



How a simple change of routine leads to a child assaulting a teacher or care worker



This blog is going to look at how professionals who care for an individual with autism changed their usual transport routine to school without communicating and discussing it with the family. The family requested an advocate for the client; therefore, permission was needed from the client to obtain the services needed. To listen, discuss and understand the needs of this client is essential for the family. In this circumstance, the client has difficulty with communicating and therefore finds it difficult to express himself. With understanding from the family, they communicated with him to agree that he is happy for the advocate to help and speak on his behalf.

PRINCIPLES OF ADVOCACY -

It is essential to follow the principles of the advocacy charter and the codes of practice. Advocacy QPM (2014, p.5) states that 'taking action to help say what they want and secure their rights'. To represent, but understand that boundaries must not be crossed, not delegating advice but adhering to the needs of the client and his family, ensuring confidentiality and respect for the client and family.

THE PROBLEM THAT OCCURRED -



On this day, the client was being collected and escorted to school just as he is daily, however, there was a change of direction that had not been discussed or advised by the professionals caring for the client. Unfortunately, the implications led to the client feeling uncomfortable and becoming violent towards a member of staff on the bus. The school then rang the client's family informing them that this had happened, and if it was to happen again, they would no longer be able to take him on the bus. Children with autism thrive with a regular routine, if a routine is disrupted this could cause anxiety, which was triggered on this day.

EMPOWERMENT –

Due to the situation that had arisen with the client, the advocate's role was to support the family and enable them to feel empowered to deal with the lack of expertise that was displayed by the decisions made by the professionals involved. Holcomb-McCoy and Bryan

(2010, p. 259) suggest 'parent consultation has been broadly defined as any consultation between a professional and a parent'. Holcomb-McCoy and Bryan (2010) claim a collaboration between the professionals and the parents based on a model that is both organised and can enable problem-solving. Therefore, if this had been a procedure used by the professionals within the school, the difficulties in the situation could have been avoided.

This initiated the client and parents to seek the support and assistance of an advocate to ensure their voices were heard.

MEDICAL MODEL OF CARE –



1 - Cameron (2014)

The medical model of care is guided by a legal framework that professionals in professional organisations must adhere to Cameron (2014, p.98) informs 'it is a particular way of ordering and structuring knowledge and indeed, shapes what can be known'. The medical model of care follows a structure that ensures professionals are working in the best interests of the client. Advocates have a different approach they consider the client's wishes and feelings and values.

DECISION MAKING –

There is no doubt that poor decision-making can have implications. With the professionals that deal with my client daily, this was a poor execution of power and led to the client suffering because of a bad decision. It was dealt with inappropriately and could have been prevented (Klyne and Shoot, 2012).

CHALLENGE PROFESSIONALS –

As an advocate working on behalf of my client, the role is to listen to their needs in the direction in which they want to complain about this situation. To be there to support the client and family to reach their goals. To challenge the professionals that will be held accountable on that day for the change of travel routine and discuss the implications this had on the client. Following the advocacy codes of practice (Advocacy, 2014) it is not to give advice but to gain their trust and empower the client and family to make their own decisions, for them to remain in control of their own decisions.

CONFLICT BETWEEN THE MEDICAL MODEL AND ADVOCACY –



The clients wish to challenge the professional practice and decisions made on this day. Foucault (2000) suggests power is knowledge, however, it could be argued that on this day power of working in the best interests of the client was not acknowledged. National Autistic Society (2022) share that anxiety may be caused by a change of routine especially if it is a change that is unexpected. Understanding that the client has autism and knowing a change of routine can make the client anxious. Therefore, the question needs to be asked as to why the changes made to the client's travel arrangements were not discussed with the client and his family beforehand, which would have enabled them to prepare the client for this change. This could have prevented the client's reaction, which led to him being violent towards his care worker. The family was contacted later that day and informed that if a similar incident occurs in the future where the client becomes violent, he would not be allowed to travel on the bus. The family's attempt to resolve this problem made them keep reflecting on the fact that the professionals had not followed the correct procedures alongside a lack of communication. Therefore, the direct result was that the client suffered negative consequences.

EMOTIONS OF THE CLIENT –



The professionals in the organisation do not seem to have considered the client's feelings, and the change of routine was no cause for concern for them. The situation of change to the routine was not addressed in an appropriate manner. The lack of communication and discussion with the client's family left them feeling let down and frustrated by the people they trusted with their son's care and well-being.

References:

Advocacy QPM. (2014) *Recognising Quality in Independent Advocacy*. Available at: [Codeof-Practice-1.pdf \(qualityadvocacy.org.uk\)](https://qualityadvocacy.org.uk/Codeof-Practice-1.pdf) (Accessed: 23rd October 2022).

Cameron, C. (2014) *Disability Studies a Student's Guide*. London: Sage Publications.

Foucault, M. (2000) *Power, Essential works of Foucault 1954 – 1984*. 3rd edn: USA: Penguin.

Holcomb-McCoy, C. and Bryan, J. (2010) *Advocacy and Empowerment in Parent*

Consultation: Implications for Theory and Practice. Available at: [Advocacy-and-Empowerment-in-Parent-Consultation-Implications-for-Theory-and-Practice.pdf \(researchgate.net\)](#) (Accessed: 24th October 2022).

Kline, R. and Preston-Shoot, M. (2012) *Professionalism Accountability in Social Care and Health*. London: Sage Publications.

National Autistic Society. (2022) *Anxiety*. Available at: <https://www.autism.org.uk/adviceand-guidance/topics/mental-health/anxiety#Why%20m> (Accessed: 23rd October 2022).