

# **Children with autism attending preschool facilities: The experiences and perceptions of staff.**

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# **Children with autism attending preschool facilities: The experiences and perceptions of staff.**

## **Summary**

Increasing numbers of children are being identified from three years onwards as having autistic spectrum disorders. The majority of parents aspire for their child to attend mainstream education facilities and many already do so. However there is limited knowledge about the needs of preschool personnel if they are to support the inclusion of children with autistic spectrum disorders. In particular, what are their experiences of taking such children, what supports are available to them and what help do they require?

This survey of 56 staff working in 38 preschools of various types in the Greater Belfast area found that a sizeable number had the experience of taking with children with autistic spectrum disorders and staff do receive some advice and support from a range of professionals. Nearly all were committed to enrolling such children in the future but they felt that a lack of staffing could preclude this. A majority of staff felt they have had inadequate or no training to equip them to meet the children's particular needs and they report a lack of knowledge and skills to help these children.

The implications of these results are discussed in terms of the specific skills required by staff to manage these children and promote their learning; the professional support required and the contribution this could make to the preschool and the training requirements of staff working on these setting in either a paid or voluntary capacity.

*(236 words)*

## **Introduction**

In recent years increasing numbers of children are being diagnosed as having autistic spectrum disorders (Harrison, 1999). They experience a triad of impairments, namely in social interaction – individuals are often aloof, passive and behave in an odd manner; in social communication – distinguished by an apparent lack of desire to communicate; and in imagination – showing little interest in ‘normal’ play but preferring to carry out , repetitive activities. Often these signs are present before two years of age although the children may be much older before they are officially assessed.

The estimated total prevalence rate of all autistic spectrum disorders in the UK is 91 per 10,000 (NAS, 1997) with boys being much more affected than girls.

Whilst there is no apparent ‘cure’ for autism, various specialist programmes have been developed. Significant positive changes have been reported with programmes that start at a young age with parental involvement and the direct teaching of essential skills (Jordan and Jones, 1999). .

A growing number of children with autistic spectrum disorders are now being enrolled in ordinary pre-school facilities and indications are that families would like to have this option more widely available (Whitaker, 2002).

The social inclusion in mainstream facilities has two clear goals. The first is to honour the right of all members of a community to take full part in its day-to-day life (Children Act, 1989). The second goal is to improve the quality of children’s social interaction and academic development through daily contact with typically developing peers (Mesibov and Shea, 1996).

To date most research has focused on school inclusion. For example, McGregor and Campbell (2001) compared the attitudes of specialist and mainstream teachers to integration of children with autism into mainstream schools. Their study emphasized that appropriate support and training of school staff were necessary for the success of integration. The levels of training among teaching staff were low and they were lower still among learning support assistants. The majority of teachers considered that support from educational psychologists was inadequate; many teachers viewed them as unhelpful and believed they should spend more time in the classroom and provide practical strategies for coping. Nonetheless nearly half of the experienced teachers in the study supported full integration of the children in mainstream school.

Support for preschool inclusion is provided by the research of Luce, Christian, Anderson, Troy and Anderson (1992). They developed a socially integrated, preschool program which offered full-day, 12-month services for primarily 3- and 4-year-old autistic children. A variety of strategies were used to actively involve the non-handicapped children in the education of their peers. In three years, eight 3 to 5-year-olds completed at least one year of intensive center-based programming. All but one of the students also received at least 6 months of home-based programming. In all, 62% of the students improved enough so that they were enrolled in regular kindergarten or first grade classrooms.

However there is limited knowledge about the needs of ordinary preschool personnel if they are to support the inclusion of children with autistic spectrum disorders. In particular, what are their experiences of taking such children, what supports are available to them and what help do they require? A survey was undertaken of a sample

of staff in range of preschools in the Greater Belfast area in order to answer these questions.

## **The Study**

Participants consisted of staff who volunteered for a new training course on autism. Hence they may form a sample of people who are predisposed to enrolling children with autistic spectrum disorders in their facilities and may not be typical of staff in all preschools. Even so their experiences and needs will give some indication of the issues that require to be addressed in this area.

### ***Preschools***

In all, 56 staff working in 38 preschools of various types in the Greater Belfast area returned self-completed questionnaires. The groups consisted of community-run playgroups, crèches and day nurseries, special needs nurseries and Irish medium playgroups. On average there was around 24-30 children in the groups per session but the range was from 7 to 62 children.

The staff were mostly playgroup assistants or nursery nurses (N=26) playgroup leaders/managers (N=16) or supervisors (N=11). The median number of years they had worked with children was 8 years (range 2 to 30 years) and they had worked in their present group for a median of 3 years (range 1 month to 22 years).

Only a minority – 7 persons (13%) reported having a relative with autism.

*Insert Table 1 about here*

Table 1 shows the amount of experience they felt they had with different groups of children. Less than a third of staff had experience of dealing with children who had

ASD whereas over two-thirds had some experience of language and communication difficulties and behaviour problems.

Nearly all (N=53: 95%) felt it was their role to support children with autism in their playgroup. Among the reasons they gave were:

*“We owe it to all the children of the playgroup to help and encourage them – all children deserve to be treated equally in spite of their disabilities.*

*“I think it would benefit the other children as well as the autistic child. I feel we should be able to offer support for a child in the community”.*

*“Where possible a child should be supported to attend his or her local pre-school group – if a group accepts a child with special needs they have a duty to meet those needs as best they can”.*

However only 20 staff (36%) currently had a child with ASD in their group although a further nine persons (Total =29: 52%) had had such a child in the past five years. Just over one-third of staff (N=21:38%) felt they had the skills required to carry out specific activities for children with autism in their group but most felt they lacked expertise. Here are some sample comments:

*I would like to feel more confident in helping children with autism as I have only had one child who suffers from autism in the group and what I know I have learnt from parents.*

*I won't be confident – each child is an individual with very differing needs in the spectrum. I'd be concerned about impact on other children attending the group.*

*I'm not very confident at present, but I have some training and background in special needs so I would be open to working with autism.*

*It depends on the level of the child's disability. But I hope with further training to be confident of helping any child with autism*

### **Characteristics of the children attending**

Staff were asked to give details of a child with autism presently attending their group and if there was more than one, to give information on the child who had been attending longest and those who had most recently enrolled. Information was given for 25 children in 20 preschools.

There were 20 (80%) boys and five girls (20%) with a median age of 38 months (range 24 to 72 months). The median length of time they had attended the group was 6 months (range 2 to 24 months). Nine children (35%) had a brother or sister attending the group.

Table 2 gives the number of children perceived to have problems in comparison to their peers. These reflect the triad of impairments experienced by these children.

*Insert Table 2 about here*

However when asked which were the most difficult problems they had to deal with, two were commonly mentioned. First managing the child's behaviours (such as temper tantrums, moods) which 8 staff mentioned and problems with language and communication which were mentioned by 6 staff.

Staff described the following strategies as helping them to cope in the preschool setting.

*The autistic child does benefit from 1:1 work, having short sessions each day and with the same keyworker.*

*Small group activities, 1:1 work, close contact with parents and other professionals, use of picture cards and prompts, and games involving touch and taste.*

*I observe the child and copy the child's play. I have learnt to listen and interact with the children when necessary.*

*I offer the child simple choices (yes or no), I keep my sentences short and I use distracting techniques if he starts to get upset.*

### **Support for staff**

For the 38 facilities, information was obtained on the advice and support they had received in the past 12 months to help support children with special needs in the group. Table 3 summarises the numbers of groups who received support and whether or not they found it to be helpful or unhelpful.

*Insert Table 3 about here*

Although parents were the most commonly cited source of information and advice this was also the most likely to be seen as unhelpful by staff in the preschool facility.

Speech and Language therapists were the professional with whom they had most frequent contact and reflects the priority given by Speech and Language Therapy services in the areas in which the groups were located.

Rather surprisingly the access to educational advice from teachers and advisers was limited.

In all eight groups (21%) received no advice or support from any professional with 13 (34%) having help from one professional, 7 (18%) from two professionals and 8 (21%) from three or more.

When asked what advice and support would they find helpful in the future for managing children with autism, this elicited a variety of responses.

In terms of professional support, the most frequently mentioned professionals were speech and language therapists, followed by psychologists, social workers and health visitors. They were perceived as giving preschool staff feedback on what they were doing; advice and support with difficulties encountered and the chance of working alongside them in the group. They also hoped they could be contacted by phone.

Also mentioned was the support that could come from specialist playgroups or from other groups in the area.

*Some professionals with experience of working with autistic children to come and observe the children and how we are coping with them, and then provide us with feedback and general support.*

*A network among the playgroups in the area would give us contacts with people who have the same work experiences as myself. If they couldn't help, then having professionals to contact.*

Staff also referred to a range of topics they would value help with. These included more information on the children before they came to the group; how the child was progressing at home; ways of managing aggressive behaviours and having written information on autism that could be shared with all staff and students.

### ***Anticipated difficulties***

Staff were asked to indicate the circumstances in which they may have to refuse a placement or reduce the time spent in the group by a child with autism. The most commonly mentioned reason was insufficient staffing (25 of 38 groups – 66% mentioned

this). A majority also qualified this by noting the need for one-to-one staffing. Among the comments made were:

*Staff shortages can be a problem if the child required one-to-one constantly. This could lead to reduced days in the group. Safety for the child has to be a priority.*

*If there wasn't enough staff to provide one-to-one ratios. We would need to be sure also that we had the ability to offer the child sufficient support.*

*In the past we have found it difficult to provide an extra member of staff due to financial circumstances and shortage of available persons.*

A range of other reasons were also given: if the child's behaviour was detrimental to other children (N=7); if the severity of the child's autism was so great they could not benefit from the group (N=4) and if none of the staff had training in autism (N=3). For example:

*If the autism was severe and especially if the child was obstructing the playgroup.*

*If a child's behaviour was so difficult we may need to find a way to reduce the hours attended but we would always try to find a way to provide a place for a child with autism.*

### **Training needs of staff**

The 56 staff were asked about the training they had received in ASD. Only 9 persons (16%) described it as adequate; 26 (46%) thought it was inadequate and 21 (38%) reported having none at all. Table 4 summarises the areas in which they would value having training.

*Insert Table 4 about here*

As the table shows, staff were keen to know what they could do for children with ASD in their groups and wanted to have a fuller understanding of this condition. They also were keen to know how best to support parents and to pass information on to them. A sample of their comments now follow:

*To know the signs of autism. How to communicate with parents of autistic children.*

*How to support the autistic children in my setting.*

*Communication and helping children with autism to enjoy the group, and to develop themselves.*

*New ideas in helping a child to settle a child with autism into the preschool setting and give me more ideas on play activities they like compared to other children.*

*How to be sure it is autism. To be able to talk knowledgeably with parent or other professionals*

## **Discussion**

The survey found that a sizeable number of preschools had the experience of taking with children with autistic spectrum disorders and staff do receive some advice and support from a range of professionals. Nearly all were committed to enrolling such children in the future but they felt that a lack of staffing could preclude this.

It is likely that this self-selected sample of staff and facilities is biased towards those more favourably disposed to enrolling such children but even so a majority of staff feel they have had inadequate or no training to equip them to meet the children's particular needs and they report a lack of knowledge and skills to help these children.

These findings will encourage those parents who aspire to having their child attend mainstream facilities (McConkey, McGreevy, Crawford and Cassidy, 2003).

Indeed the preschool personnel often mentioned the rights of the child with autism to

having the same opportunities as their non-disabled peers as the justification for taking the children into the group. This will also contribute to a wider understanding among other children and their parents of this condition which is still not widely understood among the general public and even among health and social service personnel (Murray, McKenzie, Kidd, & Quigley, 1999).

The preschool staff encountered a range of problems with these children and although the majority of staff had previous experience of dealing with preschoolers who had speech, language and communication difficulties or problem behaviours, they considered themselves ill-equipped to handle children with this particular syndrome.

Of course the nature of autism is such that social settings are particularly challenging for these children. A variety of special approaches have been developed to assist the children (Jordan and Jones, 1999) although these tend to be used mainly in one-to-one programmes undertaken in special settings or in the child's home. Expertise in these approaches is not widespread hence educational staff often have to rely on professional guidance and support. Fortunately many preschool facilities did have access to a range of personnel with speech and language therapists being particularly to the fore. By contrast the preschool facilities had limited contact with educational advisers and specialist teachers, and with psychologists. This may reflect the separation that can exist between schools and education systems with non-statutory preschool facilities. Means of bridging this gap need to be found so as to assist the child's transition into mainstream schooling.

This begs the question as to whether these professionals have the necessary knowledge and skills related to autism. As yet this topic is rarely covered in

professional training courses and there are opportunities for post-experience training courses are limited. However an investment in the training of professionals would benefit a wider range of personnel especially in preschool education.

Nonetheless the single biggest consideration for preschool facilities when it comes to enrolling children with autistic spectrum disorders in preschools is the availability of sufficient staff. Many facilities aspire to provide one-to-one attention for the child in the group. It is debatable if this is always necessary although it is an understandable response. Recent research into the role of learning support assistants in mainstream classrooms suggests that close one-to-one attention can inhibit the children's social integration with their peers (Farrell, 1997). Rather the extra staff might be better deployed in assisting the child to work in small groups.

Training opportunities for preschool staff is also very limited. In recent years there has been a growth in courses relating to children with special needs but these do not address the specific needs of children with autistic spectrum disorders. Hence the development of local training courses for preschool personnel should be a priority. The main requirement for this to happen is to have knowledgeable tutors with expertise in autism and also in early childhood education. This combination is rare but joint tutoring of courses is an option that is worth exploring. A related study to this one describes the development and evaluation of a 10 hour course for preschool personnel (McConkey et al, 2003).

Finally an investment in preschool provision is not an option but rather a necessity if the dual aspirations of providing equal opportunities for children with disabilities while meeting their special needs in an effective manner. It is encouraging to

find that many preschool personnel are willing to take on this challenge if given the support they feel they need.

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**Table 1: The number and percentage of preschool staff with experience of different children**

<i>Children with ....</i>	<i>A lot</i>	<i>Some</i>	<i>Limited/ None</i>
Language and communication problems	18 (32%)	22 (39%)	16 (29%)
Behaviour problems	14 (25%)	29 (52%)	13 (23%)
Autism	2 (4%)	14 (25%)	40 (71%)

**Table 2: The number of children with problems (N=25)**

<i>Problems</i>	<i>N</i>	<i>%</i>
Problems with play	22	88%
Problems with language	21	84%
Difficulty in imitating	19	76%
Difficulty in relating to people	17	68%
Unusual interest in toys or objects	17	68%
Adaptation to change	18	72%
Unusual posture	14	56%
Unusual reaction to pleasant situations	17	68%
Unusual response to something new	13	52%

**Table 3: The people from whom participants received advice or support**

<b>Persons</b>	<b>Yes &amp; helpful N (%)</b>	<b>Yes &amp; not helpful N (%)</b>
Child's parents	25 (66%)	7 (18%)
Speech and Language Therapist	19 (50%)	2 (5%)
Social worker	11 (30%)	3 (8%)
Psychologist	8 (21%)	1 (3%)
Visiting teacher/ advisor	8 (21%)	0
Health visitor	6 (16%)	3 (8%)
School doctor/ specialist	4 (11%)	0
Committee Members	2 (5%)	0
Peripatetic teacher	2 (5%)	0

**Table 4: The number of staff wanting training in different aspects of autism (N=49)**

*(NB Staff could mention more than one area. Some staff were unsure.)*

<b>Area</b>	<b>Number</b>
Techniques and Strategies for assisting children with autism	14
More background to autism – a knowledge / understanding autism	13
Support for parents/children	8
Understanding and dealing with behaviour	8
Communicating with parents – Giving information to parents	6
Activities/ teaching aids/ room layout	6
Identifying children with autism	5
Language/Communication of child	5
Interacting with other children	3
All areas/aspects	9