

SOCIAL WORK SERVICES FOR AUTISM CHILDREN IN VIETNAM: STATUS QUO AND CHALLENGES

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Anh Phuong NGUYEN (1) Lan Thi Thai NGUYEN (2)

(1) PhD student, VNU University of Social Sciences and Humanities, Hanoi, Vietnam; E-mail: phuonganh5115@gmail.com

(2) PhD, Faculty of Sociology, VNU University of Social Sciences and Humanities, Hanoi, Vietnam; E-mail: lanctxh@ussh.edu.vn

Address correspondence to: Lan Thi Thai NGUYEN, VNU University of Social Sciences and Humanity; E-mail: lanctxh@ussh.edu.vn

Abstract

Objectives. The study was designed to explore the current State of social service provision for Autistic Spectrum Disorder (ASD) children and their families, analyze the existing problems in the process of providing services to children and their families from the perspective of facility managers and service providers. The research results serve as a basis for reviewing and providing recommendations to promote the effectiveness of social work services in this field.

Material and methods. This study applied both qualitative and quantitative data collection methods. It employed the quantitative method with surveying of 133 front line social service providers from 15 public and private institutions, and qualitative with desk review and 30 in-depth interviews. Participants were voluntary participating in the study with informed consent.

Results. Vietnamese children with ASD and their families have faced many problems and risks, including the lack of opportunities and resources to access support and care services. However, social work services for children with ASD and their families in Vietnam were under-developed compared to special education field and faced many limitations, including a shortage of in-depth intervention and outreach programs, inequality of supportive policies between the public and private service providers.

Conclusions. Developing a holistic social work support services to meet the ADS children and families is key to address their current problems and contributing to improving the parents'/ caregivers' care and education for children with ASD. In addition, the Government plays an essential role in issuing guaranteed policies and social security programs.

Keywords: children with autism spectrum disorders, families, social work services, service providers.

Introduction

Autism spectrum disorder (ASD) is considered a prevalent syndrome worldwide. The Centers for Disease Control and Prevention United States (CDC) announced that its rapid changes in prevalence from 1/150 in 2000 to 1/44 in 2018 (CDC, 2022). In Vietnam, ASD has only been known for more than ten years, but it has quickly become a significant problem for parents of

children with ASD, thus gaining increasing response from society. According to the General Statistics Office (GSO), Vietnam currently has about 6.2 million people with disabilities aged two years and older (accounting for about 6.5% of the population); including nearly 1 million cases of autistic disorders, with the rate of children with autism estimated to be 1% of children born (GSO, 2018). Other studies in Vietnam highlight problems that parents of children with ASD are facing. T. M. L. Nguyễn (2013) points out difficulties, such as difficulties in accessing medical care, including health care, examination and treatment for their children; difficulties in educating children; difficulties in facilitating children to play and communicate with normal children; difficulties in economic life and difficulties in relationships. Having similar views, (T. H. Y. Nguyễn, 2015) also pointed out those parents of children with ASD face economic burdens and psychological difficulties, such as a lack of knowledge related to autism, lack of skills to take care of them, difficulties accessing social services, and finding the right environment and form of learning for children with ASD.

In recent years, the Vietnamese Government and related stakeholders have been making efforts to support people with mental health illness by issuing many documents. On 25 November 2020, the Prime Minister signed the approval of program No. 1929/QĐ-TTĐ on "Social assistance and rehabilitation program for the mentally ill, autistic children and people with mental disorders based on the community in the period of 2021 – 2030". This Decision is a crucial legal guidance for the implementation of supportive programs for people with mental illness, including children with ASD. It aims to: i) mobilize the participation of society, especially families, and the community in enhancing material, spiritual, care and rehabilitation assistance for mentally ill people, autistic children and people with mental disorders to integrate into the community and stabilize their lives; and ii) conduct screening, detecting and supporting interventions and prevention for people with mental disorders, especially for children with severe mental illness, contributing to ensuring social security and improving the quality of social assistance services for people with mental illness and mental disorders. Notably, the document also mentioned solutions on the development of support facilities, with improving the quality of staff being the foundation for the development of ASD child support services in general and social services to support ASD children and families in particular. However, the questions are: how and to what extent is the current situation of providing social work services supporting ASD children and their families? What problems are present in the process of service delivery? Therefore, it highlights the urgent need to conduct further research to answer these questions. This study is designed to provide information on the current state of social service provision for ASD children and their families, and analyze the existing problems in the process of providing services to children and their families from the perspective of facility managers and service providers.

Literature review

Social work, with the implementation of its functions: prevention, intervention, support, and development, has performed different roles in the field of ASD by providing social work services to ASD children and their families. A number of studies worldwide, especially in developed countries, such as the US, Australia, and Canada, have been conducted on different roles of the social work profession in providing services for ASD children and their families. Dymond, Gilson, & Myran, (2007)'s study assessed the level of responsiveness and quality of services for ASD children and their families. The study documented the needs of ASD children and their families, including the need for therapeutic intervention services (medical, special

education), development services (special education, social work), and prevention and support services (health, social work). The study also suggested different areas that needed to be evaluated to consider the availability of services for ASD children and their families. Based on that information, it provided measures to limit the existing weaknesses and improve service effectiveness (Dymond, Gilson, & Myran, 2007). These suggested areas emphasized firstly on improving the quality, quantity, accessibility, and availability of services; secondly it focused on educating and training individuals to work effectively with ASD children; thirdly it advocated for an increase in funding for services; and finally, it recommended developing appropriate school placements and educational programs for ASD children. Hoagwood, Burns, Kiser, Ringeisen, and Schoenwald (2001)'s evidence-based research on social services for mental illness children, including children with ASD, also showed that comprehensive services, such as health care, essential services, psychological services and intensive social work services, needed to be closely coordinated to bring about the best efficiency in the delivery of services. A research in the United States also found that ASD children and their families had difficulty accessing services, more specifically services usage, accessibility, and lack of care resources. In addition, other factors like ineligibility for care, lack of shared decisions, failure to check in periodically and family effects (employment, finances, employment, and time) contributed to the existing challenge. ASD children's caregivers also experience difficulties in using services, lack of care, inadequate insurance, lack of shared decisions and coordination of care, and thus were adversely affected compared to caregivers of children with other developmental disabilities (Vohra, Madhavan, Sambamoorthi, & Peter, 2013).

Research on services for ASD children to improve social skills for both the children and their parents was discussed on the benefits of solving social interaction problems for ASD children. For example, Duncan and Klinger (2010) showed that ASD children faced many social difficulties when interacting with their peers and adults at school and in the community. Therefore, it was essential to introduce social skills interventions in health facilities, schools, and communities to increase their ability to learn, maintain and develop social skills. This will assist young people to successfully transition to other stages of development, including learning at higher levels, such as at high school and then finding jobs after. In Symon (2005)'s investigation to assess the influence of service providers, an extended model of ASD children's intervention that promoted the parent as their teacher was conducted and produced positive results in improving the child's social behaviors and communication with both parents and others.

In Vietnam, studies have raised the issue of the lack of an unsuitable quality intervention and treatment services for ASD children. Vu, Whittaker, Whittaker, and Rodger (2014) claimed that children with ASD in Vietnam are currently in a shortage of quality and low-cost supportive services. H. T. Nguyễn (2016)'s work on counselling services for ASD children's parents indicated that social workers' counselling skills depend on the following key factors: the personal factors, such as their passion, interest; professional knowledge and practical experience; and activeness at work. At the same time, it confirmed the feasibility of the measures to improve some social worker's specific counselling skills in serving ASD children's families, thus advocating for the use of counselling services for ASD children's families. Moreover, Trần, Welmond, & Trần (2017) conducted a study on the current state of training, standards and requirements for social workers to carry out inclusive education for ASD children. The study provided lessons and recommendations on training and granting a certificate for social workers working at schools, with families and children with ASD in Vietnam. These authors also analyzed the current state of operation of intervention facilities for children with ASD in Vietnam, and the results showed that

a majority of service facilities have inadequacies in ensuring the requirements of providing intervention services (Trần & Võ, 2018).

Material and methods

The study applied a mixed method of qualitative and quantitative. One hundred thirty-three service providers serving children with ASD and families were voluntarily selected to participate in the survey. These employees were specifically selected via a snowball approach by the introduction from managing officers from different service providers in 5 provinces/cities in Vietnam, including Yen Bai, Bac Giang, Bac Ninh, Hanoi and Vinh. There is one mountainous province: one midland and mountainous, one city directly under the province in the delta, one major the political and cultural-center city, and one directly under the coastal province. The centers selected for the survey include two public and 13 private institutions/centres. Among the surveyed participants, 30 service providers were invited to in-depth interviews. In addition, 15 leaders of service providers also joined in in-depth interviews. The data of the survey were processed by SPSS 22 software. Qualitative data from interviews were encoded and aggregated as a Microsoft Word document for thematic analysis. The participants in the study were informed about the research, including its content, objectives and confidentiality of the information and voluntarily agreed to participate.

The 133 research participants were employees who directly provide services for children and families with a wide range of working experience: from 1 year to 7 years (71.4%); 1 year (21.1%), over seven years was 7.5%. Of which, 12.8% was male and 87.2% female. The primary age of the group is from 20 to 40 years old (95.5%).

Results

Current situation of social work services for children with ASD and their families

Type of social work service

This study focused on three groups of services for ASD children, including primary intervention, intensive intervention, and inclusion and development. Two services for ASD children's families were prevention and intensive. The data collected from 133 service providers showed that the level of service participation from the grassroots staff for each type of service varies. Table 1 reveals that the level of implementation of three services for ASD children was quite often, with the mean within the sale of 3 to close to 4 out of 5 (1 was not performed and 5 was regularly performed). The initial care service group had a very high percentage of staff performance: 91% for preliminary assessment services, 85% for preparatory services and 78.9% for diagnostic services.

Similarly, the intensive intervention services also recorded a pretty high rate of performance, respectively RDI (Relationship Development Intervention)- 77.4%, ABA (Applied Behavioral Analysis) - 95.5%, TEACCH (Treatment and Education of Autistic and Related Communication Handicapped Children)- 79%, and PECS (Picture Exchange Communication System)-80.5%. However, in the development of inclusive service groups, the level of performance was less. Vocational career support and building community-based support were at the mean of fewer than 3 points (2.73 and 2.98, respectively). For vocational support

services, up to 46.7% of employees answered that they did not perform or rarely perform. Community support network services was also recorded that 32.3% of employees did not perform or rarely performed.

Table 1

Level of service performance for ASD children

| Types of services | Mean | Deviation |
|---|------|-----------|
| Primary intervention services for children with ASD | | |
| Preliminary assessment | 3.81 | 1.067 |
| Screening | 3.70 | 1.121 |
| Diagnose | 3.60 | 1.392 |
| Intensive services for children with ASD | | |
| RDI (Relationship Development Intervention) | 3.20 | 1.357 |
| ABA (Applied Behavioral Analysis) | 3.84 | 0.912 |
| TEACCH (Treatment and Education of Autistic and Related Communication Handicapped Children) | 3.29 | 1.288 |
| PECS (Picture Exchange Communication System) | 3.30 | 1.237 |
| Inclusion and development services for children with ASD | | |
| Supporting inclusive education at schools | 3.62 | 1.035 |
| Vocational career support | 2.73 | 1.315 |
| Build a community-based support network | 2.98 | 1.357 |

In-depth interviews demonstrated in more detail the roles and duties of service providers. They focused on the intervention process, from making a diagnosis to treatment. One said:

My main job is to diagnose and assess the child's disease level and make interventions for the child. The center needs to develop more in this field for career guidance activities, mainly behavioral interventions for children. Implementing vocational orientations for these children is also challenging since teaching them how to communicate is already very difficult; vocational orientation is only possible for some children (In8, female, 26 years old, service providers, private center).

Another participant stressed her task in helping children in their integration process at school and also raised the challenge of fulfilling her job:

My primary task is to develop intervention plans and implement individual interventions for children. Besides, I will support and facilitate integration for children so that they can integrate into the school. These are activities that meet the needs of children and help to solve urgent problems of children. Currently, building a network in the community for this group of children is very necessary, but there are few favorable conditions to be able to do it. This needs a lot of different factors, of which the coordination between the grassroots and the current organizations, authorities and communities needs to be paid more attention. As far as I know, the center does not receive support to carry out these activities. (In16, male, 35 years old, service providers, private center)

Research results have shown that services provided to ASD children's families in the prevention group were relatively well provided, with a mean point around 3.5/5 (Table 2). An insignificant percentage of non-performance was found, ranging from 0% to 3%. For the intensive service, the level of performance was less, particularly with two services (advocacy and referrals) that gained only less than 3 mean points and the per cent of non-performance or rarely performed among study participants was close to 4 out of ten service providers (36.9% and 39.1% respectively).

Table 2

Level of service performance for ASD children's families

| Types of services | Mean | Deviation |
|--|-------------|------------------|
| Prevention services for families | | |
| Propaganda and communication with families | 3.56 | 0.988 |
| Propagating and communicating with the community | 3.41 | 1.081 |
| Propaganda and communication with the school | 3.46 | 1.125 |
| Family-intensive service | | |
| Resource Mobilizing and coordinating | 3.14 | 1.236 |
| Making referrals | 2.95 | 1.242 |
| Advocacy | 2.88 | 1.237 |
| Counselling, psychological stress relief | 3.28 | 1.251 |
| Policy advisory | 3.21 | 1.129 |
| Education, provision of childcare knowledge | 3.71 | 1.086 |

Studied participants also shared their essential job in supporting ASD children's families. A representative from a private institution stated:

I also regularly support parents by equipping them with knowledge and skills to help their children at home through counselling and education. These activities are considered our primary services because it meets the needs of ASD children and their parents. The parents are concerned about the outcome of the child's intervention. Nonetheless, most of their parents are very busy. When they are consulted that their involvement in supporting their children contributes to the success of the intervention, they are also a participant. However, our staff has to support a lot because the parents' knowledge and skills to care for the child as well as support the child is limited. (In15, female, 26 years old, service providers, private centre)

One participant stressed the importance of providing more detailed guidance for ASD parents, mainly when the family struggled.

For families, I often counsel families of children with ASD, discussing more the signs, manifestations, and child characteristics so that the family can have a better understanding of the situation. In addition, during the intervention, I regularly communicate with the family about the child's status and progress. It is also vital to promptly support the family if there are difficulties in incorporating homeschooling. The pressures and stresses parents face are also consulted to find ways to overcome them. (In13, female, 30 years old, manager, private center)

Staff from the center also acknowledged the current weaknesses in providing services at their center:

Currently, at the centre, many services are not feasible. Hence, they are not highly effective, and the frequency of provision to families could be higher. For example, for the advocacy and referral service, I rarely perform because the coordination structure to provide these services locally at the center and in collaboration with the relevant organizations could be more precise. I think no network helps to implement these services effectively. (In2, female, 27 years old, service providers, private centre)

In short, the study results shows that social work services are currently provided at both public and private social support facilities at different levels. The primary intervention services, intensive interventions and inclusion support at schools for children with ASD are conducted more regularly. In contrast, vocational support and community network building still have low participation levels with a low rate of service providers' performance. For ASD children's families, services related to communication, education, and counselling are well provided with high performance from the service providers. Other services, such as advocacy, referral and resource mobilization and coordination, have yet to be implemented regularly due to a lack of coordination.

How services to children with ASD and their families are delivered

The study also explored how the social support facilities provided social work services. The results showed that these services were delivered at the facilities as well as at ASD children's homes. In the social support facilities, three types of service provision were provided: by the hour, semi-boarding and boarding. At home, services were delivered by the hour and full day. However, a majority of the service providers were involved in providing full-time services at the facilities. Table 3 demonstrated that among 15 studied social support facilities, 15 out of 15 provided services for ASD children at their centres, while outreach service delivery was minimal. Only five institutions provided boarding services; 3 with hour-based services and none with full-day services at home.

Table 3*Methods of services provided at social support facilities*

| Social work services for children with ASD and their families | No of institutions providing services |
|--|--|
| On-site service delivery (Hourly) | 15/15 |
| On-site service delivery (Half-board) | 15/15 |
| On-site service delivery (Boarding) | 5/15 |
| Providing services at home (Hourly) | 3/15 |
| Providing services at home (All day) | 0/15 |

The study has tried to examine the reason behind this statistic through in-depth interviews. Many participants responded that the parents and the children prefer to have services at institutions where the children could receive intervention and therapy services. Besides that, children also benefited from attending preschool or primary school. A leader from a social support institution explained further:

Currently, the most popular service attracts many children to participate in daycare services at the institution. The institution provides scheduled services like in other kindergarten or primary schools. Children are sent to the institution in the morning from 7:00-8:30, and the family will pick them up in the afternoon at 4:00-5.30. Children will eat and have a nap at the institution, participating in individual and group interventions. Furthermore, they will have fun activities with friends and participate in other activities suitable to the child's condition. This helps children improve their condition as well as reduce family anxiety because they are not in school or have no caregivers. (In7, female, 40 years old, director, private centre)

Another participant agreed that having on-site services at the institution was more convenient and relieved the parents' stress on how to adequately care for their children.

The fact that children come to use the services at the institution not only meets the needs of children for intervention and integration with their peers but also to meet the needs of their parents. For them, sending children to the institution reduces psychological pressure. Furthermore, they feel comforted that their children are still in school. Many families hope their child's attendance will improve the current situation. (In6, female, 43 years old, director, private centre)

Hour-based services were usually chosen by children receiving inclusive learning, who would only come to the institution to participate in individual intervention hours after their schooling. Each session for intervention lasted from 1 hour to 1 hour and a half, depending on the services available and what services will be suitable for the child's condition. Sharing about the situation of providing hourly services, a center leader said:

Currently, there are quite a few parents who choose hourly services for their children. This service is mainly provided to children with mild illness and those who still attend preschool or primary school. Therefore, the hourly service schedule is usually flexible and usually from 5 pm

to 9 pm. Therefore, it is also convenient to arrange for staff to provide services because, at this time, most of the children who use on-site or daycare services have returned home. This also contributes to increasing the income of the center's staff. (In9, male, 31 years old, vice director, private centre)

In addition, 5/out of 15 facilities (two public and three private) provided boarding services. Children were sent to the center from Monday to Saturday. The two public centers were under the social protection system, so they strictly followed the assigned functions and tasks that provide nurturing and caring functions for social protection groups. For the private facilities, despite not under the same mandate as the public ones, they provided boarding services in order to meet the ASD children and their family's needs. A leader from one of the three centers explained:

Some families have decided to send their children to boarding services at the center because the families do not have a caregiver for the child. Particularly with their difficulty living in mountainous areas, such as the distance from the kindergarten to the institution being quite far, transportation being difficult, and the parents being busy working to earn money to take care of the child. In addition, these parents do not have the knowledge and skills to take care of their children. (In4, female, 34 years old, director, private centre)

Moreover, another facility leader added that 50 km from home to the institution was a big challenge for the family to enjoy daycare services. Even though his staff knew that it was essential to have parents' participation in supporting their ASD children, with the family condition, they had no better choice than sending their children to the institution in the boarding program. Some explained that with families in difficulty, they were afraid that if the children were not in the boarding program, their interventions were at a high risk of being interrupted or ended.

For services provided at home, representatives from the study center shared that they have had many difficulties implementing these outreach programs. They mentioned many barriers, such as the shortage of personnel, work efficiency, work supervision and evaluation and long travel distance, that they could not make the services available. A public facility leader said:

Currently, we do not provide services for ASD children at home because we do not have adequate service providers, and some do not have much experience. Providing services at home requires more time to prepare human resources and other factors to ensure efficiency and service supervision and evaluation. (In8, male, 50 years old, director, public center)

This is added by another leader from a private center:

The current demand for home services is evident, but our capacity cannot meet it. There are many reasons. First, the families who want to use home services are usually far away from the institution. Therefore, travelling is a problem that needs more time and cost. Secondly, most families do not have the proper facilities for intervention, so it is also difficult for employees to support their children at home.

Moreover, the workforce in our institution is limited. Hypothetically, one staff can provide services to 5-7 children a day at the institution, but if he or she has to go to the family, this number is reduced to only 2-3 children per day, so that lower the performance efficiency. (In6, female, 43 years old, director, private centre)

The issue of monitoring and controlling the service delivery process also was identified as another difficulty for home-based services. Many leaders shared their concern about keeping the quality of their services while providing services for ASD children at home. This was admitted by a service provider with some experience providing services at home.

I provide services for children at home, but sometimes problems arise. For example, I had already booked a specific time for the child, but when I came to their home, the child needed more

time to be ready for intervention. That has created a problem for me as I need to keep the quality of the services, and if I have to stay longer than my schedule for adequate treatment time, I will be late for other activities. Moreover, travel is also problematic because the time spent on the road is also long, making me tired. And, of course, that can also affect my services with the children. (In27, female, 29 years old, service providers, private center)

Thus, participants prefer to provide services at their institutions because they can serve a higher number of children. Moreover, it also meets the needs of the children and their families. It also brings economical efficiency when saving family costs and service providers' time. Also, institutions can control the quality of service.

Service rates and facilities

Expenditure for ASD treatment is a significant concern for parents and institutions. The study results showed a wide range of fee depending on the location (whether in the city or rural area or a public or a private institution). There was a vast difference in service charges between regions. This study was conducted in 5 cities in 3 different geographical regions, namely the Northern Midlands and Mountains (Yen Bai, Bac Giang), the Red River Delta (Hanoi, Bac Ninh), and the North Central Coast and the Central Coast (Vinh). In addition, the research also revealed that service fees were higher compared to per capita income in Vietnam. (Table 4)

Table 4

Service rates by the region

| Geography region | Per capita income in 2021 (monthly) VND | Charge rate in 2021 (by the hour) VND | Fees for one autistic child at the centre (monthly) | |
|--|--|--|---|---------------------|
| | | | Semi-boarding | Boarding |
| | | | VND | VND |
| Northern Midlands and Mountains (Yen Bai, Bac Giang) | 2,837,000 | 100,000 -120,000 | 2,500,000-4,000,000 | 6,000,000-7,000,000 |
| Red River Delta (Hanoi, Bac Ninh) | 5,026,000 | 200,000- 250,000 | 6,000,000-10,000,000 | No service provided |
| North Central Coast and the Central Coast (Vinh) | 3,493,000 | 120,000 -150,000 | 4,000,000-7,000,000 | No service provided |

It can be seen that there is a unfavorable ratio between the level of income per capita compared to the cost of services provided. Service charges are high in geographical areas with

high per capita income and vice versa. There is a considerable difference between the hourly and monthly rates between the three studied regions. According to the announcement of the General Statistics of Vietnam in 2021, the per capita monthly income of the whole country is 4,205,000 VND. In the three geographical areas where the research was conducted, the level of income is recorded to be in the highest level in the country. The Red River Delta region is 1.8 times higher than the lowest income level in the Northern Midlands and Mountains (GSO, 2022). This presents a significant difficulty for both the service providers as well as the service users. For service providers, the high fee would make the service difficult to reach out to many children as it can be challenging to attract children to use the service at the institutions. For children and their families, a high fee compared to the family's income would prevent the child from using the service, or completing the whole course of the treatment.

A private social support institution leader shared his organization's challenge in keeping reasonable fee.

The center operates entirely on revenues from children's tuition fees and hourly intervention service fees. We have no funding from the State. Therefore, payments must cover expenses from renting a venue, investing in facilities, learning materials, and learning tools to paying salaries for staff. If the wage is low, keeping the employees is challenging because this job's pressure is tremendous. (In3, female, 33 years old, director, private centre)

Another leader explained why they could not reduce the fee:

Currently, our rented venue locates in the city center, densely populated, and convenient for children to travel. However, the cost for us to maintain our services is relatively high. In addition, there are many things to invest in to ensure the provision of services and learning for children. Therefore, compared to other preschools' tuition fees, the center's tuition fee must be higher. (In9, male, 31 years old, vice director, private center)

The infrastructure and facilities also plays an essential role in providing quality services for ASD children. Intervention and service provision for autistic children requires a long and continuous timeframe, so meeting the facility's criteria is crucial. This lack of facilities will affect service delivery for the children and their families. However, the research demonstrated that the infrastructure of the studied institutions has not fully met the needs of children with ASD. There are noticeable differences between public and private institutions. For example, public institutions own large land areas; therefore, they could provide outdoor playing spaces for children. However, they have a limitation regarding adequate treatment and rehabilitation facilities. In contrast, private institutions have an advantage in having adequate facilities to meet the needs of care and education and provide different services for the children and their families. Yet, they have to rent the venue, so the area is often narrower. They have to make full use of the space to arrange the function rooms: classrooms, intervention rooms, and counselling rooms, therefore having less available space for outdoor and playing activities.

Discussions

The research has showed that social work services for children with ASD and their families in Vietnam had not developed much compared to other special education. This is consistent with previous research indicating that social workers need to be more involved in research, practice, education and advocacy to support individuals with ASD and their families (Bishop, Dababnah, Baker-Ericzén, Smith, & Magaña, 2018). Keegan (2016) firmly claimed that the social work

profession needs to engage and grow stronger in order to have a greater voice in the autistic community and to advocate for the needs of children with ASD's families.

While social work services in supporting children with ASD and their families are still at the level of being integrated and supplementary in the child's therapy and intervention, ASD children's parents mainly choose services for their children based on their understanding, consideration of the needs of the child and family, the availability of services, and the convenience of accessing services. This is mainly due to the need of the child's family to quickly improve the child's condition. They hope that in the hours of intervention therapy, children can adjust and improve. Parents also anticipate that treatment and early intervention can improve both brain and behavior development for ASD children (Jones, Dawson, Kelly, Estes, & Webb, 2017). Despite this, they do not have significant appreciation for the role of social work in supporting ASD children in integration and development services (support for integration at school, support for vocational training, and building a support network in the community) (Dawson et al., 2012). This study provides a clearer picture of the status of providing social work services for children with ASD and their families in Vietnam. Issues and challenges in the professional provision of services, particularly in-depth, as well as the variety, have been pointed out. Career guidance and networking services have yet been developed because of the inadequate capacity of the service providers. Moreover, it is more difficult for private institutions with their limitation in the venue, financial pressure, and lack of personnel to smoothly conduct these supporting activities. As stated by Vu et al. (2014), the network of social support services for children with ASD is poor and cannot meet the needs of the children with ASD and their families.

The study also reveals differences between private and public social work service-providing institutions. Private institutions are more advanced in investing facilities in providing services for children with ASD and their families. However, they have been facing the issues of having a suitable venue and maintaining the financial matter. Nonetheless, to bring long-term benefits to the group of children with ASD, it is also necessary to have supportive policies for private institutions. This helps to promote the private sector to provide quality services and contribute to improving the quality of services for ASD children and their families.

Conclusions

Children with ASD are gaining significant interest in modern society as a social issue that dramatically affects national social security policies. Facilitating the participation of public and non-public forces in the service delivery process will further promote and improve the quality of services for children and families. Each country and territory has different characteristics, and the problems children with ASD and their families faces vary with the location. In addition, family awareness plays a vital role in many interventions for children with ASD (Crowell, Keluskar, & Gorecki, 2019). Intervention and support services are still not meeting the current needs. Parents of children with autism have limited access to services for their children, being exacerbated with their financial issues, (Vu et al., 2014; Ying, Browne, Hutchinson, Cashin, & Binh, 2012). Moreover, the opportunity to access helpful information for parents of children with autism is limited (Vũ & Trần, 2017).

This study showcases the importance of support policies and professional social work services for ASD children and their families, particularly in the context of a low-middle income country in the south. It first advocates more policy support is needed to develop social work services for families and children with ASD. Then, importantly, the government should pay

adequate attention on the development of social work services at both public and private social support centers. Primarily, it requires more social work services to support ASD children's families to raise their awareness and strengthen their capacity. The services provided to children with autism, especially early intervention, are not available to all children for various reasons, including cost, availability of services, parents' awareness and the sociocultural context in which the child lives (Tachibana et al., 2017). Therefore, children and families need support from the Government by providing guaranteed policies and social security programs. Through the existing services, social work will, together with medical, special education and psychology, help to solve problems and difficulties that ASD children and their families are facing towards achieving high goals for the optimal development of children with ASD.

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