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PEDAGOGICAL SUPPORT OF A CHILD ON THE AUTISM SPECTRUM. HEALTH AND SOCIAL CONTEXTS

WSPARCIE PEDAGOGICZNE DZIECKA ZE SPEKTRUM AUTYZMU. KONTEKST ZDROWOTNY I SPOŁECZNY

Streszczenie

Artykuł ma charakter teoretyczny i empiryczny. Podjęto w nim zdrowotne oraz społeczno-kulturowe aspekty funkcjonowania dziecka ze spektrum autyzmu. Uwzględniono interdyscyplinarne podejście do zagadnienia. Wskazano konteksty procesu diagnozy, form i zakresu wsparcia społeczno-pedagogicznego oferowanego dzieciom ze spektrum autyzmu.

Abstract

The article is theoretical and empirical. Health prevention and the socio-cultural aspects of health action with autism have been addressed. You create an interdisciplinary approach to the issue. Program diagnosis program contexts, form and technical and pedagogical support of the offered subject on the autism spectrum. In the conducted empirical study the results

W części empirycznej scharakteryzowano wyniki dotychczasowych badań. Całość podsumowano wskazaniem dyrektyw przydatnych dla praktyki pedagogicznej.

Słowa kluczowe: dziecko ze spektrum autyzmu, wsparcie społeczne i pedagogiczne

of the research. The whole is summarized with a directive indication.

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

1. Introduction

Interest in research on children with the autism spectrum disorder (ASD) can be found among many categories of researchers. In contemporary practice, research of this type is conducted by interdisciplinary researchers. Nevertheless, the exploration of the spectrum of childhood autism is extremely important for the environment of educators (Michałowska, 2016), specifically socially involved, because they take on a special value not only for social sciences and humanities. Taking into account their empirical nature and practical-project approach, the educators undertake various types of activities towards the respondents, including health, educational and supportive ones.

2. Literature review/ Background

2.1. The concept of autism and its classification

Despite many studies conducted over the years, autism remains an unexplored issue. Many different definitions can be found in the literature on this subject.

The term "autism" comes from the Greek word *autos* which means 'alone'. It is a state of withdrawal from real life and closure in one's own, imaginary world. The term "autism" was first described in 1943 by the American psychiatrist Leo Kanner (Jaklewicz, 1993). Kanner described cases of children with various disorders. The study group included people who were not classified into any category, because their behavior differed from the behavior of the others. This set of behaviors has been called early childhood autism. According to Kanner, autism is characterized by: lack of ability to communicate using language, unwillingness to change, excessive interest in objects instead of people, occasionally: excessive intellectual ability (Jaklewicz, 1993). As indicated by a query of source materials, scientists define autism as *a complex multiform syndrome of disorders conditioned by organic changes in the brain. Some define it as a set of clinical symptoms of multifactorial etiology, as well as a set of symptoms defining impairment in specific areas of the child's functioning* (Lobkiewicz-Lewartowska, 2000, p. 25).

"Autism as one of the most severe developmental disorders, according to modern knowledge, is classified as a neurobiological problem. As emphasized by E. Pisula, "it arouses great interest among researchers" (Pisula, 2005, p.13). Hanna Jaklewicz noted that autism is a serious developmental disorder associated with dysfunction of the

nervous system (Jaklewicz, 1993). Synthesizing the previous reports in the literature, it can be concluded that the definition of autism includes the so-called the triad of disorders. They are described by three elements that occur in such fields as: relations with other people, understanding, i.e. communication and imagination.

According to the International Classification of Mental and Behavioral Disorders ICD-10, autism is a pervasive developmental disorder characterized by abnormal development noticeable by the age of 3, which is manifested by abnormal behavior in such areas as: interaction with other people, communication, repetitive behavior.
ICD-10 classifies autism in the following chapter:
V. Mental and behavioral disorders

- Mental and behavioral disorders (F00F99)
- F. 84. Pervasive developmental disorders.
- F. 84. A group of disorders characterized by qualitative deviations from the norm in terms of social interactions and communication patterns, and a limited and stereotyped repertoire of interests and activities. These qualitative irregularities are a fundamental feature of the functioning of the individual in all situations. If needed, an additional code to identify co-morbidities or mental retardation can be used.

The following units are distinguished, due to the International Statistical Classification of Diseases and Health Problems, Tenth Revision, Volume I, Edition 2008, available at: GUS https://stat.gov.pl/Klasfike/doc/icd10/pdf/ICD10TomI.pdf):

- F84.0 Childhood autism;
- F84.1 Atypical autism;
- F84.2 Rett syndrome;
- F84.3 Other childhood disintegrative disorders;
- F84.4 Hyperkinetic disorder with accompanying mental retardation and stereotyped movements;
- F84.5 Asperger's syndrome;
- F84.6 Other pervasive developmental disorders;
- F84.7 Pervasive developmental disorder, unspecified.

According to the cited sources, the definition of childhood autism is: a pervasive developmental disorder. Childhood autism is primarily characterized by:

1. developmental disorders or abnormalities that occur up to three years of age.
2. disorders in functioning in the areas of social interaction, behavior and communication.

Children with autism also show symptoms such as: anger, aggression, self-aggression, sleep problems, phobias [https://www.pomocautyzm.org/autyzm].

The difference between atypical autism and childhood autism is that atypical autism is diagnosed at a different age. A diagnosis of atypical autism can be made when a child meets the following conditions:

1. when the child exhibits behaviors indicating autism, but the first indications of autism appeared when the child turned 3 years old;
2. when the child exhibits behaviors typical of autism, but not all criteria are met.

Each person with atypical autism may have different symptoms (Błądek 2013). Atypical autism can be diagnosed in a child who causes minor behavioral and educational problems as well as in a child who has significant problems in every sphere of life. This disorder can be diagnosed in a person who is intellectually disabled, as well as in a person who is at an average or above average intellectual level (https://polskiautyzm.pl/autyzm-atypowy-objawy-diagnoza/)

As indicated in the literature on the subject, among the disorders there are also Rett syndrome, which is diagnosed practically only among girls. It is characterized by loss of speech (partial or complete), loss of acquired skills, loss of interest in play (http://neuropsychologia.org/zespol-retta-Czy-milczenia-aniolow).

Among other childhood disintegrative disorders, there is a loss of skills that the child has already acquired. Children diagnosed with this disease lose interest in the surrounding reality and have problems with social interaction (https://www.pomocautyzm.org/autyzm).

Another is hyperkinetic disorder with accompanying mental retardation and stereotyped movements. Characteristics of this disorder include: hyperactivity and developmental delays, and Asperger's syndrome, which is considered a mild form of autism. In this case, the main symptoms are communication difficulties, lack of social skills, excessive or even obsessive interest in a selected topic.

2.2. Health contexts of autism

For the purposes of the description of the title issue, reference was made to new editions of medical typologies with a global reach, i.e. ICD (International Statistical Classification of Diseases and Related Health Problems) and DSM (Diagnostic and Statistical Manual of Mental Disorders). It should be noted that nowadays new (global) trends and directions of changes are observed, e.g. in the area of terminology and categorization of developmental disorders. In Poland, from January 1, 2022, the WHO proposal, i.e. the 11th edition of the international classification of mental diseases and disorders (ICD) has been in force. This is related to the development of knowledge and social awareness as well as the revision of the theoretical approach and nomenclature. Taking into account the time of the research carried out, reference was also made to previous editions, such as DSM-IV typology, although the DSM-5 (2013) and ICD-10 (1996) and ICD-11 (2019) typologies already exist. The release of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is a breakthrough in the diagnosis of autism spectrum disorders. Clinicians and scientists who developed new criteria in the DSM-5 explain the creation of only one ASD diagnostic unit as a better and more faithful reflection of the current state of knowledge about the pathology and clinical

picture of autism spectrum disorders. Standardized, interactive diagnostic tools with the so-called the "gold standard" for the diagnosis of broadly understood autism. In the DSM-5 classification, all diagnostic units have been merged into one common unit called Autism Spectrum Disorder (ASD). The word "spectrum" therefore 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 with this diagnosis. The results of studies comparing diagnoses based on the DSM-IV and DSM-5 classifications show that the introduction of the new classification resulted in an increase in the specificity of the diagnosis, which reduces the number of false positive diagnoses, but at the same time resulted in a decrease in sensitivity. Thus, some patients with autism spectrum disorders diagnosed on the basis of the DSM-IV classification criteria do not meet the DSM-5 classification criteria for such a diagnosis.

Psychogenic factors are indicated as one of the oldest causes of autism mentioned by researchers. According to this theory, "autism is a psychogenic disorder that results from growing up in unfavorable conditions" (Pisula 2005, p. 9). This concept also speaks of the above-mentioned pathology in the mother-child relationship related to a traumatic situation (Smolińska-Theiss 1993). Psychoanalysts mention situations that cause trauma in a child, for example:

- negative experiences related to childbirth, i.e. changing the environment from a safe, warm one to a foreign one,
- separation of the child from the mother, related to e.g. moving the child to an incubator,
- emotional rejection of the child by the mother,
- the child's stay in the hospital,
- abandonment of the child by the parents (Smolińska-Theiss 1993).

According to Leo Kanner, one of the first autism researchers, the causes of autism can be found in the attitude of parents who are characterized by emotional coldness and obsessive behavior. He also noticed the neurobiological causes of autism, because in his work from 1943 he wrote that children with autistic disorders are born with "the inability to form ordinary, biologically determined emotional contacts with other people" (Dykcik, 2006).

Irena Obuchowska lists the following as "the causes of autism:

- nervous system disorders,
- genetic dysfunctions,
- environmental pathologies,
- problems of the cognitive sphere,
- perceptual and systemic disorders" (Obuchowska, 1991, p. 283).

Researchers of the causes of autism are also currently being studied by representatives of medical science. Despite many genetic studies, it has not been established which genes are responsible for the development of autism. So far, various chromosomal

abnormalities have been described that are present in people suffering from autism spectrum disorders. Extensive research is being conducted to identify the genes that cause autism. Scientists have discovered that people suffering from autism have disorders in the structure of the brain, as well as its functioning. Studies have shown abnormalities in two areas of the limbic system: the amygdala and the hippocampus. These structures are responsible for the production of emotions and the ability to learn. The results of the study also confirmed the theory that the brain structures responsible for the ability to concentrate in people with autism spectrum disorders are reduced or enlarged (Randall, Parker 2010). Studies have also proven that the genetic factor is also an important factor in the occurrence, it was assumed that if autism occurred in one of the children, then the probability of having this disorder in another child increases 200-fold.

In recent decades, the hypothesis that autism is a complication after the vaccination of a child has been very popular. This aroused anxiety and reluctance of parents to vaccinate, which resulted in an increase in the number of people involved in anti-vaccination movements. Studies on this issue have focused on individual cases, scientists have failed to document the link between ASD disorders, and vaccination. Despite this, social anxiety related to vaccinations still exists today (Pisula, 2005).

Statistics on the incidence of autism indicate that this disorder affects 10–20 per 10,000 people, with boys being diagnosed 4 times more often than girls. Currently, thanks to the extensive knowledge of educators and doctors, autism is diagnosed much better than even 20 or 30 years ago.

The first symptoms of autism appear in children very early, around 6 months of age, but it is usually diagnosed much later. This usually happens around 4–6 years of age. This disorder is difficult to diagnose due to the fact that there is no one specific symptom that would definitely indicate that in a given case we are dealing with autism. According to the Dictionary of the Polish Language, a diagnosis is an "assessment based on an analysis", which in the case of autism means that we assess the child's behavior and abilities. The diagnosis is based on medical and psychological examinations, during which the following elements are analyzed:

- small and large motor skills,
- language system,
- hearing,
- sight,
- side dominance,
- ability to remember,
- emotional development,
- social development (Cieszyńska 2011).

The diagnosis should also concern the economic, sociological and psychological conditions of the whole family. According to therapists, the earlier the diagnosis is made, the more effective the treatment is.

Techniques used to diagnose autism include:

- clinical interview,
- conversations with family,
- psychiatric examination,
- neurological examination,
- observation of the child's relationship with family members,
- observation by a psychologist,
- drawing analysis (Jaklewicz, 1993).

2.3. Diagnostic criteria for autism

Referring to the data of the World Health Organization – International Classification of Diseases ICD-10 the first diagnostic criteria for autism are abnormalities or developmental disabilities that are clearly visible before the age of 3 in at least one of the following areas:

1. linguistic comprehension and expression used in social communication,
2. development of selective social attachment or reciprocal social interaction,
3. functional or symbolic play

In order to make a diagnosis of autism, it is necessary to consider whether the child has a deficit in the above areas. If the answer is yes to at least one of them, then it is possible to suspect that the child suffers from autism.
The second criterion is based on the diagnosis of symptoms in such areas as:

1. Irregularities in the quality of social interactions in at least two of the following areas:

- insufficient use of eye contact, facial expressions, body postures and gestures to properly regulate social interactions;
- insufficient (according to mental age and despite numerous opportunities) development of peer relationships, including mutual sharing of interests, activities and emotions;
- lack of socio-emotional reciprocity, manifested by impaired or different responses to the emotions of others; or failure to modulate behavior appropriately to social context; or poor integration of social, emotional, and communicative behaviors;
- no spontaneous need to share joys, interests or achievements with others (e.g. no showing, bringing or pointing out objects of personal interest to other people).

2. Irregularities in the field of communication are manifested in at least one of the following areas:

- delay or complete lack of development of spoken language that does not involve an attempt to compensate by using gestures or facial expressions as an alternative means of communication (often preceded by a lack of communicative babbling);

- relative paucity of initiative and perseverance in undertaking a conversational exchange (at any level of language skills) in which there is feedback to the other person's messages;
- stereotyped and repetitive, idiosyncratic use of words and phrases;
- lack of spontaneous variety of pretend play or play imitating social roles.

3. Reproduction of restricted, stereotyped patterns of behavior, interests and activities that are manifested in one or more of the following areas:

- Preoccupation with one or more stereotyped interests that are abnormal in content and focus, or one or more interests that are abnormal because of their intensity and limitation rather than content and focus;
- markedly compulsive attachment to specific, non-functional, routine and ritualized activities;
- stereotyped and repetitive motor mannerisms, including tapping or twirling of the fingers; or complex movements of the whole body;
- focusing on partial or non-functional properties of play objects (such as their smell, feeling surfaces, noise or vibration).

In summary, in order to make a diagnosis of autism, a child must have at least six of the symptoms listed in above mentioned three points.

3. The research project

In order to obtain answers to the posed research problems, appropriate methods, techniques and research tools should be selected. The concept of a method is most often defined as a set of theoretically justified conceptual and instrumental procedures that cover the entire researcher's procedure aimed at considering a specific scientific problem or a specific and repeatable way of solving the problem. According to M. Łobocki, *research methods should be understood as methods that relate to general rules and the principles of research procedure related to them. On the other hand, testing techniques always refer to more specific directives, which should be understood as strictly defined recommendations for such conduct* (Łobocki, 2001 p.64).

T. Pilch, on the other hand, defines a method as "a set of theoretically justified conceptual and instrumental procedures covering, in general terms, the entire researcher's procedure, aimed at solving a specific scientific problem" (Pilch, 1995 p. 54). In the literature on the subject, we can find many divisions of methods and pedagogical research techniques assigned to them. T. Pilch distinguishes four research methods: pedagogical experiment, pedagogical monograph, method of individual cases, method of diagnostic survey (Pilch, 1995). Within each research method, specific techniques can be distinguished, which are determined by the choice of a particular method. T. Pilch defines a technique as a practical action, standardized by carefully developed guidelines that enable obtaining properly verified information, views and facts. In carrying out the research procedure, the method of diagnostic survey was used, including the technique

of surveying and interviewing, as well as the method of individual cases. The criteria for selecting individual cases are different levels of demand for socio-pedagogical support, as well as purposeful selection (Pilch, 1995). The research tools used were a questionnaire for parents, an interview questionnaire for psychologists/support teachers/school staff and the Ralf Schwarzer Parent Social Support Scale BSSS (Polish Version). The BSSS scale is a set of tools for assessing the cognitive and behavioral dimensions of social support. The original, German version consists of five scales for examining social support and one for examining relatives of the examined person (Schwarzer, Knoll, 2007). The Polish version of the BSSS questionnaire developed by Łuszczyńska, Kowalska, Schwarzer and Schultz was used in the own research (Łuszczyńska i in. 2006).

Five scales were used:

1. Perceived available support – subjective belief, without a specific moment in time, of the availability of support from other people. This scale distinguished emotional and instrumental support;
2. need for support – the need to use support in a crisis situation;
3. seeking support – frequency and scope of seeking help;
4. support currently received - perception of help currently provided by other people. It distinguishes emotional, instrumental and informational support as well as satisfaction with the received support;
5. buffering and protective support - protecting loved ones from negative news.

The obtained test results are presented in tables. They were also subjected to statistical analysis, in which the arithmetic mean, standard deviation and correlation coefficient between selected groups of variables were calculated (Pilch, Bauman, 2010). In addition, statistical significance tests were used, e.g. chi-square.

4. Types and sources of support for children on the autism spectrum – selected research results

The concept of support for children on the autism spectrum can be found in the light of the literature review. The concept appeared in the 1970 (Ruszkiewicz, 2014). Zamkowska mentions I. Sarason's understanding of social support as help available to an individual in difficult or stressful situations (Zamkowska, 2010). Basic definition was created by Irvin S. Cobb and lists various aspects of emotional support that an individual receives, attributed to three main components: feeling loved and valuable, feeling appreciated and feeling a sense of belonging (Zamkowska, 2010).

Social support is one of the key terms in the social sciences. For the purposes of the article, Zamkowska's definition was used, i.e. "objectively existing and accessible social networks that stand out from other networks by the fact of the existence of ties, social contacts and affiliations that allow them to play a helpful role towards people in a difficult situation" (Zamkowska, 2010, p. 96). In this sense, social support refers

to emotional, informational and instrumental help provided to children on the autism spectrum by significant people, such as family members, teachers or therapists. It should be emphasized here that the autism spectrum is a complex developmental disorder and requires comprehensive therapy conducted by family members and specialists (Pisula, 2005).

A child on the autism spectrum, as part of early therapy, should be provided, in addition to social support, also pedagogical support, which would take place before formal school education, from the moment of diagnosis of the disorder. A child on the autism spectrum should also be provided with the care and assistance of a supporting teacher during school education. In addition, it is important to have access to all possible therapies aimed at improving functioning in areas of life where there are deficits.

On the other hand, social support appears in the form of acceptance of the child by the environment, family and peers (Maciarz, 2009). The closest people should help a person with autism to find themselves in the surrounding reality, as well as help and learn to live in a social environment.

An interesting illustration in terms of the obtained research results was presented, among others, by A. Życinska (Życińska, 2022). She explored the social and pedagogical support of children with autism spectrum disorders in the perception of their parents. The main research problems were the questions: what social and pedagogical support do families and children with autism spectrum disorders receive in their living environment? And the specific 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 the parents' perspective was dictated by the researcher by the fact that the literature on the subject rarely discusses the issues of supporting parents of children with autism and the description of the childhood of children with this disorder. Most of them mostly 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 full description of the children's situation.

The research was conducted in the orientation of quantitative empirical research. They covered 108 families with children on the autism spectrum (aged 6 to 11). Most of the respondents were mothers (83.33%), while the percentage of fathers was 16.67%, which proves that the majority of duties and care for a child with autism is performed by the mother.

Table 1. Gender of respondents (parents)

Gender	Gender of respondents (parents)	
	N	%
Woman	90	83,33%
Man	18	16,67%
Together	108	100%

Source: *Życińska*, 2020, p. 93

The largest percentage of the respondents were parents aged 30–39 (60.19%). In turn, the smallest group among the respondents were parents aged 50 and more (1.85%) and those aged 25–29 (5.56%).

Table 2. Age of the surveyed parents

Age of respondents	N	%
25–29	6	5,56%
30–39	65	60,19%
40–49	35	32,41%
50 and more	2	1,85%
Together	108	100%

Source: *Życińska*, 2020, p. 93

Most of the families participating in the study came from villages (27.78%) or small towns of up to 50,000 inhabitants. inhabitants (30.56%). This is due to the fact that there are many villages and small towns in the area where the research was conducted in the Świętokrzyskie Voivodship.

Table 3. Place of residence

Domicile	N	%
Village	30	27,78%
City up to 50,000 inhabitants	33	30,56%
City up to 100,000 inhabitants	19	17,59%
City up to 200,000 inhabitants	11	10,19%
A city with over 200,000 inhabitants	15	13,89%
Together	108	100%

Source: *Życińska*, 2020, p. 94

The data in Table 4 shows that the vast majority of children with autism attend a public school (63.89%). On the other hand, the smallest percentage are children using only care and education at home (1.85%).

Table 4. Educational institution for children with autism spectrum disorders

Educational facility	N	%
private school	13	12,04%
public school	69	63,89%
Homeschooling only	2	1,85%
Other	24	22,22%
Together	108	100%

Source: *Życińska*, 2020, p. 99

In the group of surveyed children and their families, the vast majority were under the care of specialists who monitor children's development on an ongoing basis and correct developmental deficits. In the light of the conducted research, 80.56% of children with autistic disorders were under the care of a specialist facility, while 19.44% did not have specialist care (Table 5).

Table 5. Care of a child by a specialist facility

Care of a specialized facility	N	%
Yes	87	80,56%
no	21	19,44%
together	108	100%

Source: *Życińska*, 2020 p. 114

Majority of parents declared their child's participation in therapy (93.52%) (Table 6).

Table 6. Participation of the child in therapy

Participation of the child in therapy	N	%
yes	101	93,52%
no	7	6,48%
together	108	100%

Source: *Życińska* 2020, p. 114

The time and frequency of therapy (pedagogical support) are invariably important for the development of a child with autism spectrum disorders, allowing correction of various types of deficits. This issue is illustrated in tables 7 and 8.

Table 7. Duration of each therapy session

Time	N	%
30 minutes	32	29,63%
45 minutes	46	42,59%
60 minutes	30	27,78%
Together	108	100%

Source: *Życińska*, 2020, p. 115

Table 8. Frequency of treatment sessions

Frequency	N	%
Once a week	26	24,07%
2-3 times a week	61	56,48%
5 times a week	13	12,04%
Daily	6	5,56%
Other	2	1,85%
Together	108	100%

Source: *Życińska*, 2020, p. 115

The majority of therapeutic sessions involving children lasted 45 minutes (42.59%). The least numerous percentage of parents declared that their children's therapeutic sessions lasted as long as 60 minutes (27.78%). Most often, classes were held 2-3 times per week (56.48%), only in few cases every day (5.56%). The methods used in the treatment of a child with autism are presented in Table 9.

Table 9. Methods used in the treatment of a child with autism

Method	N	%
Behavioral Therapy	47	43,52%
Sensory Integration	89	82,41%
Holding Therapy	8	7,41%
W. Sherborne Method	22	20,37%
Music Therapy	49	45,37%
Good Starting Method	22	20,37%
Knill Method	16	14,81%
Art Therapy	20	18,52%
Methods Alliance	8	7,41%
Other	32	29,63%

Source: *Życińska*, 2020, p. 116

Analyzing the table above, it can be seen that the most commonly 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 with the above-mentioned method. As is well known, Sensory Integration is a child's ability to feel and respond to information from the environment and your own body. When everything works well, the child moves smoothly, perceives external stimuli and behaves adequately to the situation. Most children have a natural process, but people with autism have trouble integrating their senses. Almost half of the smaller number of respondents declare the use of methods such as Behavioral Therapy (43.52%) and Music Therapy (45.37%) during therapeutic sessions. The main goal of these techniques is to reduce undesirable behaviors and develop deficit skills and maintain the changes made. According to the results obtained, Holding Therapy and Methods Alliance are the least popular when treating children with autism. Both of these methods were mentioned by less than 8% of respondents.

Pedagogical support and therapy of children in the facility should be continued at home, which is why the surveyed parents were asked about it: their declarations show that over 80% of parents work with children at home in accordance with the recommendations and guidelines of a specialist.

5. Statistical presentation of selected research results

It should be noted that the chi-square test showed a statistically significant relationship between the age at which autism was diagnosed and pedagogical support (p = 0.0268). It can therefore be assumed that both social and pedagogical support are determined by other factors.

The topography and parents' education have no significant influence on them. There was no relationship between parents' education and place of residence on the social or pedagogical support they received. The chi-square test showed no statistically significant relationships between the other variables. Only the relationship between the place of residence and the received social emotional support (p = 0.0178) and information support (p = 0.00% 20.00% 40.00% 60.00% 80.00% 100.00% 120.00% Yes No 1 2 3 4 and more 166 0.0296) was observed.

The factor determining the child's participation in additional activities is the number of children in the family. The participation of a child with autism in extracurricular activities was most often declared by parents bringing up only one child. In other cases, a downward trend was observed – the more children in the family, the fewer people admitted that they provide extra activities for their children. This relationship turned out to be statistically significant in the chi-square test (p = 0.0470).

Based on the conducted research, it can be concluded that there is a relationship between the financial situation of the family of a child with autism and their cooperation with the therapist. It should be noted that a higher social status creates better conditions for the correlation of parents with a specialist. The value of the chi-square test between

these variables was 0.0116. Cooperation with the therapist was most often declared by families with a higher social status.

6. Interdisciplinary support

Medical, social and pedagogical support should be treated together [23], which is confirmed by the research results. The conclusions of A. Życińska›s (Życińska, 2020), research are as follows:

- Families with autistic children receive emotional support from their relatives. This is confirmed by almost 13% of respondents.
- Most of them (12.87%) believe that this type of support is provided by family members and the closest environment.
- A significant percentage (31.48%), however, has a problem with precisely determining whether they receive the discussed support.

In the opinion of the vast majority of parents of children with autism, surveyed by A. Życińska the current scope of support is insufficient (64.81%). They expect their relatives to help in caring for a disabled child, devoting time to talk to them, spending time together and understanding the situation they are currently in.

In turn, they would like more access to therapy, organizing stays and trips for children with autism, as well as financial support that would cover the high costs of treatment, therapy or rehabilitation of their children. 62% of the respondents declared that they take actions to improve the situation of their families. The most common were: conversation, spending time together, raising qualifications and knowledge, therapy.

The social support network for families with children with autism consists of their relatives (Matyjas, 2012). The largest percentage of respondents declared that in a similar situation they received various forms of help from family, friends, acquaintances or social groups (about 40%). Few families receive support from dedicated institutions or facilities (about 26%). Parents of children with autism receive information support only from teachers and pedagogues and psychologists. This relationship is mainly about the transfer of information about methods and forms of working with a disabled child at home. In addition, they share their experiences, doubts and problems with specialists.

To sum up, reliable knowledge and multidimensional activities towards a child with autism should take into account its personal, family and environmental resources. In this direction, according to I. Żeber-Dzikowska, sustainable development leads to respect for the child's natural living environment and rational management of its resources (Żeber-Dzikowska, 2008). It concerns many aspects of life and reaches various scientific fields, combining them with a common denominator.

7. Directives for pedagogical practice – strengths and limitations

It is necessary to interest employees of social welfare centers in the problems of families of children with autism, and to broaden their knowledge about this disorder.

- A special nationwide center with branches in individual capitals of voivodeships should be created, which could provide help and support for families with children with autism;
- Local districts and communes should support all initiatives of people striving to improve the functioning of families with children with autism;
- Local authorities should strive to ensure wider access to specialist therapies and create a fund to cover at least part of the cost of classes for children with autism;
- Psychologists, therapists and specialists should organize meetings for local communities in order to raise awareness and enrich the society's knowledge about autism and how to support families of children with autism syndrome;
- School educators should organize meetings for parents of children with autism with various people (specialists, therapists, representatives of the authorities, etc.) to inform parents about the possibilities of therapy or assistance to which they are entitled and where to look for information on this.

As the reports of teachers, special educators, therapists and other specialists indicate, when working with a child with the autism spectrum, one should remember about the quality of their lives, e.g. interdisciplinary research reports from 2021 prepared by Jarosław Chmielewski, Małgorzata Jasińska, Agnieszka Strzelecka, Przemysław Wolak, Iwona Stanisławska, Piotr Choin, indicating that the measurement of health-related quality of life is currently one of the important methods of self-assessment of health, enabling the detection of disorders in the biopsychosocial system of children's functioning (Jasińska i in. 2021).

In this sense, in caring for the quality of life, education and social functioning of children with autism, we should remember about:

- constancy and predictability (e.g. by drawing up school day plans, a plan of a specific lesson or classes at a level understandable to the child, help in orientation in the school space, e.g. marking rooms in a way understandable to the student, drawing up a plan schools, warning about changes, e.g. substitution, change of lesson duration, number of tasks, etc.);
- sensory comfort (i.e. arranging an appropriate place in the classroom away from additional stimuli, so that it is as easy as possible for him to focus his attention on the teacher), but also arranging a place where a child with autism could calm down, if such a situation arises need;
- visual channel of information transfer (visualizations through specific objects denoting activity data, photos, pictures, etc.);
- controlled way of speaking (paying attention to the form of communication, directly);

- support in independent work;
- strengthening motivation in the learning process and self-esteem;
- supporting the child in establishing and maintaining relationships with peers.

One should also remember about developing deficit behaviors (shaping as many adaptive behaviors as possible that will develop their independence and enable them to function effectively in the environment). It is worth taking into account individual actions of specialists and teachers. Below are the strengths of interdisciplinary support in terms of social, health, sociotherapeutic, pedagogical, educational, and psychological care:

- improving comprehensive psychomotor development, developing perceptual functions, thinking and communicating, with particular emphasis on alternative communication: developing imitation skills; developing auditory perception: auditory exercises - verbal and non-verbal sounds, imitating sounds, localizing sounds in space, recognizing and remembering sounds, differentiating sounds, imitating sounds,
- developing visual functions: maintaining eye contact; visual control of performed activities; conducting visual analysis and synthesis on thematic and athematic material (identification of objects, pictures, comparison, differentiation),
- stimulating the development of play: through games that imitate one activity; fun with the use of a sequence of actions; playing with rules; themed games,
- developing thinking: categorize by color, size, shape,
- implementing sensory integration therapy in order to improve the reception and processing of information, eliminating disintegrating stimuli, using organizing stimuli,
- implementing speech therapy classes (improving speech, language understanding and alternative communication. Carrying out articulation exercises, adapting requirements to the individual needs of the child, developing imitation skills; developing independence in self-service situations – imitating, using manual prompts (the ability to dress, use the toilet, wash, wipe),
- developing activity plans, helping to establish relationships with peers, controlling and monitoring the child's activity in the group,
- carrying out simple imitative games,
- modeling appropriate behavior in various social situations,
- developing fine and gross motor skills,
- conducting socio-therapeutic activities,
- implementing specialist classes.

8. Conclusions

The research made it possible to get acquainted with the scope of social and pedagogical support provided to families of children with autism in the Świętokrzyskie Voivodship.

Despite a small research sample, they allowed to get acquainted with the situation of a given social group. 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, the strongest source of social support is their closest environment. Undoubtedly, the collected research material indicates the complexity of the studied phenomenon. A qualitative assessment of the support received by families with a child with autism emphasizes its relative nature. What is important to some people may be overlooked or viewed negatively by others. It can therefore be concluded that families with a child with autism need every type and every form of social support, both institutional and non-institutional.

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