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**THE FORMATION OF THE POSSIBILITIES OF SOCIAL SERVICES  
PROVISION FOR THE FAMILIES BRINGING UP CHILDREN WITH  
AUTISM SPECTRUM DISORDERS**

*Master's thesis*

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## Summary

Master's thesis aim is to analyse opportunities of the provision of social services for families having children with autistic spectrum disorders.

In order to achieve aim these particular goals were set: to analyse the concept of autism, psychosocial characteristics and social support for a family with a child having an autistic spectrum disorder; reveal the organization and need of social services for families; establish social services organization direction and opportunities.

Research methods: analysis of scientific literature; structured interview developed by the open-ended questions; written survey, using a prepared questionnaire, content analysis and statistical analysis.

6 families having children with autistic spectrum disorder participated in a structured interview. 70 social workers who work with autistic spectrum disorder participated in a survey on the internet.

Main results: families having children with autistic spectrum disorder receive social assistance, information, counseling, child and parent education, mediation and assistance from the social worker, emphasizing innovative work with the child. Social worker is considered to be a consultant, educator and person who enables others, generally applying the individual method of work both with the child and with the parents. Most parents would like to obtain more information through various educational activities. Emphasis is placed on social workers cooperation with a psychologist, social educator and physiotherapist in the process of social assistance for child and family. The most appropriate place to provide social services for a family having a child with an autistic spectrum disorder is a child day care center, in which various socio-educational activities for the child and the entire family would be organized. The main roles played by the social workers are informant, consultant and educator. The most important aspects of organized activities are social interaction and the development of social skills through the playing.

## Introduction

### *Social and practical relevance of the theme*

Sicile-Kira (2008), Siegel (2010) points out that child having various autistic disorders number is growing rapidly. A decade ago, America, Britain and Australia have been talking about the autism epidemic. The same trend is seen also in the context of today, but the trend signals are visible in Lithuania too. In our country, those who are in out-patient and in-patient health care facilities registered at least one of the pervasive developmental (autism spectrum) disorders dynamics are spectacular: number of children and adolescents (0-17 years.) increased from 31 (in 2001) to 1 006 (in 2013), that means the increase more than 30 times; older than 18 years of age - from 6 (in 2001) to 80 (in 2013)<sup>1</sup>.

Autism is a social skills, language and behavioral developmental disorder, but for each child one or more aspects of the disorder are very different. So far it is not clear what causes autism, but its causes do not depend on the race or education of both parents (Lašienė, 2008).

Autism comes from a variety of brain disorders or inflammation, trauma, malformations. It is believed that autism is caused by brain lateralization. In autism case connection between the two hemispheres of the brain is interrupted. Mikulėnaitė, Ulevičiūtė (2003) points out that there is a set of four types of organic-neurological reasons for this:

- 1) excessive reticular activity;
- 2) volatile perception on brainstem dysfunction;
- 3) the limbic system dysfunction;
- 4) left brain hemisphere dysfunction.

According to the International Classification of Diseases TLK-10 autism is classified as pervasive developmental disorders. Autistic syndrome symptoms usually occur within the first three years of life, and they are driven by the child's developmental retardation and anomalies involving many areas of mental functioning, and persist throughout life (Ivoškuvienė, Balčiūnaitė 2002, Siegel, 2010; Sicile-Kira, 2008).

The main symptoms of autism - impaired social development, language and non-verbal communication problems, bizarre, aberrant behavior, the limitations of the imagination, interest and other abnormalities (Mikulėnaitė, Ulevičiūtė, 2004; Zager, Shamow, 2005, Adams, 2006; Robledo, Kucharski, 2005).

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<sup>1</sup> *Keičiasi požiūris į autizmą.* (2014). Reached through the internet [interactive]: [http://www.alfa.lt/straipsnis/15900174/keiciasi-pozioris-i-autizma#.U6ID0JR\\_tPI](http://www.alfa.lt/straipsnis/15900174/keiciasi-pozioris-i-autizma#.U6ID0JR_tPI) (seen on 2014-06-04).

Help for the child and family (including families with children having autistic disorder) is regulated a number of important recent documents: Special Educational Support Procedure<sup>2</sup>; Procedure of complex educational assistance, social assistance, health care for pre-school age children and their parents (or guardians)<sup>3</sup>; improvement of education and living conditions model description for children from birth to compulsory schooling<sup>4</sup>; Law on Education<sup>5</sup>; Special Education Development Program<sup>6</sup>.

Lašienė (2008) argues that although autism is a serious condition, but it can be replaced by properly managing the situation and the use of various forms of social assistance strategies. The best results are achieved by early intervention work and individualization.

Since autism occurs in very different forms in different intellectual and language development levels (Marozas, 2002 Ivoškuvienė, Balčiūnaitė, 2002), social services for autistic children and their families are special. Social welfare purpose – person who is able to communicate with, have skills of self-regulation and being self-sufficient as possible (Ivoškuvienė, Balčiūnaitė 2002, Siegel, 2010; Sicile-Kira, 2008).

Sicile-Kira (2008) argued that in order to achieve better results, you need to start as early as possible to provide social assistance to a child who has autistic disorder and his family, while he has not reached three years of age and because the child has not learned very much, there is no large difference among his peers and need to catch up, therefore behavior, emotional and socialization problems are not longstanding and are easily solved.

In Lithuanian context of economic and social change, social services are gaining importance in the country's life - it is an integral part of the welfare state, helping to improve many people's quality of life and changes the daily lives of the people (Dromantienė, 2008).

Bogdashina (2012) notes that in a few decades back autism in Ukraine "did not exist" for a number of psychiatric position. Until recently, segregation was a normal event in Ukraine. It was considered that the only healthy bodies and minds could live fully in society. Any deviation from the standards has been accompanied by a "hiding" the body of the person. In the current period in Ukraine, children with special needs are evaluated and the group of experts establish a diagnosis, and institutional custody is proposed. If the parents refuse that custody, any specialist support shall be terminated. This country for disabled (especially with more severe disabilities) is the only chance to be in custody in an institution all the time (Feinstein, 2010). The legislation in Ukraine for the

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2 Specialiosios pedagoginės pagalbos teikimo tvarkos aprašas (2011).

3 Kompleksiškai teikiamos švietimo pagalbos, socialinės paramos, sveikatos priežiūros paslaugų ikimokyklinio ir priešmokyklinio amžiaus vaikams ir jų tėvams (globėjams) tvarkos aprašas (2011).

4 Vaikų nuo gimimo iki privalomojo mokymo pradžios gyvenimo ir ugdymo sąlygų gerinimo modelio aprašas (2009).

5 Lietuvos Respublikos Švietimo įstatymas (2011).

6 Specialiojo ugdymo plėtros programa (2009).

rights of this particular persons is not found, therefore, in organizing any assistance to a person who has autistic spectrum disorder, shall be governed by the whole group of legislation<sup>7</sup>. They are for the definition of people with disabilities, the provision of social services, rehabilitation, care of children at home, etc.

Social services to families raising children with autistic disorders have benefits: it reduces social exclusion of these families; provides better conditions for the education of the child with autistic disorders; strengthens the capacity and technology to solve problems; helps maintain social relationships with the public.

### *Scientific relevance of the theme*

This topic is interesting both for Lithuanian and foreign scholars. Marozas (2002) viewed autism onset forms, Ivoškuvienė and Balčiūnaitė (2003) studied the social service needs for the family with children having autistic disorders, the basic features of autism were revealed by Mikulėnaitė, Ulevičiūtė (2004), an horse riding therapy on children's psychomotor development was studied by Rutkienė et al. (2012). Lowaas (2003) showed differences in the prevalence of autism among boys and girls - epidemiological studies have shown a lower ratio of boys and girls in the difference (two-three boys to one girl), and a trend that autism affects girls more by severe forms. Sicile-Kira (2008), Siegel (2010) found out that autistic persons have ceased to communicate, undermines all their language skills, adaptation in society, they become non social, anxious, aggressive both to others and to himself. Scott and Boldwin (2005) studies have shown successful results of the training which started at an early age (up to 3 years), so these children are necessary to previous special assistance.

### **Problematic issues:**

- What are the state and need of organization of social services for families with children having autistic disorder?
- What are the directions and opportunities of organization of social services for families with children having autistic disorder?

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7 Про соціальні послуги Верховна Рада України; Закон від 19.06.2003 № 966-IV <http://zakon2.rada.gov.ua/laws/show/966-15>. Про затвердження Типового положення про центр соціальної реабілітації дітей-інвалідів Мінсоцполітики України; Наказ, Положення від 15.08.2013 № 505 <http://zakon2.rada.gov.ua/laws/show/z1511-13> (socialinė reabilitacija neįgaliems vaikams\). Про затвердження Порядку надання соціальних послуг із встановленням диференційованої плати та внесення [...] Кабінет Міністрів України; Постанова, Порядок від 19.12.2012 № 1184 <http://zakon2.rada.gov.ua/laws/show/1184-2012-%D0%BF> (socialinės paslaugos namuose). Про Порядок організації мультидисциплінарного підходу з надання соціальних послуг у територіальному [...] Мінсоцполітики України; Наказ, Порядок від 26.12.2011 № 568 <http://zakon2.rada.gov.ua/laws/show/z0354-12>

**Object of the research** – opportunities of social services for the family with children having autistic disorder.

**Aim of the research** – to analyze the opportunities of social services for the family with children having autistic disorder.

**Objectives of the research:**

1. To analyze theoretical patterns of social policies and social services to families with children having autistic disorder by applying scientific literature analysis;
2. To reveal a state and need of organization of social services for family with children having autistic disorders using a semi-structured interview;
3. To identify directions and opportunities for organization of social services for families with children having autistic disorders using a questionnaire survey for social workers who works with autistic persons;
4. To prepare recommendations for the opportunities of social services for a family with children having autistic disorder.

**Methods and sample of the research:**

- scientific literature analysis;
- semi-structured interview (see Annex No 1)
- questionnaire survey (see Annex No 2) based on theoretical-hypothetical model of the research object (see Annex No 3);
- content analysis;
- statistical analysis.

6 families with children having autistic disorders will participate in semi-structured interviews and 70 social workers which work with autistic persons will participate in a questionnaire survey.

**Work structure:** summary in English, an introduction, 3 chapters, conclusions, recommendations, references, summary in Lithuanian and appendices. The work consists of 16 tables and 3 appendices. The volume of work is 41 page and refers to the literary sources of the 74.

# **1. THEORETICAL FEATURES OF AUTISTIC SPECTRUM DISORDERS AND FAMILIES RAISING CHILD WITH THIS DISORDER**

## **1.1. Autism spectrum disorders**

The concept of autism and a description of the disease for the first time in the literature was mentioned in the 1943 by American doctor L. Kanner and Austrian doctor H. Asperger. It is believed that during similar period the first children with autism were born. Autism (gr. Autos-himself) - thinking, totally dependent on the individual's needs, mental-state current, loss of a real relationship with the reality; morbid closure, a loss of desire to communicate with loved ones and and communication environment fading (Vaitkevičienė, 2001). Autism is one of the most serious developmental disorders, impairing a person's functioning fully. It is not a disease, which is characterised by accurate diagnosis (Galkienė, 2008). Ivoškuvienė and Balčiūnaitė (2002) argue that autism is a complex developmental disorder occurring with not normal social interaction, voice communication and non-verbal communication, imagination, interest, etc.

In recent times, according to the international classification of diseases-10 (hereinafter referred to as ICD-10) autism spectrum disorders belongs to developmental disorder group, which includes early childhood autism, Asperger's, Rett syndromes and childhood disintegration disorder. Autism spectrum disorders are only superficially different. The literature of these disorders is called in different ways: autistic disorder, childhood autism, childhood psychosis, Kanner's syndrome, non-topic autism, atypical autism (Autism-type gets later and does not meet the criteria of all diagnostic). According to the ICD-10 autism is a multidimensional developmental disorder, with some of the characteristics only for it. Autism is assigned a code of conduct and emotions disorder group. Ivoškuvienė (2002) argues that a child or adult, being unable to communicate by means of verbal and non-verbal signs, feels isolated, lonely, marginalized, unable to voice their opinions and make contact, so it is emotionally restrained. Since this disorder spectrum is so vast, naturally, that it is widespread.

Ivoškuvienė (2002), Tender (2007) argue that the emergence of a wider understanding, less criteria and these figures have increased further. Gillberg (2002) indicates that of the 10,000 children 4-5 have typical autistic syndrome. In 1992, Gillberg and Coleman (1992) already indicated that out of 10,000 children 10-14 are of autistic syndrome. Rutter (2000) points out that autism affects approximately 1 out of 1,000 children, Prater, Zylstra (2002) data for autism is 4-6 kids by 10,000. Tender (2004; 2007) mentions that now autism is 1 out of 200.

Lesinskienė (2000), Siegel (2010), Ivoškuvienė (2003), Sicile-Kira (2008), Hanbury (2005) argue that both the psychological, biological and genetic causes lead to autism syndrome, and it is not yet entirely clear. Each practitioner has their own point of view.

Mickevičienė, Perminas, Šinkariova (2009), claim that autism is a spectrum disorder that is caused by a variety of non-toxic, organic, biological and genetic factors. So far there is no clear



reasons for the onset of autism, while researching and determining a diagnosis of autistic syndrome is often confused with other disorders.

In the scientific literature (Mikulėnaitė, Ambrukaitis, Ulevičiūtė, 2004, 2003) is the distinction between the four theories of interpretation of autism:

- Psychological theory maintains that on child development and behavioral disorders are guilty parents. The family environment is considered a key factor in causing autism.

- Biological theory distinguishes autism in various biochemical visible abnormalities, which are interpreted as follows: the brain is made up of numerous cells, neurons, which accepts and forwards information to the chemical elements known as neuro transmitters. The lack of the chemical elements is a major cause of autism.

- Organic – a neurological theory argues that the various brain diseases (inflammation), physical injuries and birth defects occur in the dysfunction of the condition, which causes autism. As well as the prominence of the brain function of latency (where the connection between the two hemispheres is low) for which no longer satisfy the brains sensory information, making the options, so there is a cognitive, language and social interaction problems.

- Genetic theory argues that genetic abnormalities (combinations of heritable diseases, phenylketonuria, which occurs on the amino acid phenylalanine metabolism disorders in; the x chromosome mutation; discovered in the HOXA1 gene) is the cause of autism.

Factors which causes autism are often intertwined, for example, organic, neurological reasons may be linked to the problems of the psychosocial and so on (Hallahan, Kauffman, 2003).

In exploring the reasons for induction of autism, may present a theory claiming that certain parts of the brain responds to stress how the infection causing inflammation and potentially developing brain cortex damage. Many brain disorders the main culprit is inflammation. In a short period of time lasting inflammation is a self-preservation mode, however protracted it makes a lot of damage. Like many other diseases, mental illness, schizophrenia, depression, autism, anxiety and bipolar disorder – was used to link to inflammation. And the recent spread of the disease while growing with the increasing modernization (Lietuvos medicinos kronika, 2009).

For professionals it is important to accurately determine the failure as soon as possible. The disorder is grouped into the four categories of criteria ((A), (B), (C), (D)) in accordance with variety, the intellect, the brain activity or social interaction problems, etc., when finding an autism meets the 6 (or more) attributes from all four groups: two signs shall conform to the characteristics of Group A and at least one character from (B), (C) and (D) groups. Criteria are set out in the consistency (Ivoškuvienė, B, 2002: 23):

- (A) the group of social interaction qualitative disorders (a notable non-verbal communication disorders; the lack of social and emotional interaction between social behavior and the age of the child; non-compliance, etc.);

- (B) a group of non-verbal communication of qualitative and verbal disorders (language development disorder; echolalia and related lack of language, etc.);

- (C) the group of repeated the pesky behavior and activity and restrict interest;
- (D) the group of attributable to the evolution of the disorder to other variety of abnormality.

## 1.2. Psychosocial characteristics of autism

Pilkauskienė (2007), claims that autism is a disorder of the many-sided development, the continuation of the whole human life. Autism usually starts before the age of 3 years, i.e. the period of development, disturbing the child's functioning in various areas of the mental development. The main symptoms of autism include the following:

- communication difficulties: verbal, lateral (or non-verbal "body language", gestures, eye contact, smile, etc.);
- social contacts - disturbed understanding of other people feelings, insufficient or inadequate response to them, failure to maintain contact with those around them;
- stereotypical (repetitive) movements / behaviour: a child many times repeats the words, movements, with certain conduct, the rules of the game, manages objects in accordance with the strict rules of their frozen, and to be influenced by the adjustment.

According to Lesinskienė (2001), concerning the specific behavioural and communication disorders social adaptation of these children is difficult, so far unresolved and highly topical issue. Autism caused communication disorders is very limited by the development of these children, learning, and social opportunities. Children with autism spectrum disorder are very sensitive to changes in the environment, due to the fear of change is constantly experiencing serious problems of adaptation. Autistic children behavior is hardly controlled, unpredictable, impulsive. Behavioral characteristics in relation to the other: aggression, manifested in the frequent attack of anger, lack of self-protection, a lack of eating and sleeping. Most of the problems inherent in the autism can not be healed or changed, however, depending on the autistic child senses, perception, thinking, feelings, individual characteristics can be found in constructive communication and behavioural difficulties arising from permanent solutions.

Mikulėnaitė and Ulevičiūtė (2004) distinguish the following main autism characteristics:

- confused social communication skills;
- language development and communication problems;
- atypical, bizarre stereotypical behavior;
- imagination and time perception problems;
- the interest and activity of the spectrum;
- do not change anything;
- does not need to show gestures;
- do not place laughs or chuckles;
- require the same object;

- limited eye contact;
- weird playing (for example, turning objects);
- the content of the unrelated language with direct environmental events;
- lack or absence of the initiation of the call;
- speaking only about one item or one topic;
- hyperactivity or passivity;
- lack of continuity of the action;
- hazard are experienced;
- abnormal eating, drinking, sleeping;
- focusing on the details.

Due to the inability to properly communicate and the following factors, it is difficult for autistic child to adapt to the environment – he or she don't understand it and can become predatory. Child with autism, who has a serious degree of autism has a very difficult adjusting to the environment, making his characteristic behaviors divided into the following groups (Mikulénaitė, Ulevičiūtė, 2004):

- Auto-aggression (self-injury) – self-directed biting in a hand, smashing a head;
- Aggressiveness (other mutilation) - kicking, churning;
- The sudden termination of the activity – cry or escape from local activities, spreading items around;
- Repeat steps in keeping things bring in the mouth, repeat questions;
- The inability to control himself – avoidance of physical contact, the lack of focus on relating to addictions.

Edelson (cit. Ivoškuvienė, 2003) argues that social behavior disorders is the key to autism. He appointed three social groups of problems:

- Social avoidance;
- Social indifference;
- Social clumsiness.

Social shunning is avoidance and unwillingness of people to communicate with them. A common feature of social avoidance is anger, or running away. Children, which are characterized by social avoidance, to avoid contact, rewinds back. Such a posture for many years has been interpreted as distaste for people or their dread. Edelson (cit. Ivoškuvienė, 2003), points out that there is another theory, claiming that for a child with autism problems arise at meetings with other people because of the excessive sensitivity to certain sensorial stimulations. For example, persons with autism, argue that they painfully responds to parents' voices, scents or colors, and some of them feel the pain when someone touches or holds.

Social indifference. Persons, who are described as "socially indifferent", are not looking for social interaction with others and are shy away from social situations. Edelson (cit. Ivoškuvienė, 2003), points out that there is another theory, claiming that persons with autism spectrum disorder,

do not communicate with others because they do not feel pleasure, as Jaak Panksepp points out, that in their brain the amount of one hormone is changed. The surplus effects on the children or adults to not feel any pleasure while communicating.

Social clumsiness. Persons with autism, trying to make contact with the people, but they are not able to keep it. One of the reasons for the unsuccessful communication is the failure to listen to others. Most people speak only about themselves, they are egocentric. They have no social skills, which are social solutions. Most autistic people imagine that other people do not have their thoughts, plans, approaches. They can't understand another person's feelings, emotions and, therefore, can not foresee what others have to say, and how you will make a variety of social situations. Changes in social behaviour are diverse and different (Ivoškuvienė, 2003).

Not all of the reasons individuals may equally take part in the socialization process, for example, the autistic child's brain processes information differently than a normally developing children, and these children often do (Mikulėnaitė, Ulevičiūtė, 2004):

- distances itself from the surrounding environment;
- the bad perception of cause and effect relationship;
- hard to shape social behavior;
- imagine or difficult to imagine things, outside of their field of vision;
- better aware of the seen information;
- observe the individual details, but have been unable to link them;
- There is a very serious environmental fear.

One of the signs of inadequate behaviour is self stimulation. Autistic children uses: vision, hearing, smell, taste, and movements. Some keep looking at the light, others in the hands in front of your eyes, still others do vocals and listen to their sounds, hitting one into another strong sounds emit objects or on the contrary, closes ears, although the sound is not loud. Often the autism spectrum disorder having children stimulates herself with the movements from side to side or forward and backward and rotate objects (kinetic and kinesthetic stimulation). Autistic kids are often characterized by aggression and auto-aggression. Self-injury often occurs in the head, hand biting, etc. Because of the inability to understand the environment the children are not able to adapt, so stays aggressive with each other or with other members of society (Ivoškuvienė, 2003).

Childrens' with autism spectrum disorders learning is a long and complex process. The biggest problem is not the acquisition of knowledge and skills (though this is hard enough), but practical use of skills in real life (Ivoškuvienė, 2002).

Working with children who have autism spectrum disorders success is intense early support, physical culture, hobbies and socializing with peers, because they help children to understand the rules. Children with autism spectrum disorder requires a structured, specially organized training through behavioral therapy techniques. A structured approach helps children become self-sufficient, to develop daily living skills, to reduce anxiety, stress, behavioral disorders, give their lives with joy and meaning. In this case, it is very important to minimise the amount of environmental irritants,

helping children focus on the essential learning areas. Then it is very important to pay attention to each child's weaknesses and strengths (Mikulėnaitė, Ulevičiūtė, 2004).

European and world experience shows that social risk families are in need of long-term complex assistance that such assistance would be given to a smooth, must cooperate and coordinate the activities of the institutions clearly, however, such cooperation is rare. State and municipal agencies and authorities responsible for the provision of support and assistance to the family, a lack of exchange of information on the living conditions of the disadvantaged child. Information and knowledge are shared in a systematic manner. It is stressed that in our country there is no system that clearly defined what authority is responsible for the social work and social services provided for the social risk families and growing kids, as well as almost not cultivated the preventive work with social risk families (Vaikų nuo gimimo iki privalomojo mokymo pradžios gyvenimo ir ugdymo sąlygų gerinimo modelio aprašas, 2009).

Most of the foreign scientists (Kilburn, Connon, 2005; Shonhoff, Meisels, 2004) argue that early intervention in childhood is based on support for children and their families. The objective of the aid is to enable the child to its family-related services to build a harmonious society that recognized the rights of children and their families (Ališauskienė, 2005).

Strain, Schwartz, Barton (2011) argue that in recent times, a variety of techniques and methods are concerned, which encourages the participation of children with autism spectrum disorders in the natural environment, and learning important skills. Intervention towards the functional participation in the natural environment of young children with autism spectrum disorders. Research indicates that day-to-day operations, and the presence of natural learning opportunities provided by the routine and grow kids. As well as draw attention to maintenance and generalization skills in the natural environment. The factors that may lead to training skills are identified:

- functional behavior (for example: increase communication skills using voice output programs);
- on the basis of the integration of school subjects into everyday routines and activities (e.g.: children learn to imitate naturally acting);
- development of skills (e.g.: learning the game at the time);
- social skills with peers of children (for example, to teach the children of a similar age to interact with children with autism spectrum disorders);
- the cost of the family (such as family assistance).

## **2. ANALYSIS OF SOCIAL ASSISTANCE TO THE FAMILY RAISING A CHILD WITH AUTISM SPECTRUM DISORDER**

### **2.1. The peculiarities of social assistance to the family who has a child with autism spectrum disorder**

Families raising autistic child faces with a myriad of psychological, pedagogical and social difficulties which are: lifestyle changes, relationships and roles with family members, or other people (friends, neighbors, coworkers, etc.), the structure of the family, to comply with the relevant education and treatment program, in cooperation with the multidisciplinary team, etc. (Radzevičienė, 2003; Sabaliauskienė, Kasparavičienė and others 2002).

A child with autism syndrome changes the family psychological climate, interpersonal communication, diminishing circle of friends, the narrowing of social networks, changing family needs, the result of specific psychological experiences (e.g., incessant stress, social stigma, and so on.) (Gerulaitis, 2007).

An early sign of autism is a social communication disorder that remains in adults life. Autism having children can be affectionate, but only to themselves in a simple manner, without joy and reactions, which you can get from a normally developing children of the same age. These children lack the ability to commit to others, so they prefer to engage in activities, being alone with ourselves. Milder forms of autism having children is a friendlier, but for someone with a lack of warmth and sensitivity to the feelings and needs of others. In severe cases, the child may be completely unsociable or their limited communication may seem like a mechanical.

Mikulėnaitė, Ulevičiūtė (2004) argue that the kids have a lot of social problems, because they don't see the whole, does not associate one action to another, ignorant, and only learns some of the action of mechanically. These children, in particular, find it difficult to adapt to the changes, which they are not prepared, in particular, to accept and adopt new unfamiliar people, because people look (hair, clothes, mood) changes frequently. Therefore, kids prefer not people but objects, since the latter does not move and does not change.

All of these features indicate that the most difficult thing for children is to function in social environments, even near family environment. Many families with a child with functional evolution, feel more isolated from other people. Most of these families are forgotten, that is part of the community. Support and service-mindedness is the basic characteristics of the members of the community. It is important to participate in the life of the community. The service is available to the public and must be made available to the family and their child. Education, leisure and cultural institution, the medical services and religious centers in all of it's resources, which the family can use when needed.

Mickevičienė, Perminas, Šinkariova, (2009) discusses foreign studies carried out by the authors, who suggest that families, raising a child with autism syndrome, hardly understands the

actual situation. They find it difficult to understand the real feelings of the child. Sometimes they would like to see that this child would be born as a whole, so that for everyone it would be easier or easier if child would die. Such thoughts lead to self (parent) pity, and then the self-accusation, in conjunction with the provision that their child needs love as it is. However, sometimes the parents are too hard to understand and realise resulting feelings. Weiss (cit., Perminas, Šinkariova, Mickevičienė 2009) highlights the fact that various studies show that depression of parents helps to overcome the surrounding support, understanding and support between partners and a strong relationship between the spouses.

Ališauskienė, Kondrotienė (2008) argue that the provision of assistance to children and their family members are responsible for different areas of the specialists, who work in different offices. In order to help the family targeted to raise a child, it is important to ensure a proper social and psychological support, to ensure that the child's socialization in the society.

The process of education is involved in a wide range of experts: educators, teachers, special educators, speech therapists, physiotherapists, social educators and parents. Each performs its functions, which can be different and have different effects. It is very important that all professionals and parents, though different means, to seek the common goal and to coordinate their actions in the formative it implemented (Viliūnienė, 2007).

During family crisis help, information and advice of professionals on the state of the child is essential, the parents received information can prove to be extremely harmful or even cruel. Viliūnienė (2007) believes that parents often tend to believe that professionals are insensitive, too formal for a child, not supporting their opinion about the child's future prospects, sometimes tend to blame the lack of professional competence of specialists.

Collaboration across teams can be very different, it depends on the culture of cooperation (for example, team members available knowledge, conceptions, actions, experiences, activities, and procedures for the organization, etc.). In addition, it is noted that professionals often lack the key competences, which are related to changes in the management team, work experiences, challenges and reflectivity and a systematic approach towards child (Ališauskienė, 2003; Ruškus, Mažeikis, 2007; Čegyė, Ališauskienė, 2008; Kairienė, 2010).

Professionals and parents' communication is also important, as the aid is granted for a child with autism disorders. Alisauskas (2002) provides a basic principle of cooperation, that parents are equal partners, competent enough to nurture their child. To ensure that parents are more involved as far as possible the child's education, the initiative to show educators and professionals.

Miltenienė, Mauricienė (2010) concluded the investigation into claims that children in special education needs to be met in the interdisciplinary team, where the parents are recognized as members of the team. Dettmer et al (cit. Ališauskienė, 2005) provide five steps for cooperation between professionals and families:

1. Figure out your values, attitudes, etc., the provisions of the existing situation and the treatment and parental discretion gives the process of education and cooperation in a larger

sense. Certain information and experience gained from one parent, they will not be able to adapt to another family, because everyone is different and differently understood the same information. On the basis of this step, it is important to recognize that parents are the key persons who can provide the most information about their child.

2. To develop cooperative relationships. In order that cooperation would give positive results, it is important that all children are able to actively listen and hear, to look for a common solution to the problem. Parents, knowing what their child should have, it is that the specialist would be able to better organize the education of the child. It is also important to avoid time limits, because the parents can understand. Fearing to stay not understandable what explains the special educator, parents can avoid to visit and monitor the child's achievements or to both problems.

3. The initiation of services and household interactions. Parents will want to actively participate in the education of the child and to make sure that their efforts to help the child. Specifies that a true partnership is possible only when the professionals familiar with the needs and interests of the family, who are related to a child's development. It should be noted that parents know what is best for their child and encourage them to get involved in the education process.

4. Customized to work with parents. For this step to work actively, it should be OK to get to know each family or its members. To assess the needs of these persons, the wishes and proposals expressed in the idea. Practitioner should seek that cooperation take place between the confident one of the other individuals who can provide all the relevant information about the child. On the basis of this step, it should be the parents to give the freedom of choice, after all, only they know best what they need for their child. Any thoughts or suggestions must be listened to and searching for the results of the joint decision.

5. The assessment of the cooperation. Education of the child actors, i.e. parents and specialist should evaluate themselves, or have reached the targets, as they have managed to implement what you learn a lot from that.

According to Viliūnienė (2007), socialization is continuous engagement in public life, a process that takes the whole human life. The environment is the variable component, the changes which gives man a new experience and at the same time requires new engagement skills. So, communication and human interaction and the inclusion of the disabled in the local community is an extremely important issues in today's family-disabled child, life. The integration of children with disabilities into society must be brought in the family.

Therefore, for parents raising children with autism spectrum disorder, it is useful to cooperate with each other. They are not only aware of one another, but each of them has their own unique experience in overcoming crises, challenges and solutions in order to achieve success, the use of specific receptions. (Nikolskaja, Bajenskaja, Libling, 2000).



Dapkienė (2002) indicates that the overall work, the implementation of the objectives and problem-solving helps to a better understanding of themselves and others, to provide for their intentions, to teach to listen, and listen, and thus helps to prevent improper response.

In order to make a child's educational success, the maximum special housing, educator must include not only the child's teacher, but his parents. Gevorgianienė (2003) provides ways for parents to be involved in a child's education. For more information the following ways in which greater involvement of parents in children's education would help to promote:

- familiarity with the child's family. The family of the child cognition, it is one of the first factors to be conducted by a special educator. In order to know what family a child growing up, what are the conditions granted to learning – professional should talk to the child's parents, to find out all the issues. Creating a plan of cooperation, it should be noted that the family would be able to provide more assistance for the child;
- trust the experience of parents, respect their opinions and feelings. It is important to take into account the fact that cooperation runs smoothly. It should allow parents to share experiences, feelings and fears arising through the experience, because after all, parents know their children best;
- parents' introduction to professionals working in the office for specifics. Parents, knowing what kind of support can get from a variety of specialists, themselves begin to understand, and its role in the child's education. So at the very beginning when a child needs professional help, every person working with the child should accurately and clearly express their position, what kind of support the family can get from it;
- expectations related to the validity of a child's achievements, as well as parents and educators expectations and objectives. Using this method, the inclusion of parents should know if the parents are aware of the importance of the process of education. It is important that parents and professionals are pursued for the common objectives and to the better and more accurate implementation;
- parents' attitude to their own and the role of educators. Sometimes parents all leave to deal with a teacher, thinking that they are the best of everything they can. However, parents also need to be included in the child's educational process, to be able to promote achievement of the objectives of the future of children, and to encourage to interact with other children.

Families, raising children with autistic spectrum disorder, has a lot of problems, and they therefore adversely affected not only the family's lifestyle, but also the child's socialization (Barkauskaitė, Grincevičienė, Indrašienė, Pūkinskaitė, 2001).

Gučas (1986) argues that people communication is changing not only because of the information, but also of the work with each other. On the interaction may decrease or increase their activity, lead to positive or negative emotions. As far as these thoughts from the professional side, it could be argued that the cooperation of professionals and parents could fall on the parents' fear that

their no-one does not recognize. Also a lot of influence and special terms for professionals. Communicating with parents, it is advisable to choose the clearer and readable words, willingly and calmly answering questions to them, not to verify whether parents all figured out what it was saying. To select specific documents, which are governed by the children with autism-spectrum, education and assistance in the gathering of families, there are a few, but all of the latest procedures, which govern the assistance with special educational needs children and their families, can be customized, and in the case of autism spectrum disorders.

In the description of the procedure for special educational assistance (Specialiosios pedagoginės pagalbos teikimo tvarkos aprašas, 2011) it is indicated that the specific purpose of the aid is to increase the person with special educational needs, educational effectiveness. The aid is granted in the formal and non-formal educational establishment, home and student services. The special educator, a speech therapist, social worker, having regard to each child's individual abilities, together with their parents, consist the curriculum for the development of skills and advice for parents. Autism having children can be affectionate, but only to themselves in a simple manner, without joy and reactions, which you can get from a normally developing children of the same age (Autizmas, 2008).

Kondrotienė (2008) argues that the provision of assistance to children and their family members are responsible for different areas of specialisation. In order to help the family targeted to raise a child, it is important to ensure a proper social and psychological support, to ensure that the child's socialization in the society. The documents governing the education support professionals and education understood as activities undertaken by the staff of the institutions related to the child of social and pedagogical needs, allowing you to improve the quality of child education, increasing the effectiveness of educational assistance (Švietimo pagalbos ikimokyklinio amžiaus vaikų namuose auginančiai šeimai tvarkos aprašas, 2011; Bendrieji socialinės pedagoginės pagalbos teikimo nuostatai, 2011; Lietuvos Respublikos Švietimo įstatymas, 2011).

In many countries, social work and social service areas, employing social workers assigned to the higher areas of occupational risks, whereas you might encounter unexpected threats (psychological or physical) security of a social worker from the customer with which people work, side. In modern welfare states the requirements of working conditions are regulated by the law and are tended to ensure safe and healthy working conditions for workers. Despite the novelty of the profession, in Lithuania there are also a number of acts, directly or indirectly, to ensure social protection for workers from the negative work environment, occupational exposure to risk factors. One of them – the Government of the Republic of Lithuania in 2002 confirmed the decision on the list of dangerous work. In this list social workers who work with social risk families, adults or people with mental disabilities, the work is included in the list of dangerous work. In 2008, this list is revised to extend social workers working with certain customer groups, a list of hazardous work (Žin. 2002. Nr. 87-3751). The current provision that applies to the dangerous work includes: the administration of municipalities in local neighbourhoods, protection of the rights of the child,

social assistance workers, social services institutions and departments of the social workers, social educators, social workers, social assistants, working with families, social risk and the risk of persons or people who have a mental disorder, work (Lazutka et al., 2008).

## **2.2. The role of the environment for child development**

Autistic child may be taught in various institutions, taking into account the severity of the disorder, the child's behavior and emotions. For each child it is needed to develop a specific program that focuses on the development of structured environment, the promotion of an alternative language or communication, the specific objectives and methods of achieving them. For children with autism spectrum disorder it is important that the educational and living environment, which are subject to certain conditions, for example, would be stable, with few changes. These requirements are lifted for the physical and social environment. All classes must be structured, i.e. have a strict procedure. The main feature of the education of the children with autism is a clearly structured, vividly and clearly presented surrounding environment and the structure of the proposed activity. And at home, and educational institutions application of understandable individual operating scheme for him is essential to constantly be aware of what he was going to do, where to work, how long it will be and what will happen after that. This scheme must clearly define the end of the performance, and to identify in advance the continued pursuit (Mikulėnaitė, Ulevičiūtė, 2004).

Physical and music classes are crucial for children with autism spectrum disorders, because it soothes, helps them to concentrate, provides a new range of experience. These activities must be carried out regularly, preferably at the same time. Active movement reduces children auto-stimulation, gives the new sensorial experience, improves sensory integration processes (Mikulėnaitė, Ulevičiūtė, 2004).

It is noted that the artistic activity and communicating with animals has a positive impact on some autistic symptoms, for example. the kids are asleep, for new, better formed. Whereas the action planning and activities of the imitation of surrounding, for autistic kids it is hard to learn life skills, minimum curricula focus on self-service and self promotion training. In order to develop certain skills, often used characters, or a sequence of images by the carrying out of the action in small steps. All the actions carried out by the child shall be identified in a specific situation (Logopedinės pagalbos centras, 2012).

There are also other methods to apply to work with children with autistic disorders. Often subject is autism therapy, which is used in almost everything that can have any impact on the rehabilitation of man. Here are a few examples of autistic therapy techniques that can have a positive impact on children with autistic disorder:

-quite often used animals (dolphins, horses, dogs), which sometimes leads to some symptoms (better sleep, accumulates).

- specially trained dogs can accompany autistic children and protect them from danger;
- gaming and music therapy, which are pretty intense contributes to the accelerated development of the child;
- good feel of autistic child includes the sporting activities (no team sport) and activities in the nature; perfect for all sorts of water therapy helps them to relax: sauna, contrast shower, pearl baths, etc.;
- yoga exercises and other oriental techniques for the reduction of stress (Autizmas, 2008).

Suitable creation of the physical environment for child training is the basis for the success. The structure of the physical environment, it is a procedure whereby children can adaptively function in a certain space: home, class, etc. The limits of each zone must be clearly defined, that the autistic children understand where each zone begins and ends, because it reduces their anxiety, fear (Mikulėnaitė, Ulevičiūtė, 2004).

### 3. RESEARCH ON OPPORTUNITIES OF SOCIAL SERVICES FOR FAMILY WITH A CHILD WITH AUTISM SPECTRUM DISORDER

This study aims to analyze the opportunities of social services for families raising children with autism spectrum disorders. The goal was raised on the basis of the following questions: what are the state and need of organization of social services for families with children having autistic disorder? what are the directions and opportunities of organization of social services for families with children having autistic disorder?

#### 3.1. Theoretical and methodological terms and concepts of the research

This work is built on these theoretical and methodological concepts of the research:

- **Social constructivism** (Berger, Luckman, 1999; Jerome, 2006). The main provision of this paradigm shift in assumptions as person constructs knowledge based on presumptions. The study is aimed at the more rely on the family, raising a child with autism spectrum disorder, the position of the family in respect of social services.
- **Positivism** (Durkheim, 2001). This paradigm allows to search for "positive" in the knowledge society, in order to create the same society without flaws. Also in accordance with the provisions of a particular phenomenon of this paradigm shift in the investigation may reveal its reciprocal links with other phenomena, patterns, but never clears out their nature or essence. The social effects must be investigated as stuff. Durkheim believes that everyday life can be captured by the statistical tables of the mineralised information. Study will reveal the principles of quantitative analysis and the determination of the direction of the organisation of the provision of social services and opportunities.
- **Social participation** is defined as the presence of an active participant in public and community life; the activity of the person and open to the community in basic social conditions for participation (Ebersold, 2004). Thus, social participation to achieve child and all of it surrounding environment based on the equality of participants in a cooperative system of social assistance, the involvement of parents in relation to the child's quality of life. The principles of social participation in the study will be implemented in the study including the nearest child environment – family.
- With the provisions of the social participation of the closely related **empowerment** perspective, which focuses on improving the capacity of individuals to social act (Turner, Beresford, 2005; Ruškus, Mažeikis, 2007). The study of the social opportunities of individuals will be increased through the provision of social services for the family and preparation of recommendations.

### 3.2. Ethical principles of research and research methods

#### **Ethical principles for the investigation.**

During the investigation, in both the development of a structured interview, and a survey will be based on voluntary decision to participate in the study, information on the use of survey data, confidentiality, respect and dignity of the participants in the study (Bitinas, Rupšienė, Žydžiūnaitė, 2008).

**The research methods.** The study included *the scientific literature analysis, the analysis of structured interviews* (see annex No. 1) *in writing, using a prepared questionnaire survey* (see annex No. 2), according to the study of the theoretical model of the object operationalization (see annex No. 3), *content analysis* and *statistical analysis* methods.

According to some authors (Kaffemanienė, 2006; Luobikienė, 2000), questionnaire is a set of questions, which are made up in order to examine any social phenomenon or process. Questionnaire provides the opportunity for the respondents to respond to the questions or statements. Respondent fills out a questionnaire at self acting in accordance with the rules laid down.

Bitinas (2006) and Tidikis (2003) point out that questionnairing is one of the most sociological research methods. This method allows you to collect a very large amount of information. By the way, it helps to reveal the various phenomena of trends. In the meantime, Kardelis (2002) points out the complexity of this method for understanding the problem to him and to the systematic work. Giddens (2005) mentions that the survey is to collect data that can be used to examine statistically, thus revealing the models and patterns.

As well as this investigation was chosen and qualitative access, enabling a comprehensive look at the problem through specific experiences of persons of the phenomenon (Kardelis, 2002). The structured interview method is more oriented to the analysis of the test process. It is flexible, allowing you to quickly adapt to the situation. The interview questions can be asked to go to an object, because the conversation is one of the most important qualitative data collection measures in the investigation. Asked questions helps you understand the subject and get more detailed answers to the questions, to understand the experience of participants of the investigation, which they expressed in their own words (Bitinas, Rupšienė, Žydžiūnaitė, 2008).

### 3.3. Research data processing methods and sample of research

**Study of data - processing techniques.** The structured interview was processed by using qualitative *content analysis*, with the aim of building and interpretation of meanings. Qualitative content analysis was carried out in four steps: 1) many times read the text; 2) on the basis of "keywords" replaced by isolated categories; 3) split into subcategories of categories is carried

out; 4) carried out the categories and subcategories of interpretation and justification (Žydžiūnaitė, 2007).

As a result of the survey will be a matrix of the data collected and on the occasion of *statistical analysis* (calculate averages and standard deviations), with the aim of obtaining and disclosure of aggregated data the pursuit of the general characteristics of the phenomena according to certain variables. The empirical data will be treated, filed, and graphically represented using *SPSS 17.0 for Windows-PC, Windows Microsoft Office Excel and Microsoft Office Word* programs.

**Survey and time.** 6 families raising child with autism spectrum disorder were involved in a structured interview. The online survey involved 70 social workers who work with persons having autistic spectrum disorders. Respondents were be selected on the basis of convenient selection method. Rupšienė (2007), Valackienė, and Mikėnė (2008) notes that the convenient selection includes those units in general population which could be reached very easily. At the time of the investigation the electronic questionnaire was sent to those social workers who work with children with autistic spectrum disorder.

The study was conducted in April of 2015.

### 3.4. Results of research

#### 3.4.1. State and the need of organization of social services for a family raising child with autism spectrum disorders: analysis of the results of a structured interview with the family

The study took part with 6 families (their members: 4 mothers and 2 parents) engaged with a child having autism spectrum disorder (age 3 to 12 years) and receive social assistance from social workers. These families were presented with 7 open type questions relating to social services for their family.

Survey participants were asked what kind of social assistance receive by a social worker. Results of the study are presented in table 1

Table 1

#### The category "Social assistance from a social worker"

Subcategory	Illustrating claims	The number of claims
Information	<i>"we were informed about the current events", "the information he provides us with," "telling everywhere," "gives to know when held meetings"</i>	4
Consulting	<i>advising on issues of "us," "counseling,"</i>	3

	<i>"advice on how to handle"</i>	
A child's education	<i>"with a child is engaged in", "together with a child something is playing," "playing they are there"</i>	3
Parent education	<i>"teaches us good games", "how to engage with a child shows"</i>	2
Mediation	<i>"once redirected to other professionals", "went along with us into a chapter of social assistance"</i>	2

The family of a child with autism spectrum disorder from social worker receives social assistance information (for example, *"we are informed about current events"*), counseling (e.g., *"us advise on issues of"*), the child and parent education and mediation (such as *"once redirected to other professionals"*) areas.

Most parents have highlighted the important information about family things. A social workers as a teacher activities are important for the parents to conduct training with a child with autism spectrum disorder, principles and rules, and it is also important that the social worker work with the child through various game activities.

Ališauskas (2002) emphasizes the importance of parents as equivalent to partners who have the right to know all the information, i.e. must be consulted and taught at the same time, as it may contribute to their child's education.

The parents were asked to evaluate the social assistance provided by the social worker in their family. The interview results are presented in table 2.

Table 2

**Category "The social assessment of the aid provided by a social worker"**

<b>Subcategory</b>	<b>Illustrating claims</b>	<b>The number of claims</b>
Positive assessment	<i>"works very well", "I like the way she behaves with my baby", "this is often a very positive about playing with his son", "I'm happy", "10 scores as a work"</i>	5
Seen in the new working methods	<i>"interesting games to play", "some innovative techniques to apply when working with a child", "thinks of new ones" various new activities</i>	3
The episodal social assistance	<i>"the little", "attain it only occasionally, "could be more frequent meetings"</i>	3

Social worker social assistance provided for the family, raising a child with autism disorder, tends to be seen in the positive (for example, *"I like the way she treats my child"*), emphasizing innovation (for example, *"some innovative techniques to apply when working with a child"*) to work



with the child. However, participants in the interview note episodically done social worker activities with their child, i.e., the lack of permanent activities.

The individuals involved in the study were asked about the role of social worker in the provision of social services for their family. Results of the study are presented in table 3.

Table 3

**Category "Social worker's roles in the provision of social services"**

<b>Subcategory</b>	<b>Illustrating claims</b>	<b>The number of claims</b>
Consultant	<i>"more and more as a consultant to us it", "maybe the one who advises," "consultant", "family consultant I would call"</i>	4
Educator	<i>"teacher of the child", "teach us parents", "the role of teacher the most common"</i>	3
Person who empowers	<i>"help your child to achieve something", "the impossible turns possible"</i>	2

A family that has a child with autism spectrum disorder, and receives social assistance from a social worker, emphasizes that this is a specialist like consultant at the time (for example, *"consultant of the family I would call"*), teacher (such as *"teacher of the child"*) and person who empowers (for example, *"help your child to achieve something"*). The social worker in carrying out different activities with the child or the family should perform different functions, so the family very clearly sees his role.

The family was asked of a social workers', providing social services for their child and their own applicable methods. The results are given in table 4.

Table 4

**The category "Social workers', providing social services, methods"**

<b>Subcategory</b>	<b>Illustrating claims</b>	<b>The number of claims</b>
Individual access to the child's	<i>"an individual with a child is working on", "just a child", "alone with his son playing"</i>	3
An individual working with parents	<i>"with me on an individual basis language", "I need advice"</i>	2
Group work	<i>"sometimes adds a child to other children's activities", "trying to build a group"</i>	2

From the results obtained it is noted that the social worker, providing social services to the family, raising child with autism, applies an individual approach to the work with the child (for

example, *"only with a child"*), and with his parents (eg., *"with me on an individual basis language"*). As well as trying to apply and groupware approach (for example, *"sometimes adds a child to other children's activities"*). It is likely that these two methods, a social worker trying to adjust and adapt to the individual needs of the child, the family and/or, depending on the situation.

According to the Strain, Schwartz, Barton (2011), very important to the child with autism spectrum disorder, his inclusion in education has become a very small groups of the same child.

Parents were asked, how social worker includes parents in the provision of social services. Results of the study are presented in table 5.

Table 5

**The category "Parents involvement in the process of social services provision"**

<b>Subcategory</b>	<b>Illustrating claims</b>	<b>The number of claims</b>
Interesting activity	<i>"are interested in activity", "captures the attention of some of the methods", "interesting hobbies"</i>	3
The showdown	<i>"will tell you what will be the achievements", "displays a learning things"</i>	2
Positive interactions	<i>"paid to communicate", "sincerely to vote and speak with us"</i>	2

Parents tend to engage in activities when they are interested in same activity (both for them and the child) (for example, *"captures the attention of some of the techniques"*), they show the benefits of activity (for example, *"shows the learning things"*), and it's going through a social worker and a child, a social worker and parent communication (such as *"sincerely to vote and speak with us"*). These elements enables families to participate in the social assistance for a child with an autism spectrum disorder, in the process of the provision.

However, a parent of a child with autism spectrum disorder, was asked about the missing social assistance. The data are presented in table 6.

Table 6

**The category ' Missing social assistance "**

<b>Subcategory</b>	<b>Illustrating claims</b>	<b>The number of claims</b>
Activities for kids	<i>"the more activity to a child", "in order to meet more frequently as a child", "child's lack of education", "different activities"</i>	4
Educational activities for parents	<i>"knowledge would be more", "business methods", "trained with some of the game"</i>	3
Day center for children	<i>"these kids are missing the day centers"</i>	1

Parents raising a child with autism spectrum disorder, talking about the need for social assistance, stressed the fact that their children's lack of more activities (for example, "*the more activities to a child*"). The parents themselves would like to gain more knowledge through various educational activities (for example, "*to raise with the methods*").

Also an idea flown in about a day center for children with autism spectrum disorder ("*day centres for such children is missing*"). It is likely that such a center would meet all the needs expressed by the parents, since its activities are focused on educational activities for children and education for parents.

Mikulėnaitė and Ulevičiūtė (2004) highlights the fact that children may be taught in the various institutions, taking into account the severity of the disorder, the child's behavior and emotions. However, especially for these children a structured environment should be created (for example, a day centre for children with autism spectrum disorders), it can may reduce his negative emotions and inappropriate behavior

The process of the provision of social services is very important is the role of professionals and/or cooperation between the institutions. So the parents of a child with autism spectrum disorder-was asked about it, as far as possible should cooperate with the social worker, providing social services for their child and their own. Results of the study are presented in table 7.

Table 7

**Category "Social collaboration, through the provision of social services for the family"**

<b>Subcategory</b>	<b>Illustrating claims</b>	<b>The number of claims</b>
Psychologist	<i>"psychologist", "psychological help needed", "psychologist" to be able to operate, "I'd a psychologist", "the person who knows well the child psychology"</i>	5
The social educator	<i>"similar activities in the social, a part-time this could work", "part-time with social educator"</i>	2
Physiotherapist	<i>"the physiotherapist"</i>	1

Parents envision a social worker collaboration with psychologist (for example, "*with the psychologist should be able to operate*"), a social educator (e.g. "*similar activities in the social, this could work part-time*") and physiotherapist in the context of social aid to their child and themselves.

It is likely that a psychologist need arises from the side of the parents on the grounds that they lack the psychological knowledge of the disorder, behavior with a child with autism spectrum disorder, and the resulting negative feelings. The social educator operational content very similar to

activities of a social worker, so these professionals through the joint cooperation of the imaginary organization and carrying out of activities in the socio-educational of autistic disorder with children.

Ališauskienė, Kondrotienė (2008) indicates that, in order to help the child and family, very important for all professionals working in the field, despite the fact that at the moment you need more help.

### 3.4.2. Directions and opportunities of organization of social services for a family raising child with autism spectrum disorders: analysis of the results of the survey of social workers

**The characteristics of the sample.** Survey, using a questionnaire drawn up by the social workers involved in 70 of them, 64 women and 6 men. The average age of survey participants – 42.6 years (ages ranged from 24 to 61 years of age). 42 social workers living in big cities, 22 in towns and 6 in small towns. In accordance with the workplace respondents were as follows: 31 of the social services, 18 of the social assistance section; 12 of the employment centres, 6 of the rehabilitation services and 3 from the early rehabilitation services. Social work careers ranged from 2 to 18 years (average is 8.4 years). Social work with persons with autism spectrum disorders experience year: 34 social workers had up to 1 year of experience, 25 from 1 to 2 years of experience, 7 from 2 to 5 years of experience, 4 from 5 to 10 years of experience.

**The results of the survey.** Survey participants were asked where the social worker should provide social services for the family, raising child with autism spectrum disorder. The survey results are presented in table 11.

Table 11

#### The physical space where social worker should provide social services to the family

Physical space	Average (M)	Standard deviation (SD)	Statistical significance (p)
The child's house	3.14	0.64	0.035
Special Education Center	3.23	0.57	0.026
Children's day centre	3.87	0.36	0.015
School	2.14	0.75	0.065

Social workers note that family social services can be applied in a variety of environments, but as the best they have singled out children's Day Center (M = 3.87, p = 0.015). It is likely that this environment would be able to provide assistance for the child and at the same time to inform and advise the parents to arrange for them an activities or joint activities with the child.

As well as social workers, supports the provision of social services to special education centre (M = 3.23, p = 0,026) and the child's home (M = 3.14, p = 0.035). The house of the child

would be the safest environment for a child, but the child would not be involved in the environment to the wider space with other individuals and so on.

As the least suitable place social workers pointed out the school. The school is more dedicated to formal education of the child, a social worker and one of the features in organizing the socio-educational activities that should take place at the time of the formal education.

Social workers involved in the study were asked to evaluate how often the social worker should provide a wide range of social services for family, raising child with autism spectrum disorder. Results of the study are presented in table 12

Table 12

**Social services, which a social worker should provide for the family with a child with autism disorder**

<b>Service</b>	<b>Average (M)</b>	<b>Standard deviation (SD)</b>	<b>Statistical significance (p)</b>
Psychological support	2.78	0.84	0.058
Family Needs Assessment	3.42	0.54	0.019
Information about social services	3.41	0.45	0.096
Consulting for benefits and concessions	3.64	0.38	0.002
Counseling for the child's education institution	3.12	0.64	0.047
Information about parents' self-help groups	3.62	0.61	0.014
Mediation in various establishments or institutions	3.26	0.71	0.124
Representation in state institutions	3.21	0.78	0.068
Employment activities for the child	3.74	0.36	0.005
Leisure organization for a child	3.40	0.52	0.219
Recreational activities for the whole family	3.17	0.71	0.189
Organization of self-help groups for parents	2.87	0.89	0.074
Leisure services organization for whole family	2.79	0.92	0.069
Provision of technical aids	2.95	0.90	0.068
Transportation organization	2.86	0.76	0.168
Organization and supervision voluntary work with a child	3.61	0.51	0.036
Organization of educational seminars and lectures for parents	3.47	0.54	0.048

The survey results show that social workers, in terms of the social services for the family, raising a child autism spectrum disorder, the frequency of the child as one of the most common activities are the organization of child employment activities (M = 3.74, p = 0.005) and work with

the family (the information about the parent self-help groups ( $M = 3.62$ ,  $p = 0.014$ ) and advice on allowances and benefits provided ( $M = 3.64$ ,  $p = 0.002$ )).

To work with the family should be classed as a family needs assessment ( $M = 3.42$ ,  $p = 0.019$ ) and the preparation of training seminars – lectures to the family ( $M = 3.47$ ,  $p = 0.048$ ). The first service to assess the family situation and the needs arising. The second activity is related to the education of parents, both of these children's social education, and other opportunities.

Social workers and volunteers to work with the child observes the organization and maintenance ( $M = 3.61$ ,  $p = 0.036$ ). In the provision of social services for the family, including volunteers, to prevent the lack of human resources and to reinforce the leisure and recreation activities for a child with autism spectrum disorder and its family-friendly organization.

Survey participants were asked to indicate what direction should take place in the activities of a social worker, in the provision of social services for family, raising autistic child. Results of the study are presented in table 13.

Table 13

**Direction of social worker activities, through the provision of social services for family**

<b>Direction</b>	<b>Average (M)</b>	<b>Standard deviation (SD)</b>	<b>Statistical significance (p)</b>
Social worker – child	3.23	0.64	0.027
Social worker – family of a child	3.74	0.41	0.001
Social worker – other specialists	3.10	0.57	0.125
Social worker – community surrounding a family	2.93	0.84	0.050

Social workers in their activity the most tend to focus on the family, raising a child with autism spectrum disorder, i.e. working with the child's parents (linked to the results provided in table 12) ( $M = 3.74$ ,  $p = 0.001$ ). As well as clear direction – child ( $M = 3.23$ ,  $p = 0.027$ ).

The reason for the community to work with the family ( $M = 2.93$ ,  $p = 0.050$ ) social workers appointed by the lowest note, perhaps because in Lithuania community work is not in the closest so strongly valued community activities organized by and threw a wide range of people with disabilities.

Because of the prominence of one of the activities for children, the survey participants were asked in what areas it is needed work with a child having autistic disorder. Results of the study are presented in table 14.

Table 14

**The areas in which it is needed to work with a child having autistic spectrum disorder**

Area	Average (M)	Standard deviation (SD)	Statistical significance (p)
Attentiveness	3.47	0.41	0.241
Gross motor skills	3.05	0.76	0.025
Fine motor skills	2.96	0.82	0.365
Hand and eye coordination	2.87	0.83	0.045
Self-regulation	3.31	0.56	0.014
Games	3.45	0.47	0.029
Behavior	3.41	0.68	0.174
Social interaction	3.84	0.40	0.036
Art skills	3.24	0.74	0.158
Social skills	3.61	0.48	0.004

The results indicate the importance of the social activities of a social worker. Participants in the study as a much needed areas identified in social interaction (M = 3.84, p = 0.036) and social skills (M = 3.61, p = 0.004).

These areas could be educated over yet another aspect of the social workers highlighted in games (M = 3.45, p = 0.029) . Their on-going communication (both specialist with a child, both the child and the other children, and a child-parents-if they participate in activities organized by employment).

All areas related to motor skills social workers assessed as less significant. Such results are available for other professionals (such as a physical therapist) activities and the assessment objectives.

An important principle in social work is teamwork, and social workers were asked to evaluate the potential specialists or other persons as possible subjects of cooperation for social services for the family. Results of the study are presented in table 15.

Table 15

**Professionals and/or other persons with whom the social worker should cooperate in the provision of social services for family, raising children with autism disorder**

Specialist	Average (M)	Standard deviation (SD)	Statistical significance (p)
Psychologist	3.21	0.72	0.040
Special education	3.10	0.74	0.256
Speech therapist	3.02	0.82	0.174

Social educator	3.42	0.56	0.009
Physiotherapist	3.31	0.45	0.047
Health care specialist	2.89	0.94	0.301
Educator	2.97	0.91	0.142
Care and support specialist	3.05	0.81	0.065
Child rights protection specialist	2.46	0.98	0.042
Representative of NGO	2.85	0.93	0.054

According to the results obtained in order to argue that social workers would be willing to cooperate with all the specialists, but some of them are more visible.

The social educator (M=3.42, p = 0.009) is emphasized. An important fact is that he is also working in the area of socio-educational activities that the social worker has to arrange for these children. It is likely that joint activities would be of better quality, broad-based and covers more areas.

Physiotherapist (M = 3.31, p = 0.0147) could be important in organizing such activities, which require the mobility in activities, body coordination, and so on.

A psychologist (M = 3.21, p = 0.040) in the process of social services is very important for the family. There is a high use of this professional in the process for the provision of social services to help families overcome the difficulties, certain psychological change and regain emotional stability.

Ališauskienė and Kondrotienė (2008) highlight the efforts of professionals in various fields, in the organization of social assistance for children with autism spectrum disorders and their families.

Social workers also had to assess how often they should perform specific roles, providing social services to the family. Results of the study are presented in table 16.

Table 16

**The role social worker in the context or social services for the family with a child having autistic spectrum disorder**

<b>Role</b>	<b>Average (M)</b>	<b>Standard deviation (SD)</b>	<b>Statistical significance (p)</b>
Informer	3.46	0.56	0.006
Educator	3.42	0.52	0.035
Consultant	3.76	0.39	0.039
Protector	3.12	0.81	0.025
Supporter	3.03	0.86	0.014
Ally	2.79	0.95	0.011

On the basis of the results of the investigation, it can be said that social workers activities should be mostly carried out by informant (M = 3.46, p = 0.006) and consultant (M=3.76, p =



0.039) and educator ( $M = 3.42$ ,  $p = 0.035$ ) roles in the context of social services for the family, raising a child with autistic spectrum disorder (these results relate to the results presented in table 12).

More rare indicated roles are the role of the sponsor and the allied. It is likely that these roles more relates to situations where the need to represent the person or family, to defend his/her rights and so on, in the meantime, social work is based on mutual interaction, in which both sides are equal.

## **Conclusions**

1. Theoretical analysis of scientific sources revealed that autism is social skills, language and behavioral developmental disorder resulting from a variety of brain diseases or injuries, inflammations and most frequently occurring during the first three years of life. Autism is the result of a child's developmental retardation and deviation, covering many areas of mental functioning impaired social development, language and non-verbal communication problems, strange, atypical behavior, imagination, the interests of the scarcity of visible abnormalities. Family with a child with autistic spectrum disorder is faced with a myriad of psychological, pedagogical and social challenges, and needs to change lifestyles, relationships and roles within family members or other people (friends, neighbours, colleagues), the structure of the family, to comply with the relevant education and treatment program, in cooperation with the multidisciplinary team.
2. The family of a child with autism spectrum disorder from social worker receives social assistance outreach, counseling, child and parent education and mediation. Social services are seen positively, stressing innovation at work with the child. Social worker is considered to be a consultant, educator and person who empowers. The most common method is individual work both with the child and parents. Parents tend to engage in social activities, when they are interested in the same activities, they demonstrate the benefits of action, and it's going through a social worker and a child, a social worker and parent communication. Parents raising a child with autism spectrum disorder, talking about the need for social assistance, stressed the fact that their children's lack of more employment activities. The parents themselves would like to gain more knowledge through various educational activities. Parents underscores the cooperation with a social worker, social psychologist and a physiotherapist in the process of social assistance to their child and themselves.
3. Survey with social workers found that the most appropriate place to provide social services for the family, raising a child with autistic spectrum disorder, is children's day center, which organizes socio-educational activities for both the child and and the whole family. The main roles which should be carried out by social workers are informant and educator as well as a consultant. The provision of information and parental counselling are the main services, but the indent to the overall employment activities are important. social interaction and social skills become key aspects in working with child through the development of game activities. The provision of social services for the family, raising autistic child, should be organized in compliance with social educator, physiotherapist and psychologist.

## **Recommendations**

### ***for the provision of social services for families raising children with autism spectrum disorders***

1. Improve the social workers competence who work with families, raising a child with autistic spectrum disorder, organizing training events in the context of autism.
2. To organize the sharing of good practices with the other institutions, providing similar services, in order to evaluate social welfare services for children with autism spectrum disorders and their families, a range of successful practices and applied methods.
3. Cooperation with foreign organizations providing social services for children with autism spectrum disorders, and their parents, organize and facilitate foreign professionals and their staff to missions, in order to deepen theoretical and practical knowledge, to share best practices.
4. At the level of the State to initiate the establishment of day centers for children with autism spectrum disorders; the occurrence of which would be based on the provision of comprehensive assistance (not only the child, but also for his family and the surrounding community), and interdisciplinary specialists team formation, which would be competent to provide qualitative social services.
5. Organize more activities to support the imitational and game activities for children with autism spectrum disorders, which would include other children, family members, or other adults.

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## Summary (in Lithuanian language)

Magistro darbo tikslas yra išanalizuoti socialinių paslaugų teikimo šeimoms, auginančioms autizmo spektro sutrikimus turinčius vaikus, galimybes.

Tikslui pasiekti kelti tokie uždaviniai: išanalizuoti autizmo sampratą, psichosocialinius ypatumus ir socialinės pagalbos šeimai, auginančiai autizmo spektro sutrikimą turintį vaiką, teikimo ypatumus; atskleisti socialinių paslaugų šeimai organizavimo būklę ir poreikį; nustatyti socialinių paslaugų teikimo organizavimo kryptis ir galimybes.

Taikyti tyrimo metodai: mokslinės literatūros analizė; struktūruotas interviu pagal parengtus atviro tipo klausimus; apklausa raštu, naudojant parengtą klausimyną, turinio analizė ir statistinės analizė.

Struktūruotame interviu dalyvavo 6 autizmo spektro sutrikimą turintį vaiką auginančios šeimos. Elektroninėje apklausoje raštu dalyvavo 70 socialinių darbuotojų, dirbančių su autizmo spektro sutrikimą turinčiais asmenimis.

Pagrindiniai rezultatai: šeimos, auginančios autizmo spektro sutrikimą turintį vaiką, iš socialinio darbuotojo sulaukia socialinės pagalbos informavimo, konsultavimo, vaiko ir tėvų ugdymo bei tarpininkavimo srityse ir šią pagalbą ji yra linkusi vertinti teigiamai, pabrėždama inovatyvumą darbe su vaiku. Socialinis darbuotojas laikomas konsultantu, ugdytoju ir įgalintoju, dažniausiai taikančiu individualaus darbo metodą tiek su vaiku, tiek ir su tėvais. Akcentuojama tai, kad vaikams trūksta daugiau užimtumo veiklų. Patys tėvai pageidautų gauti daugiau žinių per įvairias edukacines veiklas. Akcentuojamas socialinio darbuotojo bendradarbiavimas su psichologu, socialiniu pedagogu ir kineziterapeutu socialinės pagalbos jų vaikui ir jiems patiems teikimo kontekste. Anketinės socialinių darbuotojų apklausos metu nustatyta, kad tinkamiausia vieta teikti socialines paslaugas šeimai, auginančiai autizmo spektro sutrikimą turintį vaiką, yra vaikų dienos centras, kuriame būtų organizuojamos įvairios socioedukacinės veiklos tiek vaikui, tiek ir visai šeimai. Pagrindiniai vaidmenys, kuriuos atlieka socialiniai darbuotojai yra informanto, konsultanto ir ugdytojo. Darbe su vaiku svarbiausiais aspektais tampa socialinės sąveikos vystymas ir socialinių įgūdžių ugdymas per žaidybines veiklas. Socialinių paslaugų teikimo šeimai, auginančiai autizmo spektro sutrikimą turintį vaiką, kontekste socialiniams darbuotojams svarbu bendradarbiauti su socialiniu pedagogu, kineziterapeutu ar psichologu.

Remiantis gautais tyrimo rezultatais, parengtos socialinių paslaugų teikimo šeimai, auginančiai autizmo spektro sutrikimą turintį vaiką, galimybių rekomendacijos.

Esminiai žodžiai: autizmas, socialinės paslaugos, socioedukacinė veikla.

## **Appendices**

**Semi-structured interview questions**

1. *What social services do you receive from a social worker?*
2. *How would you evaluate a social worker's provided social support for your family?*
3. *To your opinion, what roles are played by the social worker providing social services?*
4. *What methods are applied by the social worker in providing social services for your family?*
5. *How social worker involves you in the process of social services? How would you like to be involved?*
6. *What social support does your family lack?*
7. *What outcomes do you expect from a social worker's activities?*
8. *How should the social worker include you in the process of social services?*
9. *What roles of the social worker would be acceptable for your family while providing social services? Why?*
10. *To your opinion, with whom social worker should cooperate providing social services for your family?*

**DEAR PARTICIPANT,**

**Šiauliai University and Open International University of Human Development "Ukraine" joint Social Work master study program student Audronė Baškienė is conducting a study, which aims to develop a model of social services for a family with an autistic child. We hope that you will actively participate in the survey and honestly answer the questions. Survey information will be used only for the purposes of a scientific research. It is very important that the form is filled in completely, leaving no questions unanswered.**

*The questionnaire is anonymous - neither the name nor the surname are not needed.  
Thank you for your answers and good luck.*

*You select the suitable option with a cross, as shown in the following example:*

**Information about you**

<b>1. Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>2. Your age?</b> ..... (write down a number)
<b>3. Institution you work in:</b> <input type="checkbox"/> social services department <input type="checkbox"/> social support department <input type="checkbox"/> day care center <input type="checkbox"/> early childhood rehabilitation institution <input type="checkbox"/> rehabilitation institution <input type="checkbox"/> other (write down) .....	<b>4. Your currently position:</b> ..... (write down)  <b>5. Your social work experience:</b> ..... (write down)
<b>6. You work in:</b> <input type="checkbox"/> Big city (ex. Šiauliai) <input type="checkbox"/> City (ex. Kelmė, Joniškis) <input type="checkbox"/> Small city (ex. Papilė, Kairiai) <input type="checkbox"/> Village	<b>7. Social work with autistic persons experience:</b> <input type="checkbox"/> till 1 year <input type="checkbox"/> from 1 to 2 years <input type="checkbox"/> from 2 to 5 years <input type="checkbox"/> from 5 to 10 years <input type="checkbox"/> 11 or more years

**8. Where social worker should provide social services for families with autistic child?**

	<b>Environment</b>	<b>Definitely yes</b>	<b>Yes</b>	<b>No</b>	<b>Absolutely no</b>
8.1	At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2	Special education centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3	Day care centre for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5	Other (write down) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. What social services does social worker have to provide for families with autistic child?**

	<b>Services for family</b>	<b>Very often</b>	<b>Often</b>	<b>Rare</b>	<b>Never</b>
9.1	Psychological support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2	Family Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3	Information about social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.4	Consulting for benefits and concessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.5	Counseling for the child's education institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.6	Information about parents' self-help groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.7	Mediation in various establishments or institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.8	Representation in state institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.9	Employment activities for the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.10	Leisure organization for a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.11	Recreational activities for the whole family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.12	Organization of self-help groups for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.13	Leisure services organization for whole family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.14	Provision of technical aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.15	Transportation organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.16	Organization and supervision voluntary work with a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.17	Organization of educational seminars and lectures for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.18	Other (write) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. In what direction social worker's provided social services for families with autistic child should be organized?**

	<b>Kryptis</b>	<b>Definitely yes</b>	<b>Yes</b>	<b>No</b>	<b>Absolutely no</b>
10.1	Social worker – child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.2	Social worker – family of a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.3	Social worker – other specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.4	Social worker – community surrounding a family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.7	Other (write) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. In what areas it is needed to work with autistic child?**

	Area	Need is very huge	Need is big	Need is small	There is no need
11.1	Attentiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.2	Gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.3	Fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.4	Hand and eye coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.5	Self-regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.6	Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.7	Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.8	Social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.9	Art skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.10	Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.11	Other (write) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. With what specialists or other persons should social worker cooperate while organizing social services for families with autistic child?**

	Specialist	Definitely yes	Yes	No	Absolutely no
12.1	Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.2	Special education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.3	Speech therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.4	Social educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.5	Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.6	Health care specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.7	Educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.8	Care and support specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.9	Child rights protection specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.10	Representative of NGO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.11	Other (write) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. What roles social worker should perform while providing social services for families with autistic child?**

	Role	Very often	Often	Rare	Never
13.1	Informer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.2	Educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.3	Consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.4	Protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.5	Supporter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.6	Ally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.7	Other (write) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for your time!**

Theoretical-hypothetical model of the research object

