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CHILDHOOD AUTISM SPECTRUM. TYPES AND SCOPE OF SOCIAL AND PEDAGOGICAL SUPPORT

SPEKTRUM AUTYZMU DZIECIĘCEGO. RODZAJE I ZAKRES POMOCY SPOŁECZNEJ I PEDAGOGICZNEJ

Streszczenie: Artykuł ma charakter zarówno teoretyczny, jak i empiryczny. W części teoretycznej scharakteryzowano kategorię dzieciństwa, traktowaną holistycznie we współczesnych naukach społecznych i pedagogice. Badania dzieciństwa są rozległe, wielowątkowe, ale także związane z kontekstem społeczno-kulturowym i środowiskowym, w jakim dziecko dorasta. Diagnoza sytuacji dzieci z zaburzeniami ze spektrum autyzmu oraz ich dzieciństwa miała na celu poznanie i zdiagnozowanie form i zakresu wsparcia społeczno-pedagogicznego oferowanego badanym rodzinom przez środowisko lokalne. W części empirycznej scharakteryzowano wyniki badań przeprowadzonych metodą sondażu diagnostycznego oraz Berlińskich Skali Wsparcia Społecznego (BSSS). Na zakończenie przedstawiono praktyczne wnioski i analizy dla praktyki pedagogicznej.

Słowa kluczowe: dzieciństwo, dziecko z zaburzeniami ze spektrum autyzmu, wsparcie społeczne i pedagogiczne, środowisko lokalne

Abstract: The article is both theoretical and empirical. In the theoretical part, the category of childhood, which is treated holistically in contemporary social sciences and pedagogy, was characterized. Childhood research is extensive, multi-threaded, but also connected with the socio-cultural and environmental context in which child grows up. The diagnosis of the situation of children with autism spectrum disorder and their childhood was aimed at getting

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to know and diagnose the forms and scope of social and pedagogical support offered to the surveyed families by the local environment. In the empirical part, the results of the research carried out with the use of the diagnostic survey method and the Berlin Social Support Scales (BSSS) were characterized. At the end, practical conclusions and analyses for pedagogical practice were presented.

Keywords: childhood, child with autism spectrum disorder, social and pedagogical support, local environment

Introduction

Autism spectrum disorders have attracted the attention of many researchers for years, thanks to which the scope of knowledge related to the specific functioning of both children and adults with autism is increasing. This has significant implications not only for science, but also for practice – the therapy of children with autism spectrum disorders, the results of which are consequently reflected in improving the quality of their life (L. Szmania 2015, 93). There are ongoing attempts at interdisciplinary approach to childhood autism in relation to its determinants, life stages and education, so pedagogical analysis of the childhood category also seems to be important.

Interest in childhood, as an important stage in human biography, is visible in the research of Polish social pedagogy from the 1980s. It should be associated mainly with the development of research in western countries, where childhood, as a category of scientific cognition, began to be ‚rediscovered’, and socio-cultural theories grew in importance, within which the processes of social and cultural construction of childhood began to be focused on. As Mare Jane Kehily points out, more and more studies in this area began (still indicate) „the growing importance of childhood as a conceptual category and the growing social research on the hitherto overlooked and marginalized group – children” (Kehily 2008).

Contemporary childhood research is part of the humanistic orientation, where a healthy, sick or disabled child is treated subjectively and holistically. Research is conducted with the use of various criteria: methodological (quantitative, qualitative, mixed – triangulation) and substantive, purely thematic. Research on childhood in social pedagogy is connected in particular with the social and environmental context of all analyses (Matyjas 2012). Childhood is associated primarily with family, home, then with school, peer group, local and global environment and the mass media, which create a new environmental context as the basis for analyzing the situation of children.

Research on childhood and childhood research in the field of social pedagogy includes several research perspectives that result from the understanding of the term „childhood”. Barbara Smolińska – Theiss has distinguished narrower and broader approaches to childhood: a narrower one refers to the individual child’s world

of experiences, meanings and values that are associated with the family, peer group, social institutions, and the phenomena and processes that the child tries to define, know, understand; the second, i.e. a broader approach describes childhood in the context of its socio-cultural determinants and the situation of children in various types of educational environments, mainly in the family (Smolińska-Theiss 1993). The research on childhood of children with autism spectrum disorder discussed below in terms of the types and sources of social and pedagogical support, refers mainly to the second, broader approach to childhood. The childhood of the surveyed children is considered in terms of the family environment, as well as the types of support that are provided to the family and the child by external entities and institutions.

Contemporary research on children and childhood are being the area of interest of many researchers representing various scientific disciplines. Pedagogues, psychologists, sociologists, anthropologists and philosophers make theoretical and practical analyzes of the situation of children from various perspectives. As Barbara Smolińska-Theiss noted, "research on childhood is very extensive, multi-threaded. It constitutes interdisciplinary research output showing various issues, different theoretical positions, various relationships (Theiss 2010).

The interdisciplinary nature of research on childhood was also pointed out by Martin Woodhead, who noticed the interest in studies on children and childhood not only among representatives of social sciences and humanities, but also among researchers representing exact, legal, medical and economic sciences (Woodhead 2009). In practice, childhood studies are conducted by interdisciplinary researchers.

Research on childhood autism spectrum (and the types and sources of social and pedagogical support) was conducted from a pedagogical perspective, specifically from the perspective of social pedagogy. Childhood studies are of particular value for pedagogy, especially those of an empirical and diagnostic nature, as they imply a practical-design approach. After all, pedagogy is a theoretical as well as practical science, therefore the diagnosis of the situation of children, in the discussed case of children and childhood autism spectrum, is very important for undertaking various types of activities towards the respondents, including educational and supportive activities.

Childhood Autism Spectrum in the Light of Literature Review

Autism, as a disease syndrome occurring in children, is currently defined by indicating the symptoms present in behavior (Pisula 2000). It is defined as a spectral disturbance, which means that its symptoms may be mild or very serious. Most authors of this disorder include, inter alia, problems in language communication, making contacts, problems with imitation or stereotypic disorder. The occurrence of the disorder can be suspected in children from 4 months to 3 years of age, if there are visible disturbances in the development of cognitive functions (lack

of emotional ties between parents and their children as the cause of the disorder; in later years, the causes were seen as disturbances in the functioning of the central nervous system). It should be emphasized, however, that the unequivocal cause of autism is still unknown.

A child with autism spectrum is characterized by a lack of emotional ties with the environment; it is antisocial, it does not establish contacts with peers. The literature mentions the so-called autistic triad: limited ability to form relationships with other people, impaired communication skills, and behavioral schematism. These are the three main symptoms that reveal the symptoms characteristic of this disorder (Pisula 2000).

In case of children with autism, problems in making contact with other people can be observed due to difficulties in correctly reading messages conveyed by eyesight. They are passive in contacts with their peers, they cannot join in having fun, and if they want to do so, they do it in a way that is incomprehensible to healthy children. Moreover, children with autism are unable to adapt their behavior to the situational context, because their behavior is purely schematic and inconsistent with the expectations of other people. These children are also characterized by communication disorder, this disorder occurs in the area of language development, initiating and maintaining conversations with other people, and non-verbal communication. They are distinguished by stereotyping in certain patterns of behavior or interests. They often arrange objects, arranging them according to certain rules, repeating routine activities according to a given pattern, they do not like changes in their environment. It is important that the situations in which autistic children are involved are clear and predictable to them, because then they feel safe (Gałka 2009).

In order to thoroughly discuss the title issue, references were made to new editions of medical typologies with worldwide coverage such as ICD (International Statistical Classification of Diseases and Related Health Problems) and DSM (Diagnostic and Statistical Manual of Mental Disorders). It should be emphasised that today new (global) trends and developments are observed, *inter alia*, in the area of terminology and categorisation of developmental disorders. In Poland, the International Classification of Diseases 11th Revision (ICD-11) came into effect on 1st January 2022. It is linked not only with the advancement of knowledge and public awareness, but also with the revision of theoretical approach and terminology. Taking into account duration of the research, references were also made to previous editions, such as DSM-IV, although there is already DSM-5 version (published in 2013), ICD-10 (published in 1996) and ICD-11 (published in 2019). Publishing the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) became a breakthrough in the diagnosis of autism spectrum disorders.

Clinicians and researchers who developed the new criteria in the DSM-5 explain the creation of only one diagnostic unit for ASD as a better and more accurate reference to the current state of knowledge on clinical presentation of autism

spectrum disorders. Standardised, interactive diagnostic tools considered the gold-standard for the diagnosis of autism, in its broad sense, have also changed.

In the DSM-5 previously separate categories of autism have been consolidated into one umbrella diagnosis of autism spectrum disorder (ASD). The term “spectrum” refers to differences in the presentation and severity of symptoms within a group of patients with ASD and indicates a continuum between the general population and people diagnosed with ASD. The results of studies into diagnoses made on the basis of the DSM-IV as compared to DSM-5 show that the introduction of the new classification has increased the specificity of the diagnosis, which reduces the number of false-positive diagnoses, but at the same time has resulted in a decrease in sensitivity. Thus, some patients diagnosed with autism spectrum disorders based on the criteria of the DSM-IV do not meet the criteria in the DSM-5 classification for such a diagnosis.

The sphere of disorder in children with autism spectrum concerns social interactions, communication, and behavior and activity. It distinguishes symptoms characteristic of each of the three distinguished areas. It should be added that autism can manifest itself in many ways and we will not find two identical people affected by this disorder. The main symptoms of autism include problems with social development and communication, as well as limited patterns of behavior, activity and interests.

According to J.L. Matson, A.M. Kozłowski, M.A. Hattier, M. Horovitz, M. Sipes (2012, 185–190), autism and the way it is perceived by the professionals have constantly evolved.

The DSM system is a major factor in defining autism and determines how assessment instruments are developed and constructed (J. Rojahn, J.L. Matson 2010; 22: 313–315). Hence, the change of definitions from DSM-IV to DSM-5 is an issue of no small importance. The practical implications of the definitions of autism are important factors for researchers, paedagogists, psychologists and clinicians.

These symptoms should appear in early childhood i.e. before the age of 3. On the other hand, in school age (middle childhood), the differences between children with autism and their properly developing peers are very visible, because children with the autism spectrum are characterized by the limited ability to communicate and to make friends with their peers, stiffness in interests and behavior, as well as poor ability to play (Maciarz 2009).

An invaluable role in the proper functioning of a child with autism spectrum is assigned to the parents as well as the supporting teacher at school and the therapist. The main goal of their work is to modify the behavior of children with autism spectrum and to enable the acquisition of basic skills that will result in proper functioning in society in the future. To achieve the goal, it is necessary to provide complementary to each other: social and pedagogical support and methods of work (Rozetti-Szymańska 2010). However, it should be emphasized that the differences

between children with autism can be large, depending on the degree of autism (Błądek 2013).

Types and sources of social and pedagogical support for children with autism spectrum – procedure and research results

In an attempt to describe the type and scope of social and pedagogical assistance to a child with autism spectrum disorder, a critical reflection on the existing reality has been presented and creating innovative solutions that will contribute to interdisciplinary assistance and support have been discussed in the context of social responsibility. This is associated with the theory of special pedagogy which since the 1970s has called for the integration of people with disabilities into the non-disabled part of society (Balcerek 1981, p. 251). The issue of childhood autism as a part of humanistic theory (cognition of the other person) is explored in Poland by Jacek Błeszyński. He describes changes in the approach to autism spectrum disorders towards a humanistic and personalistic understanding of the person. The reflections presented in the article are grounded in humanistic theory.

The concept of childhood support for children with autism spectrum should be clarified in the light of the literature review. The concept appeared in the 1970 (Ruszkiewicz 2014). One of the basic definitions was created by Irvin S. Cobb and enumerates various aspects of the emotional support that an individual receives, assigned to three main components: a sense of being loved and valuable, a sense of being appreciated and a sense of belonging. Zamkowska also mentions I. Sarason's understanding of social support as help that is available to an individual in hard or stressful situations. Social support is one of the key terms in pedagogy. In this article, the key definition of social support is as follows: „objectively existing and accessible social networks, which stand out from other networks by the fact of the existence of ties, social contacts and affiliation, allowing to perform a helpful role towards people in a difficult situation” (Zamkowska 2009). Social support refers to the emotional, informational, and instrumental help provided to children with autism spectrum by meaningful persons such as family members, teachers or therapists. It should be emphasized here that autism spectrum is a comprehensive development disorder and requires comprehensive therapy performed by family members and specialists (Pisula 2005).

A child with autism spectrum, as a part of an early therapy, should be provided, in addition to social support, also with pedagogical support, which would take place prior to formal school education, since the moment the disorder is diagnosed. A child with autism spectrum should be also provided with care and help from the support teacher during school education. In addition, it is important to have access to all possible therapies aimed at improvement of the functioning in areas of life where deficits occur. On the other hand, social support appears in the form of acceptance of the child by the environment, family and peers. The closest people

should help an individual with autism to find oneself in the surrounding reality, as well as help and learn to live in a social environment.

Presented below results of the research undertaken by Ms Aneta Źycińska (2020) show the social and pedagogical support of children with autism spectrum disorder as perceived by their parents. The research was conducted in the orientation of quantitative empirical research. The original questionnaire and the BSSS scale were used (Łuszczczyńska i in. 2006).

The main research problem was the question: *what social and pedagogical support do families and children with autism spectrum disorder receive in their living environment?* And the detailed questions were: *what and from whom do they receive them? What is the scope of this support? What forms of support do the surveyed families expect?*

The choice of parents' perspective was imposed by the fact that in the literature on the subject, the issues of supporting parents with autistic children and the description of childhood of children with this disorder are rarely discussed. Most of them most often concern the problem of the disorder itself. However, there is no reference to the families of these children and the support they need, which make up a complete description of the children's situation, their childhood.

The research was conducted in the orientation of quantitative empirical research. The research covered 108 families with children from the autism spectrum (between the ages of 6 and 11). The choice of such a research group was dictated by the fact that in the literature on the subject, issues concerning the support of parents with autistic children and the description of childhood of children with the disorder are rarely discussed. Most of them most often concern the problem of the disorder itself. However, there is no reference to the families of these children and the support they need, which make up a complete description of the children's situation and childhood. Most of the respondents were mothers (83.33%), while the percentage of fathers was 16.67%, which reflects the fact, that most of the duties and care for an autistic child is performed by the mother. The largest percentage of the respondents were parents aged 30-39 (60.19%). On the other hand, the least numerous group among the respondents was parents who were 50 years old or more (1.85%), and those in the 25-29 age group (5.56%). Most of the families participating in the study came from the countryside (27.78%) or small towns with up to 50,000 inhabitants (30.56%). This is due to the fact that in the Świętokrzyskie Voivodship there are many villages and small towns in the area where the research was conducted. The vast majority of children with the autism syndrome disorder attend public school (63.89%). On the other hand, the smallest percentage are children who use only care and education at home (1.85%).

In the group of examined children and their families, the vast majority were under the care of specialists who will be able to constantly monitor children development and also correct deficits in the development. In the light of the research, 80.56% of children with autism disorder were under the care of a specialist facility, while

19.44% did not have specialist care. The child's participation in the therapy was declared by 93.52% of parents; in the case of 6.48%, there was none. The time and frequency of therapy (pedagogical support) are invariably important for the development of a child with an autism spectrum disorder, allowing to correct various types of deficits. Most of the therapeutic sessions in which children take part last 45 minutes (42.59%). On the other hand, the least numerous percentage (parents) declared that their children's therapeutic activities last as much as 60 minutes (27.78%). Most often, classes are held 2-3 times a week (56.48%), but also, what few respondents admitted – every day (5.56%).

The most frequently used method in the treatment of a child with autism is *Sensory Integration* – almost 83% of the surveyed parents admit that their child undergoes therapy using the above-mentioned method. As is well known, sensory integration is the ability of a child to feel and respond to information from the environment and his/her own body. When everything works well, the child moves smoothly, perceives external stimuli and behaves appropriately to the situation. Most children have a natural process, but people with autism have trouble integrating their senses. Almost half of the fewer respondents declared using methods such as *Behavioural Therapy* (43.52%) and *Music Therapy* (45.37%) during the therapeutic sessions. The main goal of these techniques is to reduce undesirable behaviours, develop deficit skills and maintain the changes produced. According to the obtained results, *Holding Therapy* and *Methods Alliance* are the least popular during the therapy of children with autism. Both of these methods were mentioned by less than 8% of respondents.

Pedagogical support and child therapy in the institution should be continued at home, therefore the surveyed parents were asked about it: their declarations show that over 80% of parents work with their children at home in accordance with the recommendations and instructions of a specialist. This fact may suggest that parents are concerned about the importance of continuity and frequency in their child's therapy.

According to the surveyed parents, the continuity, systematicity, consistency and regularity of the classes has the greatest impact on the effectiveness of therapy. Almost 40% of respondents agree that regular exercise brings visible effects in functioning of their children. Another important aspect that determines the effectiveness of therapeutic sessions is the cooperation of parents with the therapist. The respondents believe that positive parent-specialist relations guarantee the continuity of the exercises and can correct deficits in various areas of the child's functioning with autism. It should be emphasized that the respondents also indicate the importance of good interpersonal relations between the therapist and the child (9.26%). This has an impact on the course of therapy and the atmosphere during classes. Moreover, in the opinion of parents, working methods should be adapted and adequate to the individual's predispositions (12.04%). Among the surveyed parents, the smallest percentage declared that the support of loved

ones may have a positive effect on the results of therapeutic activities (2.78%). On the other hand, 5.56% of the respondents do not know what factors can determine the effectiveness of the therapy.

An important factor in supporting a child with an autism spectrum disorder in development is participation in extracurricular activities provided by their parents. The vast majority of children with autism attend additional classes provided by their parents (60.19%). Less than half of the surveyed parents admitted that their child did not take part in extra-curricular activities (39.81%). The highest percentage of autistic children take part in activities aimed at developing their speech or inducing it in speechless people. Almost 14% of the surveyed parents declare that they provide their child with additional speech therapy classes. The activities related to the development and improvement of motor skills, such as swimming (9.26%), rehabilitation (9.26%), hippotherapy (9.26%) and sports activities (7.41%). It is worth noting that parents also provide the child with the opportunity to correct deficits in the social sphere by providing them with TUS and SI classes. The smallest percentage of parents admitted that their children attend classes such as: aikido, judo, robotics, dancing or art classes.

Parents undertake various types of activities aimed at supporting their child's development towards their children. The respondents most often mentioned activities such as talking or explaining situations that were incomprehensible to the child (3.70%), building positive relations between individual family members and a child with autism (2.78%), including him/her in the family's everyday life (1.85%), spending free time playing together (1.85%), exercising manual skills (1.85%) and learning the skills needed to function in society (1.85%). A small percentage of the respondents also indicated reading fairy tales, body massage, etc.

Most of the surveyed parents emphasize that the therapy should start early and should be well-chosen. Almost 6% of respondents emphasize that the methods used during classes with a child with autism should be properly selected and adequate to their individual needs and abilities. The respondents also indicate the influence of diet and healthy health mode on the functioning of people struggling with the disorder in question (3.70%). A small percentage of respondents indicated such aspects as a greater number of classes, adapting the family environment to a child with autism, love, acceptance, etc., as factors conditioning better development of people with autism.

Another aspect considered in the research was whether the families of children with autism receive support from their immediate environment (understood as family, friends and neighbours). When analysing the obtained results, it can be observed that the respondents have a problem with unambiguous determination whether they receive such support from the above-mentioned people. The vast majority of respondents (31.48%) believe that it is difficult for them to say whether people from their immediate environment provide them with support. Almost 30% of the respondents claim that they receive help from people from their

immediate vicinity. On the other hand, about 25% of the respondents declare that they cannot really count on support from their relatives. These groups are similar in numbers to each other. It is worth noting that only 12.96% of the surveyed parents are convinced that their family, friends or neighbours offer them support in the situation in which they are at present.

In the case of receiving support from institutions, associations or foundations, the situation is slightly different. The vast majority of the surveyed parents believe that they do not receive support from any organizations (35.19%). About a quarter of the respondents claim that they receive support from institutions dealing with it. This may indicate that families of children with autism do not know where to seek help and support in connection with the diagnosis of their child. The scope of support received was assessed by the surveyed parents as insufficient (64.81%). Only a few respondents believe that they are recipients of sufficient support for them (35.19%). It is worth emphasizing that each of the surveyed families, despite being affected by the same problem, has different needs and is in a different financial situation.

Emotional, instrumental and informational support for the family and children with autism syndrome disorder based on BSSS (Berlin Social Support Scales)

Emotional support is about keeping the spirits up, showing understanding and compassion in times of emotional crisis, it is also a form of transmitting both verbal and non-verbal messages aimed at expressing acceptance for a child with autism syndrome disorder and his/her relatives. Accompaniment and being together, as well as care and readiness to help, should last all the time, not only in the early stage right after obtaining the diagnosis (Kózka 2010). The research shows that the vast majority of the surveyed parents with children with autism confirmed that they have a person who shows them emotional support when they need it. Moreover, it can be noticed that about 10% of the respondents in each of the examined aspects of perceived available emotional support declared that they did not see in their immediate environment the person who offered them support. It is satisfactory that to a large extent parents with autistic children have such a person from whom they can always expect support in the form of a good word, understanding and consolation. Showing understanding by these people for parents with children with autism is extremely important. However, it should be emphasized that not everyone has such a person and can count on such support.

Instrumental support is a form of help provided directly to an individual (child); the helping person intervenes in the situation and provides specific help, such as help with household chores (Kacperczyk 2006). Most of the respondents declared having a person they can always count on. It is extremely important to have someone who is able to offer help in difficult life situations. However, it should be emphasized

that a small percentage of parents with children with autism who have to deal with crisis situations on their own was observed among the respondents.

Informational support is about providing advice (medical, legal and other), which may be helpful in solving life problems. The scope of this support also includes informing individuals about the disease, disorders (causes, symptoms, etc.), compensation options, rehabilitation, or existing groups or help institutions (Kózká 2010). The research shows that over 81% of respondents declare having a person who tries to take care of their other matters or suggests what actions they can take in order not to think about problems related to their child's disorder. On the other hand, about 19% of respondents admit that they have no one to show them this form of support.

Summing up, we can observe a large percentage of the surveyed families with children with autism, who believe that they have a person providing them with information support. This help is aimed at showing parents of children with this disorder what they can do to „break away” for a moment from the unpleasant reality, or to find the positive sides of their child's illness. However, it was noted that there was a significant percentage of parents who stated that there was no such person in their environment.

Joint social and pedagogical support

Social and pedagogical support should be treated jointly (Forma 2020) as confirmed by the results of the research. Families with autistic children receive emotional support from their loved ones. Almost 13% of respondents are convinced of this. Most of them (12.87%) believe that this type of support is provided by family members and the immediate environment. A significant percentage (31.48%), however, have a problem with precisely determining whether they receive the discussed support.

In the opinion of the vast majority of the surveyed parents of children with autism, the scope of support received so far is insufficient (64.81%). They expect help from their relatives in caring for a disabled child, devoting them a moment to talk, spending time together, and understanding for the situation in which they are currently. On the other hand, from the institutions, they would like greater access to therapy opportunities, organizing stays and trips for children with autism, as well as financial support that would help cover the high costs of treatment, therapy or rehabilitation of their children. 62% of the respondents declared that they were taking action to improve the situation of their family. The most common ones included: conversation, spending time together, improving one's qualifications and knowledge, therapy. The network of social support for families with children with autism is created by their relatives. The largest percentage of respondents declared that they received various forms of help from family, friends, acquaintances or social groups in a similar situation (about 40%). Few families receive support from institutions or facilities dedicated to it (approximately 26%). Parents of children

with autism only receive information support from teachers, educators and psychologists. This relationship consists mainly in conveying information on the methods and forms of working with a disabled child at home. Moreover, they share their experiences, doubts and problems with specialists.

Based on the obtained research results, it can be concluded that, in the opinion of the surveyed parents, the support provided so far is inadequate to the needs. The vast majority of respondents emphasize that they expect financial support to cover the high costs of therapy and rehabilitation of their children. Moreover, the families of children with autism would like the availability of therapy to be increased and camps for their children to be organized. Most institutions in the place of residence of families with autistic children offer them only information and material support in the form of additional, free classes. Unfortunately, most parents are forced to provide their children with additional activities on their own. The respondents declared that their children attend rehabilitation, speech therapy, etc. and various forms of therapy that the school does not provide. A significant percentage of the surveyed parents of children with autism confirmed that their child is cared for and assisted by a supporting teacher during their stay in an educational institution (82%). Most schools provide their pupils with the opportunity to participate in extracurricular activities (85.19%). It was confirmed that parents organize additional activities for their child (60.19%). In addition, they work with their children at home in order to implement it in social life and continue the exercises that have already been started (81.48%) and implement new ones recommended by the therapist (68.52%). It should be emphasized that in addition to helping with homework (69.44%), caregivers also teach their child self-service activities (75.93%) and practice pronunciation with him (50%).

The conducted research confirms the functioning of various social support systems in the environment of the examined families of children with autism. For the majority of respondents, their environment is the strongest source of social support. Undoubtedly, the collected research material indicates the complexity of the studied phenomenon. The qualitative assessment of the support received by families with children with autism emphasizes its relative nature. What is of great importance to some people may be overlooked or negatively assessed by others. It can therefore be concluded that families with a child with autism need any kind and every form of social and pedagogical support, both institutional and non-institutional.

Conclusions and analyses for pedagogical practice

In January 2022, the latest version of the International Classification of Diseases (ICD-11) was adopted by the World Health Organisation. With the introduction of ICD-11, there have been significant changes in the diagnosis of autism. Considering

the types and scope of social and pedagogical support, the individualisation of support for children with autism spectrum disorders should be pointed out.

It is necessary to make employees of social welfare centres interested in the problems of families of children with autism, as well as to broaden their knowledge about this disorder.

A special nationwide centre with branches in individual capitals of voivodeships should be created, which could deal with help and support for families with children with autism.

Local counties and communities should support all initiatives of people striving to improve the functioning of families with children with autism; Local authorities should strive to provide wider access to specialist therapies and establish a fund to cover at least some costs of the activities for children with autism.

Psychologists, therapists and specialists should organize meetings for local communities in order to raise awareness and enrich society's knowledge of autism and methods of supporting families of children with the autism syndrome disorder.

School educators should organize meetings for parents of children with autism with various people (specialists, therapists, representatives of authorities, etc.) in order to inform the parents about the possibilities of therapy or help they are entitled to and where to look for information on it.

Support for children with autism spectrum disorder should be always based on a sound diagnosis. According to L. Meng-Chuan, M.V. Lombardo, B. Chakrabarti, S. Baron-Cohen (2013, 1-7), effective support should be constructed through different types of specifiers. Biological, medical, mental as well as psychological and pedagogical analyses are essential here. Jacek Błaszynski argues for a deeply humanistic understanding of autism, which is both an understanding of the human being with his or her potential (2011), as well as a move away from a 'quantitative' view of autism towards considering the child-person with an autism spectrum disorder to be a member of our society, with the same rights as other people. Among the conclusions for pedagogical practice, it is worth taking into account the analyses of A. Szafrńska (2018) who emphasises that the lack of specialised support can disable experiencing independence and self-reliance, as well as impair the functioning of people with autism spectrum disorder. Support should therefore be networked. In addition to parents, social networks, adapted to the changing needs of families and children with autism spectrum disorder, are also important.

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