

Families of Children with Disabilities: The Role of the Social Minister

Tsiavea Foteini

PhD Student

Ternopil Volodymyr Hnatiuk National Pedagogical University, Ukraine

ABSTRACT

Parents who give birth to a child with a disability are faced with a reality that most, perhaps unaware of its existence, experience feelings very different from what they expected and a very different world opens before them. The family, kin and friendly environment of the family is a very important support, that with the help of these individuals the family members will gradually be able to face any difficulties that may arise. But a family does not only interact with members of its relative and friendly environment, the social environment influences and has an impact on each of its members, where through this environment parents experience sometimes acceptance and sometimes rejection. In all the difficulties that are expected to appear both in the communication of the Disability and later, in the management of the emotions that will be experienced by the whole family of the child, the Social Worker plays an important role, as he is present in the evolutionary course of family life.

KEYWORDS: social worker, disability, family.

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I. INTRODUCTION

Families, just like people, vary and therefore react differently to a child's disability. When a baby is diagnosed with a permanent disability, the parental reactions are overly individualistic. Since parents see children as an extension of themselves, the injury they suffer bears the stamp of personal shame and frustration. The balance of the family is seriously disturbed. The way parents of disabled children deal with Disability depends on many factors such as their marital relationship, educational level, social class, personality, the way they perceive disability, ambitions, etc. Parents of children with special needs do not have common characteristics and always the same reactions. The personality, experiences, readiness for difficulties, the type and degree of disability of the child, as well as their economic and social development vary, as do the problems they face and the needs they have (Tsimpidaki, 2005).

Differences in perception are observed even within the same family. Parents of children with disabilities each have a different way of perceiving their child. The father focuses his attention mainly on the future consequences of the disability in the child's life, but also on the adoption by children with disabilities of socially acceptable behaviors, while the mother focuses more on the current situation and current needs of the disabled child (Seligman & Darling, 1997). The difficult emotional state of the parents, the daily and constant care and support of the child or young person, often lead to depression. Usually depression occurs in the mother, who is constantly awake, locked in the house, does not rest, takes care of the whole family.

The parents themselves perceive the birth of their disabled child as the death of the healthy child they were expecting. The frustration of dreaming of raising a healthy child flooded them with feelings of sadness, despair, resignation, depression and guilt for the loss of their child. Generally speaking, parents need to deal with these feelings if the goal is to deal with the new situation in a reasonable and healthy way. Thus, undisturbed, they can put most of their weight into finding the best alternatives for their child's future and identifying those parental responsibilities that ensure his or her well-being. However, such processes take time as well as support and require professional and psychological help, "mourning counseling" and the family to assimilate the pain they feel and to support their feet (Tsiantis, 1995: 97-98).

II. SOCIAL WORK-SOCIAL WORKER

The intervention of the Social Worker, when working with people with disabilities must be done on two levels: the small-level and the long-level. The micro-level concerns the application of social work methods with individuals, families and groups. The goal is the socialization of the person with special needs, his treatment, social integration, reintegration of the person and his professional rehabilitation. In order to respond

to his therapeutic work, the Social Worker needs to have specialized knowledge in clinical social work. At the micro-level he generally applies methods and techniques of counseling and treatments in general, with the individual himself, his family and his immediate social and professional environment. The macro-level concerns the intervention of the Social Worker in the community with the aim of informing, raising awareness, activating the active population to prevent or address social problems. At this level, methods of social work with community, community planning, policy making, social action are applied (Kaparounaki & Plakia, 2007: 36).

III. THE ROLE OF THE SOCIAL WORKER WITH PEOPLE WITH DISABILITIES

The Social Worker exercises Social Work, at a supportive-counseling-therapeutic level. The Social Worker through the supportive therapy aims at the emotional discharge of the client and at the understanding and processing of these emotions. The recognition that there is a disability, its interpretation and explanation, is necessary in order to deal realistically with it, and its effects on the daily life of the individual. The patient's psychosocial care can strengthen his inner strengths and help him deal with his problems more effectively. Traditionally, the Social Worker communicates with the incoming person and his / her relatives (if any). The Social Worker approaches and helps the individual and his environment through dialogue, with interventions to strengthen self-esteem and general psychosocial support. In general, it treats the individual as a biopsychosocial entity in the light of the holistic approach.

It also collects social history data about the individual and his family, which will be used in medical work for his treatment. Also, responsibilities of the Social Worker are presented as follows:

The adjustment of the individual in the Day Care Center, in Associations, Companies, Associations, etc. The role of the social worker is related both to the preparation of the individual to join and adapt to the respective context and to accept a treatment program.

It seeks to reduce the stress of the person with a disability, the regulation of his emotions in general. Anxiety about personal problems can cause a person to delay or refuse treatment or slow down any progress in recovery.

Provides emotional support, which is considered extremely necessary for the subsequent course and possible treatment of the person with Disability.

Orients these people to the competent services, the most suitable for the nature of his Disability.

Takes care of the acceptance of the new data of his health. Informs and encourages the individual to use the services of the community to meet a range of needs.

Takes care of securing his rights. People with disabilities are entitled to every effort to secure their rights, with absolute respect and responsibility for their confidentiality and private environment. Right to information (information about diagnosis-treatment-prospect). Absolute respect for the uniqueness of the individual (personalized care, confidentiality). The interest of the individual and his refusal to be the subject of experiments. Respect for his private life and dignity, as well as equal treatment (regardless of economic and social status, religious and political beliefs). His correct and systematic cooperation with the rest of the interdisciplinary team (psychologist, psychiatrist, special pedagogue, occupational therapist, speech therapist, supervisors and other members of the administration) for the most positive outcome of the expected result.

Finally, it is worth mentioning the fact that the role of the social worker is multifaceted, shaped and modified according to his work context, the type of disability that the client is faced with and the capabilities of the individual.

IV. THE ROLE OF THE SOCIAL WORKER WITH THE FAMILY OF PEOPLE WITH SPECIAL NEEDS

The social worker is one of the professionals with whom the family of a child with special needs can work, in order to achieve the emotional discharge of the family, the acceptance of the new member, the information about the specialties with which the family can cooperate for the smooth development of the child, its activation as well as the mobilization of the family for any abhorrence of society. It can help the family both during the first Disability Awareness period and as the child gets older. The interventions of the Social Work within the personal social services aim at the satisfactory adaptation of the person with Special Needs both in the family (acceptance of his condition and support of the qualified to use the skills he has and the services provided for education, training, care etc.) as well as in society with its integration in the friendly and social environment (Kallinikaki, 1998: 187).

Parents of children with special needs need, from the very first moment after the birth of their child, psychological support and counseling, to "see" the problem objectively, to accept their child as he is with the problem and its difficulties, be properly prepared to properly exercise their role as parents of a child with disabilities.

Early intervention depends on how the problem is perceived, experienced and processed by the parents. The lives of children are decisively influenced by the sensitivity, attitude, knowledge and general personality of

parents and their families (Bouskalia, 1993: 37). Moreover, the attitude of the mother has a greater influence on whether the child with special needs will be accepted or rejected by the family (Bouskalia, 1993: 97).

It is widely known that special importance is attached today to the auxiliary pedagogical and therapeutic role of parents, when in fact it is played under adverse psycho-social conditions and sometimes in a strained context, such as that formed in the family of a mentally retarded child. However, there are cases of families who are unable, for various reasons, to fulfill this important role.

Many experts conclude that in order to properly assess, understand and interpret the life, needs and problems of families, a multidimensional approach must be adopted. The needs of parents and families should be considered, taking into account both the sensitivity of the family and the ways in which it copes with its problems, such as health, possible disruption of marital relationships, difficulties and problems of other children of the family. The attitude of parents towards the person with a disability, as well as the quality of the therapeutic, social and psychoeducational services provided by the specialists, should also be investigated.

The contribution of the Social Worker to the above is of utmost importance and his role in the family of the child with a disability is multidimensional. Initially, the assessment of family needs should aim at identifying the recent needs of a family in a particular period. It should be individualized, recognizing the fact that each family has its own needs which are time-determined (recognizing the fact that needs change over time). A thorough assessment should focus on both the resources and the needs of the family. It should be family-centered and take into account the needs of each member of the family, as well as the whole family as a system. Education needs and family preferences should also be taken into account.

The assessment should be the basis for verifying whether additional services and resources could be useful to the family or whether any changes should be introduced during this time period. It should also aim to help the family in order to be able to make the best use of its own informal resources. As the needs of each family change over time, evaluation should be considered as an ongoing process and other assessments should be made periodically. During the evaluation process, the Social Worker will want to help parents and other family members express their needs as they perceive them. At this stage the Social Worker is called upon to encourage the participation, the expression of the feelings and the attitudes of each member of the family. But it might be helpful to add organizational questions to help organize or focus on a particular family member.

The Social Worker has a point of view and specialized knowledge and skills that he / she will want to use in the discussion with the family to help explore and evaluate various alternatives to the needs of the family. He could borrow data from his own observations and assess the needs of that particular family. The professional could help the family to form a broader picture of their needs and a more accurate understanding of how these needs could be met, especially if the social worker is aware of the following issues:

- for the provision of services at local and national level
- what types of services and interventions are particularly beneficial for certain types of families and personalities
- for the total resources and capabilities of the family
- about the possible dangers and weaknesses faced by the family.

More analytically, it is necessary to inform the social worker about the types of services, data that can prove to be particularly useful in certain categories of families and personal circumstances. Based on this information, the social worker will be able to suggest a service or form of assistance that he or she considers particularly useful for the particular child or family. He may also formulate an opinion on which of the services provided proved to be effective for this child and the family and may want to share this appreciation with the family or use it as a compass of his own intervention. It can also guide them to an active or effective use of their potential and help them gain confidence in their own strengths and resources.

It must also take into account risk factors that predict very high levels of stress and a characteristically poor quality of life of parents that can make the family vulnerable to stress. Parents may wake up to aspects of their lives that they did not realize were stressful - this awareness can lead them to a more accurate assessment of their life circumstances. In addition, counseling is a tool used by the Social Worker to modify a situation that is unpleasant to the individual and to bring about the desired result. In the context of counseling, parents learn to choose the behaviors they need towards their child, to distinguish the problematic behaviors due to deficiencies, such as difficulties in self-care, language difficulties, etc., and behavioral deviations, such as sudden outbursts, outbursts of anger, laughter, etc. They learn to choose the methods and means of treatment. They learn to help, when needed and as long as their help is needed. They learn to provide the right reinforcements and to divide the learning of complex behaviors into small steps (Kyriotakis, 1995: 163).

V. CONCLUSIONS

Diagnosing a child with a disability is sometimes a shock to parents and can sometimes be a relief because an answer has finally been given to the "strange behavior" of the baby or child. A common feature in both cases is feelings of sadness, denial, anger, etc. In the various services that parents can turn to both to meet

the needs of their children but also to help themselves for their own needs, there are specialists properly trained and experienced who will become their helpers and supporters. One of these specialists is the social worker, who does everything possible to help in the various difficulties of everyday life, in family relationships, in contacts with the kin-social environment. Important responsibilities he can take on are unloading emotions, alternatives and new goals. The social worker must respect the diversity of each child with special needs and his parents, be equipped with patience and perseverance and be able to build, with them a professional relationship based on understanding and trust in order to achieve the best strong result for the family

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