difference. Quotes 1 and 2 were from students and quotes 3 and 4 were from practitioners

1. An illness which affects the brain's function
2. It is a learning disability
3. It is a brain disorder affecting communication and social abilities
4. Autism is a communication disability which affects the way autistic people interact and socialise with other people

Relatively few students connected autism with behavioural problems or challenging behaviour. Three of the students referred to aspects of giftedness in those affected by autism. This was mostly related to intelligence. The following response was typical:

The child can be very intelligent in one thing

Both the practitioner and the student group used concepts from the 'Triad of Impairments' (Wing and Gould, 1979). Practitioners, however, were much more consistent in their use of terms from the Triad when describing their understanding of autism. All of the practitioners referred to aspects of the Triad. This might indicate a better understanding of the real issues facing children and young people affected by ASD. Table

Three shows this in a little more depth by comparing the use of concepts from the Triad between students and staff:

Table Three: comparison in the use of concepts from the Triad

	Students	Staff
Used the words 'triad of impairments' in their description	0	3
Referred to the three concepts in the triad in their description	0	4
Referred to two out of the three concepts in the triad	7	8
Referred to on out of the three concepts in the triad	16	3
Did not refer to any of the concepts in the triad	5	0

The construction of autism by the student group contained more negative labels and a less positive evaluation of autism than of AS. This was similar to the practitioner group. None of the practitioners reported 'giftedness' as a feature of autism while three of the students did. Five of the students reported 'giftedness' as a feature of AS. While five of the practitioners also reported 'giftedness' as a feature of AS, it should be noted that four of these five practitioners had not yet worked directly with a child or young person affected by AS at the time of the questionnaire. This may suggest that students and some of those who are less experienced in working with AS have absorbed a message from the media that giftedness is associated with this.

The questionnaire also sought data on the construction of AS from students. They were asked to write a few sentences about what they thought AS was. The results are shown in Table Four:

Table Four: Concepts used in the students' construction of AS

Concepts Used	Numbers
Disability	8
Challenging behaviour / behavioural problem	6
Communication	4
Social interaction	6
Flexibility / imagination	3

Giftedness

5

Only 17 of the students were able to write about AS. The remaining 11 students reported that they did not know what AS was or that they had not heard of it. The figures in the table add up to more than 17 because some students used several sentences when describing AS. Five of the respondents mentioned autism and they were clear that AS was a 'milder' form of autism or a 'higher functioning' form, possibly associated with a degree of giftedness. Some of their responses were as follows:

Asperger's syndrome to me is like autism but a milder condition

I think Asperger's is a higher functioning form of autism

It is a kind of autism, where they are hyper-intelligent

I think it's a kind of autism. The person is very clever or has special abilities

Quite intelligent person. People with a low attention span. The person may become quite hyper. A form of autism

Understanding the challenges

Children and young people affected by ASD who are in residential care tend to be there because their behaviour cannot be sustained in a mainstream school or home environment, or because their parents and siblings need some respite from their full-time care. As such, the children and young people who live in autism-specific facilities will present challenges to practitioners. Students and practitioners were asked for their perceptions about these challenges. When asked about the types of problem they may face, students believed that there would be problems in communication, flexibility/imagination and challenging behaviour and that these would be more prevalent in autism than in AS. They reported that they felt there would be more problems in the area of social interaction with AS than with autism.

Practitioners were asked what problems they faced in their day-to-day work with their young clients. For autism, the responses differed from the students in that the frequency of problems they experienced in the areas of communication and interaction was higher, in practice, than what had been imagined by the student group. For AS, the responses differed from the students in that the frequency of problems they experienced in practice was higher in the areas of communication, flexibility/imagination and challenging behaviour than had been imagined by the student group. Students had overestimated the amount of challenging behaviour they may experience from clients with autism but had underestimated the amount of challenging behaviour in AS. In addition, students had not mentioned cognitive impairment or self-injury, while practitioners reported that they encountered these in their work. This is illustrated in Table Five:

Table Five: comparison of perception v. reality of problems

Problem	Autism (students)	Autism (practitioners)	AS (students)	AS (practitioners)
Communication	35%	78%	23%	31%
Flexibility / Imagination	35%	28%	12%	23%
Social Interaction	18%	33%	47%	46%
Challenging behaviour	71%	61%	23%	54%
Cognitive impairment	0	17%	0	8%
Self-injury	0	17%	0	0
Mental health issues	0	0	12%	0
Intelligence	14%	0	6%	0

The results indicate that students may underestimate some of the difficulties they will face when they go into practice. This was particularly marked in relation to communication (when referring to autism) and challenging behaviour (when referring to AS).

Students identified two further ‘problems’ that were interesting. Five of the respondents mentioned ‘intelligence’ as a source of problems. Some examples of responses in relation to autism were as follows:

Can be very intelligent in many aspects of their lives. This leads to bad behaviour;

Unable to express themselves, although I do believe that autistic people are highly intelligent.

It was interesting that the idea of giftedness recurred in these responses, and that this might be perceived as a problem.

Practitioners were asked to identify the behaviours that they found most difficult to deal with. They were also asked if they had expected to deal with that particular behaviour before they came to work with children affected by ASD. Table six outlines the answers to this question:

Table Six: most difficult behaviours /expected

Type of behaviour	Expected	Expected (confidential)	Not expected
Self-injury	1	5	3
Aggression	2	2	0
Limited interaction	1	0	0
Task avoidance	0	0	1
Spitting	0	1	0
Snatching food	0	0	1
Children scaring other children	1	0	0

The respondents identified seven behaviours which they found most difficult to deal with. Nine respondents identified self-injury as the most difficult behaviour. Only one member of staff felt they had fully expected to deal with this. Five members of staff said they expected to deal with it but the reality was different from their expectations. These were their responses:

Self-injuring: find it upsetting to watch. I thought I would have to deal with it but wasn't quite prepared

Self-injurious behaviour. Yes, although I didn't think it could be so severe

Watching a child that self-injures and having to ignore it for a period of time. Was told at induction but to physically watch a child do this is not the same

One of the main behaviour I find difficult to deal with is self-injury.

Although I expected this sort of behaviour it's hard to accept when you see it

Self-injuring. It's hard to understand, harrowing to see and difficult to deal with. I will deal with this behaviour here but don't know if I'm ready for it

Three respondents said that they did not expect to be working with self-injury at all. Therefore eight out of these nine respondents were not well prepared to work with this type of behaviour, in terms of their expectations.

Four respondents identified aggression as the most difficult behaviour to work with. Although all of the respondents said they expected to work with it, two of them found the reality different from their expectations:

Aggression. I was aware that this could happen but not the regularity. Aggression but not constantly.

Of all of the difficult behaviours identified, only five out of the 18 respondents felt able to give an unconditional response that they had expected to deal with the behaviour they had identified.

Stress factors in residential practice

Focus group transcripts were examined for data about the stress in residential care. Only four statements indicating stressors were evident in the student transcripts. Two examples are as follows:-

Working with weans can be really hard on you, you know, like when they're punching out and things

I would say problems like soiling or eating or even violence can be hard to take

The transcripts from the newly-appointed practitioners revealed that there were 26 statements which related to stressors. The stressors could be grouped into three sub-themes. The first sub-theme was the experience of difficulties with specific issues relating to the children. Thirteen of the statements related to specific issues, which included self-injury (4), aggression (4), communication (3) and flexibility / imagination (2). Two examples are given below:

I had some experience but I still find it hard because in X unit we have some bairns who are completely non-verbal. You have to work hard on the wee-est things. It can be draining on you.

Like R (young person) He talks all the time and asks you the same question over and over like 'Is L (staff member) coming in? What time's L coming in?' When you're trying to work with other kids, well, it can do your head in.

The second sub-theme was how the lack of experience and perceived lack of preparation was adversely affecting them as practitioners. Seven of the statements related to this sub-theme. Two examples are given below.

You do feel like a numpty (silly) sometimes. All the other staff are so good. They know what they're doing.

It's a steep learning curve....when you haven't done this kind of work before. It's a new place, a new way of working. It's too much to take on board.

The third sub-theme was the effect that organisational issues could have on practitioners. These statements included comments about shiftwork, lack of time to consolidate learning, and perceived staff shortage. This is illustrated in the following two examples:

Sometimes I think there isn't enough staff in the houses. All the kids in my house have loads of needs. I think they should be one-to-one. How can you do any decent work if you only have three staff and five kids?

The (experienced) staff know what to do but cos you're new, you just get told what to do. Nobody explains cos there just isn't the time.

In addition, one practitioner commented that the reaction of members of the public to a child who exhibits challenging behaviour outside can be stressful.

Differences between perceptions and reality

The practitioners were asked what the main differences were between their expectations of their work and their actual experience of the task. The answers clustered around four sub-themes. The first of these was that expectations were not matched by reality, especially when it came to how severely affected the children and young people could be by their ASD. One example is as follows:

I did not expect the communication barrier to be such a problem and did not expect the children to be quite as aggressive when they experience difficulties

The second sub-theme identified was that of challenging behaviour, particularly aggression. The third sub-theme which was mentioned was that respondents had different perceptions of what their job roles would be. Some examples were as follows:

Thought there would be more outings for the kids I thought it would be more educational support

The fourth sub-theme was the individual differences of the children and young people. Typical responses were:

How complex autism is and how individual each person is

I expected to work in an environment with autistic children who were all similar and all had similar needs. I have found each one to have completely different personalities

Practitioner transcripts revealed two other issues. The first issue was the perceived inadequacy of induction training. This issue came up at both workplaces. The following two examples were from the two different facilities, yet they are remarkably similar.

It (the induction) focussed too much on health and safety, and things like personnel, absence and all that.

The induction was too general. It was fire safety, medication, epilepsy, recording, that kind of thing. Not enough on autism. We only got one day (on autism).

The most valuable input that staff felt they could have had was more time shadowing experienced staff. The second issue was the importance of support from the team. Once again this was raised by staff in both units. The overall sense was that newly-appointed staff need this kind of informal support. This is illustrated in the following two quotes, which have again been drawn from the two different units:

They help you a lot if you're new, you know, keep you right.

If you get good support it helps. It makes things better. That's how you need to work in a team so folk can have a bit of a blow out and get breaks.

Discussion

The results of this study throw up some important issues for the preparation and training of residential child care staff who choose to work in autism-specific settings. There appears to be a construction about autism and AS which exists within the discourse and which has an effect on how potential and newly-recruited practitioners understand and experience working with their young clients. The discourse of giftedness reported by Stevens (2008) was evident in the responses of the participants, and was particularly strongly associated with AS. While AS or autism may be associated with savant abilities (Nurmi et al., 2003), it should be remembered that these are in the minority (Rimland and Hill, 1984). All children and young people affected by ASD deserve to be treated as individuals. Stereotypes which suggest that they must be gifted are detrimental to those children and young people who do not have savant abilities.

While those who hope to become residential practitioners seem to have an understanding that they will be dealing with behaviour that may challenge them, they have an unrealistic view of the specific reality of what they might face. Newly recruited practitioners were surprised by the level of challenges presented to them. Media discourse presents a partial picture of ASD which appears to give potential and newly recruited practitioners an unrealistic view. This can lead to potentially excellent practitioners being lost to the service at an early stage in their career. It is possible that serious mismatches between the image constructed within the discourse, and the reality experienced when working with children and young people affected by ASD may be a factor in staff turnover. Staff involved in the direct care of children in autism-specific settings do not gain much information to help them with their practice from the messages contained in the overriding discourse. Of all the professional groups they are in one of the best positions to challenge the messages but ironically are in the least powerful position to be able to do this, as their role as a professional is still being established in our society.

The impact of high staff turnover on the care of children and young people in residential child care settings can have a negative impact upon those service users. If they have a constant change of staff, this can affect the consistency of care and cause some distress for them. Therefore, it is important that the prevailing discourses of autism and AS are challenged in a productive way. One of the ways to tackle this is through pre-service training and in-service induction.

The evidence from the three colleges involved in the study indicated that ASD is not addressed adequately. Similarly, the feedback from the focus groups of newly-recruited staff indicated that induction could have been better. Staff felt ill-prepared for the challenges of working with children and young people on the autism spectrum. In particular, those who had not worked with AS had views which reflected the media discourse. The newly-recruited staff reported that they would have liked to have had more time learning about ASD. They felt that too much time was spent on issues like health and safety, personnel and organisational structures. The focus of induction in residential child care must be viewed with reference to the requirements of the Scottish Care Commission and the Scottish Social Services Council (SSSC). The Care Commission inspects residential child care services and requires units to deliver an induction to their staff which covers health and safety, personnel and organisational issues. Also, the SSSC has produced a set of induction standards which it expects all residential units to deliver within the first six months of a staff member's initial appointment. These two factors are key drivers for the design of induction programmes. It may be that employers are under so much pressure to include material which maintains their registration and reflects positively upon their regulation that they occasionally lose sight of what should be the most important aspect of the service; that is, preparing staff for the direct care of children and young people affected by autism and ASD. This study showed that induction can be experienced as inadequate. The similarity between the reports from the two autism-specific services would suggest that the emphasis of induction is on addressing the requirements of health and safety to the detriment of addressing the stress and practical issues involved in residential child care. Berridge and Brodie (1998) reported some of these in their seminal study on mainstream residential child care and their findings are echoed in this study. However, residential child care with those affected by ASD brings its own challenges. In this study, practitioners reported that self-injury was the most distressing aspect of behaviour they had to deal with, followed by aggression. This is particularly worrying as the students failed to identify self-injury as a potential challenge for themselves. This highlights yet another aspect of the task for which they were ill-prepared.

The number of participants in the study was small and the findings must be viewed as purely indicative. Also, the study is open to criticism because the participants are not wholly representative, and there was a degree of selectivity given the constraints of time. Given all of the foregoing points, the interpretations of the data must be read with a degree of caution. However, it is believed that these indicative findings are of enough interest to warrant further study but it would be advisable that any future studies should involve a greater number of participants.

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