

The Role of Social Work in The Care of Autistic Children's Caregivers

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Abstract

In recent years, autistic children have started to appear frequently in the public view, and the state of life of caregivers of children with autism has gradually attracted the attention of the society. However, in China, the service for autistic child caregivers has not yet formed a complete system. This article tries to start from the participation and advocacy of social work, and takes the caregivers of children with autism as the entry point, in order to point out that social workers can intervene in policy advocacy, resource links and professional services. Thus they can give play to the role of social work in the service of autism child caregivers and provide practical reference for social workers in this area.

Keywords

Caregivers for Autistic Children, Wheezing Service, Social Work.

1. Current Situation of Children With Autism in China

Every year April 2 is World Autism Day. On April 2, 2015, it was compiled by the Deer Center for Child Behavior Correction Center and released the "Report on the Development Status of the Education and Rehabilitation Industry in China's Autism". It called for attention from all walks of life to autism groups. The report stated that China's autism-free National surveys in Beijing, Shenzhen, and Guangzhou show that the proportion of autism spectrum in China is 1%. Based on this, the number of individuals with autism in China may exceed 10 million and the number of children aged 0-14 may exceed 2 million.

Autism, also known as autism, was first proposed by the American medical professor Kahler in the 1940s. It is an obstacle to the development of children's extensiveness, which is mainly manifested in social dysfunction, communication disorders, stereotyped behavior repetition, and narrow interest (Wu Yi, 2010). The identification and research of autism in China was developed late. In 2001, autism was first included in the national survey of children with disabilities; in 2006, the Disabled Persons' Federation classified autism as a category of mental disability. However, the nationwide epidemiological survey on autism has not yet been fully implemented in China. Statistics from abroad show that the incidence of autism has steadily increased in the last 40 years (Xu Xinzhu, 2012). The number of children with autism in China will also gradually increase and become a social problem that cannot be ignored. The cause of autism has not been determined yet. It is still a worldwide problem for the treatment and rehabilitation of autism. Autism may be accompanied by the lifetime of these children. Therefore, these children with autism need long-term stable caregivers. In general, these caregivers are parents of children with autism (Li Zonghua & Xu Yongxia, 2009).

2. Respite Services for Autistic Child Caregivers

As caregivers of children with autism, they are faced with tremendous pressure to undertake tasks that accompany them for treatment, take care of their daily lives, and educate them on social adaptation. (1) Caregiver's psychological pressure. Many caregivers, especially mothers, believe that because of hereditary reasons, children will have autism and will blame themselves. The treatment of autism is not easy to see in the short term, which also deepens the psychological pressure on the caregiver and causes them to be prone to depression and anxiety; (2) the caregiver's physical condition. Due to the special pathological state of children with autism, caregivers need to accompany children with autism for a long time. The long-term consumption of caregivers seldom gets enough rest, the body is often in a state of exhaustion; (3) social interactions of caregivers. Since caregivers need to accompany

children with autism for a long time, they rarely have spare time to maintain their social interactions, fewer people are able to give support to the caregivers for a long time, and caregivers feel lonely. (4) Heavy economic burden. Autism requires long-term treatment and education, and the cost is relatively expensive, and the country has not yet introduced a unified subsidy measure. These costs are not a small challenge for the average family.

Respite care, also known as intermittent service and temporary care, originated in the United States in the 1970s (Wang Shang & Li Shan, 2014). In a broad sense, wheezing services are long-term caregivers for people with disability and mental disabilities. They use a temporary escrow service in which the care recipient is sent to a “breathing service agency” to allow the caregiver to rest for a certain period of time, thereby reducing long-term care. Caregiver’s mental stress, physical exhaustion, and avoiding physical and mental exhaustion. The narrow sense of respite service only points to the corresponding services provided by caregivers who take care of the disabled elderly.

Some foreign scholars have pointed out that wheezing services can effectively reduce the pressure on autistic children's caregivers, enable them to better complete daily tasks, take care of them for a long time, and make the whole family run better (Robertson , 2011, p. 369). Domestic scholars also pointed out that caregivers of children with autism are more likely to adopt positive coping styles to face the difficulties encountered in life when they have more social support, and their family functions are also better. It is more conducive to the rehabilitation and development of children with autism (Ji Binbin, Chen Sanmei, Yi Rongfang, Wang Qingyi, and Tang Siyuan, 2013).

The service for children with autism in China is relatively late, and the services for caregivers for children with autism are still being explored. First of all, most of the existing respite services in China are for the long-term caregivers of home-based pensioners. At present, most of these types of services use temporary care services, and caregivers are temporarily escrowed with the relevant supporting institutions in the community or other services. In related institutions, to achieve the purpose of allowing caregivers to breathe. Secondly, the existing respite services for autistic caregivers are mostly provided by informal organizations such as friends and caregivers themselves. This type of support is more fragmented and does not have the ability to provide stable service for long-term breathing. At the same time, it does not have professional knowledge and can not effectively relieve the pressure of caregivers, nor can it help caregivers link more resources to meet their needs. Finally, the existing formal organizations are mainly established for rehabilitation services for children with autism and are less concerned with the resources needed by caregivers to link them. Even a small number of formal organizations for caregivers have not been able to link resources more effectively and widely, and have not been able to provide assistance programs that meet the needs of different caregivers.

3. Social Workers Can Play A Role in the Establishment of Autism Caregivers' Respite Services

Social work has its unique professional advantages. It can meet the caregiver's needs from multiple angles and in multiple dimensions. It can help carers reach a better living standard and benefit children with autism.

3.1 Advocate the Issue Related Policy

Some social problems are caused by factors such as incomplete policies. Therefore, it is necessary to change existing policies. When social workers find that certain problems are universal during the service process, they can use their own policies to promote their role, and put forward policy recommendations to influence and improve social policies and solve social problems. China has accelerated the establishment of a sound professional autism patient in the “Eleventh Five-Year Plan for Development of China’s Persons with Disabilities” and the Supporting Implementation Plan “Notice on Accelerating the Guidance Opinions on Accelerating the Construction of a Social Security System and Service System for People with Disabilities” and other documents. Rehabilitation and training institutions have made explicit demands, and provinces and cities have also formulated

policies with different rules to help children with autism. However, China has not yet established a unified standard for autism children. The existing subsidies and assistance measures for children with autism are also not perfect, and policies for autistic child caregivers have not been introduced.

In view of the current situation, social workers can help autistic children to recover and educate themselves by vigorously advocating the government to formulate relevant standards and subsidies to ease the economic pressure of caregivers. At the same time, it advocates the development of more autism professionals and the development of supporting autism rehabilitation learning centers, autism child care centers, caretakers respite service centers, to ensure that autistic children and their caregivers can get better help In order to ease the caregivers' pressure for care.

3.2 Make Links to Resources

Social workers often contact government departments, enterprises and institutions, social organizations (including foundations), and community members to help them raise the resources they need in order to help them effectively. Social workers connect these resources effectively with the clients. Help the client meet their needs. The ability of social work to link resources is an effective way to help caregivers better access certain required resources.

First of all, of all these existing resources, not all children with autism who meet the criteria have access to these subsidies and facilities. Therefore, social workers can link existing resources to caregivers and assist the caregiver who meets the conditions to apply for subsidies and the use of ancillary facilities, which can relieve some of the pressure on the caregiver.

Second, social workers can also link some of the resources they need to informal wheezing services (such as linking more learning opportunities for the caregiver team, linking professional team building services, linking other caretaker groups, etc.), To help informal wheezing services to provide better and more effective support for caregivers, and to help social workers help themselves. Finally, the provision of an official respite service for social work and multi-professional cooperation is based on the combination of a respite service agency, a professional social worker, a psychological counselor, an autism care specialist, and a nursing staff to help the caregiver relieve themselves. pressure. Among them, social workers can help caregivers link all kinds of different formal resources they need (such as: autism education resources, rehabilitation treatment resources, etc.), and coordinate communication and cooperation within professional teams and other professional resources, to better meet the diverse needs of caregivers.

3.3 Use of Multi-Disciplinary Techniques

Social workers have their own unique three major methods of work. Social workers can assess and understand the needs of different caregivers and use the professional methods of appropriate caregivers to help them develop individualized, practically-required service plans for wheezing. In order to achieve the purpose of helping him obtain a better breathing service. For example, social workers can help the caregiver adopt individual case service to relieve his/her own psychological pressure. They can also help the caregiver to live in a better family support environment by improving family relationships and husband and wife relationships. Social workers can also help caregivers form self-help groups, take advantage of the group, communicate and share experiences within the group, and provide caregivers with the opportunity to expand social interaction and receive peer support.

In addition, social workers can also conduct advocacy and advocacy in the community, so that more people pay attention to autistic children and caregivers. At the same time, volunteers and small teams of autism professionals can also be established in the community to help caregivers temporarily hold children temporarily, as well as provide training on autism knowledge skills and enrich the knowledge and skills of autistic child caregivers. , so that they can get a better chance to develop self-social communication and relieve their own fatigue. They can also better take care of children with autism and reduce their anxiety and stress.

Acknowledgements

Yangtze University's 2016 Young People's Fund Fundraising Project "Research on Social Power Participation in Minor Social Protection Service System".

References

- [1] Dyches, Tina Taylor Christensen, Ruthann Harper, James M. Mandelco, Barbara Roper, Susanne Olsen. (2016). Respite care for single mothers of children with autism spectrum disorders. *Journal of Autism and Developmental Disorders* , 46(3), 812-813.
- [2] Harper, Amber; Dyches, Tina Taylor; Harper, James; Roper, Susanne Olsen; South, Mikle.(2013).Respite Care, Marital Quality, and Stress in Parents of Children with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders*, 43(11), 2604-2616
- [3] Huang, Chien-Yu Yen, Hsui-Chen Tseng, Mei-Hui Tung, Li-Chen Chen, Ying-Dar Chen, Kuan-Lin.(2014). Impacts of autistic behaviors, emotional and behavioral problems on parenting stress in caregivers of children with autism. *Journal of Autism and Developmental Disorders*, 44(6), 1383-1391.
- [4] Murphy, Corinne M. & Verden, Claire E. (2013).Supporting Families of Individuals WithAutism Spectrum Disorders: Developing a University-Based Respite Care Program. *Journal of positive behavior interventions* , 15(1), 16-25.
- [5] Reed, Phil.& Osborne, Lisa A.(2013). The role of parenting stress in discrepancies between parent and teacher ratings of behavior problems in young children with autism spectrum disorder. *Journal of Autism and Developmental Disorders*,43(2), 471-478.
- [6] Robertson, J., Hatton, C., Wells, E., Collins, M., Langer, S., Welch,V., et al. (2011). The impacts of short break provision on families with a disabled child: An international literature review. *Health and Social Care in the Community*, 19, 337-371.
- [7] Searing, Billie Margaret Jean., Graham, Fiona., Grainger, Rebecca. (2015). Support Needs of Families Living with Children with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*,45(11), 3693-3703.
- [8] Zaidman-Zait, Anat., Mirenda, Pat. , Duku, Eric., Georgiades, Stelios., Bennett,Teresa., Thompson, Ann., et al. (2017). Impact of personal and social resources on parenting stress in mothers of children with autism spectrum disorder. *Autism* , 21 (2), 155-166.
- [9] Guo Dehua., Deng Xueyi., Zhao Qi.,Wen Hong., Huang Jingjing.(2014). Autism parents needs analysis and countermeasures. *Research on people with disabilities* , 2 , 43-48.
- [10]Li Zonghua. & Xu Yongxia .(2009). Study on stress of parents of autistic children in rehabilitation education and its responses: Based on the view of caregivers. *Journal of Shandong Education Institute*, 5, 1-4.
- [11]Wu Ming.(2010). Relationship between social support and anxiety of parents of autistic children. *Journal of Gannan Normal University*, 2, 100-102.
- [12]Zhao Xinzhu. (2012). Summary of studies on social Support of autism patients and their families in China. *Social psychology*, 27(9), 142—146.
- [13]Zhao Yang., Yv Xiaoyv., Liu Qingjie., Zhu Zejun., Xue Ling., Yuan Jie. (2016). Relationship between social support, coping style and depression in parents of autistic children in Tangshan City. *Journal of North China University of Technology (Medical Science)*, 19(2), 140--143.
- [14]Ling Yu.,Xie Lichun., Chen Huoxing., (2016). Research on social support needs and status of autistic children's parents. *Chinese Journal of Family Planning*, 24 (1), 24--27.
- [15]Zhu Yuting.,Lu Shan.,Zhou Yunyun.,Cao Mengxi.(2013). Parental Stress and Anxiety and Depressionof Parents of Autistic Children: A Comparison of Inclusive Education and Special Education Institutions. *Journal of Capital Normal University(Natural Science Edition)*, 34 (4), 45-48.