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## SOCIAL SERVICES FOR AUTISTIC CHILDREN

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### ABSTRACT

One of the most enigmatic and recently widespread disorders is autism. The classical definition of autism is related to the individual's overall orientation towards a self sufficient, autonomous, internal world, with very few social contacts with others. In fact the child is enclosed within its own social continuum with different structure, functions, roles and social representation. If the social world is a puzzle and each individual assembles this puzzle according to their social competence, the social situations in which they are involved, and according to social norms, then the children with autism assemble the social puzzle by their own rules, their norms, fragmentarily and, if not socially unacceptably, at least socially differently and in this context, often socially incomprehensibly.

This initial and socially popular name designates a whole spectrum of disorders – the autistic spectrum.

**Key words:** socially incomprehensibly, self sufficient, disorders

Autism is a developmental disorder which appears as early as the first weeks of the baby's life and is characterised by three basic consequences: limitation of social interaction reciprocity, damaged reciprocity of communication, behaviour disorder - a limited behavioural repertoire. Other characteristic features are problems with concentration, unusual reactions to sensor stimuli, anxiety. Symptoms may also vary in the degree of manifestation of symptoms. The three basic disorders within the autistic spectrum require specificity of social services. The social services should not ignore the fact that in addition to problems at different levels and planes of development, children with autism often have their own phenomenality, and this manifested at an early age. The extraordinary mystery of Autism is due to the so-called "Autistic Savant" phenomenon. The essential specificity is manifested by the existence of capabilities, bordering on genius in one area - mathematical ; linguistic skills; brilliant talents in the arts, "photo" or "calendar" memory, cross-sensitivity, etc. As Frith U. (1) notes, the presence of a 'savant' capability is a sign of a different intelligence, different but also

inherent intelligence. It is interesting to note that with the development of social skills many of the children lose their phenomenal capabilities. (2). These facts should be considered when offering social services and structuring of social programs for children with autism, so that along with the development of skills in cognitive, emotional and social fields to preserve the existing phenomenal capabilities.

The range of social assistance varies from providing social assistance to providing social services. Social assistance covers income support, health care and education. Social services are focussed on developing skills for life and social functioning, skills for independent living and personal and social well-being. The most frequent social services are precisely in the realization of personal assistants, social assistants, domestic helpers, and leisure activities for children with autism, information service for parents and professionals, socio-legal advice, teaching and training for parents and relatives of children with autism.

The social services in this category fall into three basic spheres – state, municipal, and private - in the trade and public sectors. Social services in Bulgaria may be provided for children under 18 after licensing and

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registration in the registry of the Agency for social assistance. The underlying objectives of social services are aimed at developing opportunities for independent living for children with autism and at ensuring prosperity in life and social functioning.

In the civil and voluntary sector in parallel with the services of municipal bodies operate mainly NGOs, whose activities are aimed at rehabilitation and therapeutic activities, training and educational programs, work with families and relatives of autistic individuals, focusing the attention of the state, NGOs and the civil society on the problems of persons from the autistic spectrum.

Social services for autistic children are usually structured and offered as follows:

- Teams for social work with autistic children and their families in the civil sector, or jointly with municipal authorities;
- Teams for the assistance of educational integration /relatively underrepresented at school, but with better representation in the civil and voluntary sector/;
- Teams in day care centres of several types: "family centre", "rehabilitation centre", "therapeutic centre", "research centre" /with good representation in the state, municipal and civil sectors/.

Each of the envisioned team models includes social services and social workers respectively. Thus provides multidisciplinary family social assistance, protection and treatment of the autistic child.

The social services immanently tied-in with therapeutic programs are focused on overcoming the problems in the three functional domains: language and communication, reciprocal social interaction, restrictive, stereotypic and repetitive behaviour and interests.

In this respect the therapeutic, rehabilitation and educational programs and proactive care are aimed at developing opportunities for independent and autonomous living and coping with the social environment requirements. Many of the social services for autistic children aim to be realised with their parents' involvement. Doubtlessly, social activities that develop their interests and serve their needs take the first place. Here we may classify the development of the receptive, expressive and cognitive aspects of social behaviour. Social

services often accent on the development of cognitive and intellectual competence, neglecting to a certain extent the personality potential and social competence. I think that in this respect the social services definitely 'owe' autistic children. Personality development, self-identification, personal motivation and social interest are important determinants for social integration.

Social services are mainly offered personally for the child. They may have results only if the therapeutic and social models are combined with the parents' wishes and prospects. If both parents or one of them refuse social service, it is possible to provide socio-psychological counselling on the 'pathological model of a family having children with disabilities'. It may be necessary to offer a social service for family preservation.

Social workers who deal professionally with autistic children need to assume various roles and have various skills - to persuade, negotiate, defend, mediate, advise, inform, guide, plan, monitor, etc. These high demands on social workers can only be effectively realised in joint teamwork. Frequently social services overlap or mix with therapy elements. For instance, ABA or RDI therapy elements are frequently offered as social services. There is encouragement of the holistic approach and in this perspective social services are intertwined with social and educational systems such as PECS, TEACCH, ABA, RDI. However, some elements of the complex socio - therapeutic programs can be offered as separate social services too. For example, social games, social stories, related activities, daily activities, sensory integration, etc.

Social services for children with autism have definitely shifted the focus of their work from strong commitment to the clinical practice and activities to a finer and more accurate approach based on skills for more independent functioning. Social work with autistic children in Bulgaria, though timidly, but confidently, has emerged outside the medical approach, thanks to the social services offered to them, made in a multidisciplinary approach. Times have definitely passed in which psychiatrists and clinical psychologists occupy not only the therapy of autistic children, but all activities with them and their families as well.

Therapy with autistic children is no longer the sole dominant activity, and is of equal status

with realized social services and social activities as a whole. Indeed, at present, social services are basically offered as day care, and although based in municipal and non-governmental models are implemented in the system of group and institutional care. There is no optimism as regards social services in the community. At first glance, it seems that, logically, you must first change the stereotypes, the public opinion and prejudices regarding the abilities of children with autism. However, the question arises: Whether the various social services for autistic children in the community - such as social services related to teachers and parents of other children in the educational space; bound with neighbours, bound with the circle of parents' colleagues, with classmates of the other children in the family or neighbourhood continuum, etc. will not contribute to new, and positively charged stereotypes and changed public opinion. Prejudices will die out accordingly. The known facts, actions and behaviour of children with autism, especially in the presence of a "savant" phenomenon create and establish another, positive social image of autistic children and of their families, too. The latter will no longer be accepted as "families with autism", but will receive a social status position as "families bearing the social responsibility and having the moral strength to care for a child with autism".

Social services can not be realized regardless of the legal framework. But though regulations provide conditions, they are still characterized by limitations. At present in Bulgaria, social services for children with autism are regulated by the Social Assistance Act, the Integration of Persons with Disabilities Act, the Child Protection Act, the Family Assistance Act, the Public Education Act, the Regulations for the implementation of these laws, the relevant Ordinances, and in the Family Code. Due to certain legal imprecisions, social services for children with autism are not preferred in the community. Causes such as strong public censorship in combination with many critical situations also have an influence; the social environment still exhibits a stigmatising and pitying attitude. Very often, a strange combination is demonstrated of both compassion for and ignoring of children with autism and even their families in the educational and social systems.

As mentioned above, usually social services are provided in cases where parents seek help,

social support and security. It would be useful if those social services are offered in all cases to children with autism and their families, even as mandatory.

#### **SOCIAL SERVICES FOR AUTISTIC CHILDREN. PROBLEMS AND PROSPECTS:**

- There aren't effective enough services for work with families and children.
- Underdeveloped activity in the prevention of violence towards children with autism.
- Underdeveloped alternative services.
- Low degree of commitment of social services with education. According to the regulations integrated and inclusive education is provided for children with autism, but the presence of social services in the education process is relatively limited.
- Service personnel are insufficient for provision of quality services.
- It is imperative that a continuous process of improving the qualifications of service staff be maintained.
- Insufficient media presentation of social services. In this context it may be noted that disclosure of a social service is not just advertising or promotion. Apart from the information, it becomes known and accessible to other children with autism and their parents, and to other professionals and the public.

Doubtlessly, the broad continuum and diverse spectrum of autistic symptoms can hardly be drawn with the same categorical typicality. Every event bears the uniqueness of the individual. According to the specific manifestations of autistic children in communicative, behavioural and social aspects specific social services are defined. In this context, social services for children with autism can comply with postulation circumstances, to have a unified methodology and contribute to cooperation, convention and social acceptance of the "different social puzzles".

The outlook for the future of social services for children with autism in Bulgaria is related to:

- **a more positive social interpretation of autism.** At present there is traditional pressure on group activities by the existing social and economic conditions for children with autism. The social services offered in this direction have been

domestic assisting and supporting life in the community. The education for children from the autistic spectrum is the integrated education. It is carried out in two variants of education and development of children - individual education at home under programs for individual development, and education in integrated schools under individual education programs. In both cases resource teachers work with the children from the autistic spectrum. Social workers are engaged primarily in terms of social benefits for children from the autistic spectrum. In this aspect we can not ignore the fact that certain social activities limit the mastering of social skills associated with the direction and speed of social change, assessment of the specifics of certain social situations, socially competent action/s, etc.

- **public opinion and social attitudes to children with autism.** It is formed according to the knowledge of autism by community and according to the activities of multidisciplinary teams of specialists. In Bulgaria work is mostly under ICF TR, which applies the ICIDH 2 with three basic frameworks - disorder, activities and participation. There are successful attempts at social services, mainly of the civil sector and separate municipal structures, for the formation of social skills and interactions of children with autism. However, participation in the community is bound with the internal links between "personal characteristics" and the "social and physical environment" (3). The influences of the social model of thinking, the recognition of cultural influences on the social perception of autism should be noted. This concept of participation is insufficiently developed and linked to individual development at the expense of social and political inclusion.
- **replacement of the domain "personal tragedy" with the domain "learning opportunities, social inclusion according to the capabilities of children with autism"**(4, 5, 6, 7, 8).
- **overcoming some infrastructural barriers.**

Successful models of social services for children with autism require that they be carried out in multidiscipline with other professionals, in partnership with the family of the child with autism, with the family and

neighbourhood circle, with teachers and classmates of the autistic child.

Social services should also publicise both the achievements of children from the autistic spectrum and the difficulties overcome by them. This not only provides the opportunity for other children from the autistic spectrum to benefit from the relevant social service, but achieves a more global goal. The goal – which the community should understand and be informed of potential skills of children from the autistic spectrum and the difficulties in which those skills and abilities are acquired. The community learns that socially unacceptable movements and non-verbal reactions are not socially and personally dangerous, that the strange reticence and not-so-skilled communicative acts are not a threat, that the difficult admission or non admission in the autistic child's "own world" is not social ignoring of the communication partner, but a specific way of social presentation, a private model for assembly of the "social puzzle", etc.

In this respect, when:

- The autistic child is in relatively equal interaction with other children in school and other activities;
- Teachers are not "annoyed" and stressed by the child and do not attempt to transfer him/her to another class or school, do not blame the parents or the child for aggressiveness, for parent failures, etc.;
- other children's parents do not restrict their own children from joint games, learning and other joint activities with the child with autism;
- neighbours no longer look down on or pityingly accept or directly reject the family who have a child with autism;
- the community provides social assistance;
- the legal framework facilitates the life and social functioning of children with autism and their parents in every respect;
- the autistic child is accepted as a child who is different and has the same emotional, educational and social needs as the rest of the children;

then we can claim that social services, along with treatment programs and educational integration of children with autism have achieved their objectives. Then the children with autism, in their life cycle development, now as adults, will be provided with conditions, probably again aided by social services, for physical and mental well-being and a relatively independent life.

**REFERENCES**

1. Fright U. Autism. (2003) Explaining the enigma. Blackwell
2. Rimland, B. and Fein, D. (1988) Special Talents of Autistic Savants in the Exceptional Brain 472-492 (ed. Obler, L.K. and Fein, D.) New York: The Guilford Press.
3. Üstün, T.B. et al. (eds) (2001) Disability and Culture. Universalism and Diversity. Seattle: Hogrefe & Huber, in association with WHO. WHO. (1998) Introduction (ICIDH-2).
4. Hunt, P. (1966) A Critical Condition. In P. Hunt (ed.), Stigma: The Experience of Disability. London: Geoffrey Chapman.
5. Barnes, C. and Mercer, G. (1997) Breaking the Mould: an introduction to doing disability research. In C. Barnes and G. Mercer (eds), *Doing Disability Research*. Leeds: The Disability Press.
6. Barnes, C., Mercer, G. (2003) *Disability: An Introduction*. Cambridge: Polity Press.
7. Oliver, M. (1981) A New Model of the Social Work Role in Relation to Disability. In J. Campling (ed.), *The Handicapped Person: a New Perspective for Social Workers?* London: RADAR.
8. Oliver, M. (1996) *Understanding Disability*. Basingstoke: Macmillan.