

FAMILIES OF CHILDREN WITH SPECIAL EDUCATIONAL NEEDS: PERCEPTIONS OF SOCIAL SUPPORT AND PARENTAL WELL-BEING

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Abstract

Research on social support in families of children with Special Educational Needs (SEN) points its influence in parents' health and well-being as well as in their involvement in the educational and therapeutic process. National and international laws assign parents a central role in assuring children's educational interests. Promoting quality of life and well-being are key areas in educational and therapeutic contexts. The aim of this study is to: i) compare parents of children with and without SEN in social support and parental well-being (life satisfaction) and these variables in parents of children with different problems; ii) understand the relationship between social support and well-being; iii) analyze the effect of sociodemographic variables on social support and parental well-being. This is a non-experimental and cross-correlated study with a non-probabilistic and convenience sample of 152 parents of children with SEN and 149 without SEN. Of the 152 children, 53.9% (n=82) showed Intellectual Disabilities (ID), 24.3% (n=37) Motor Disabilities (MD) and 21.7% (n=33) Autism Spectrum Disorders (ASD). Data were collected in the central region of Portugal. Instruments: Social Support Questionnaire

– short version, Life Satisfaction Scale; and a parental sociodemographic questionnaire. There are significant and positive correlations ($r=0.539$, $p<.001$) between social support and well-being (life satisfaction). Both parent groups have significant differences in well-being and in satisfaction with social support. In the SEN group, parents of children with ASD showed significantly higher values in social support than those with children with ID ($p=.001$) and MD ($p=.004$). A similar trend was observed in life satisfaction scale, but only with the ID group ($p=.005$). The results highlight the relationship between well-being/life satisfaction and social support and the need to invest in social support in SEN children's families. Intervention programs should include ways to support family's adaptation, empowering them to deal with these children giving them special attention. In the ecological/systemic and social support approaches, families are perceived as having skills, resources and needs, and the professionals should be, essentially, promoters, in a (co)constructed and dynamic process between family and technical expert, respecting family's autonomy.

Keywords: *Special education needs, families, well-being, life satisfaction, social support.*

1. Introduction

Research on social support for families of children with Special Educational Needs (SEN), in the context of inclusive education, has noted that it contributes directly and indirectly to several dimensions of parental and family functioning, including adapting to stress, parental well-being and involvement in the educational and therapeutic process (Dunst, 2017, 2021, 2022; Dunst & Trivette, 2010).

Social support can be defined as the set of resources provided to an individual or group by members of their social network. Family and child characteristics, themselves interdependent, partly determine social support and together affect adjustment and behaviour mechanisms in adverse conditions, affecting parental and family functioning and well-being (Dunst, 2017, 2021, 2022; Dunst et al., 2007).

The scientific literature on well-being is consistent in drawing attention to the vastness of this research area. Diener (2009) provides a definition of subjective well-being as an evaluative response of the individual to his/her own life, both in terms of satisfaction (cognitive dimension), and in terms of affectivity (stable emotional element). Thus, subjective well-being includes individual stable levels of positive affectivity, the absence or reduction of negative affectivity and life satisfaction. The affective dimension has two independent factors: positive affectivity and negative affectivity. Positive affect

consists of pleasant feelings and emotions, such as joy, enthusiasm, and happiness, while negative affectivity is reflected in the willingness to experience unpleasant feelings and emotions, such as shame, guilt, sadness, anxiety, and depression (Simões et al., 2000). The cognitive dimension of well-being refers to life satisfaction and involves the discrepancy perceived between aspiration and achievement varying with the degree of perception from totality to deprivation (Diener, 2009).

Within the framework of the inclusive approach, the theories and studies regarding social support and well-being are important because they adopt a positive perspective of parental/family functioning and perceive the potential of the parents' skills in promoting child development. Both Portuguese law (Decree-Law No. 54/2018 of 6 July) and international legislation assign parents a central role in promoting the educational interests of their children as participating decision-makers in the educational process, such that promoting their health and well-being are key areas of the educational and therapeutic intervention.

This study is part of a broader line of research on family of children with SEN functioning (Felizardo, 2010, 2013). The aim of this paper is to analyse social support and parental well-being (life satisfaction) of families with children with intellectual disabilities, motor disorders and autism. The following objectives have been defined: i) to compare parents of children with and without SEN in social support and parental well-being (life satisfaction) and these variables in parents of children with different problems; ii) to understand the relationships between social support and well-being; iii) to analyse the effect of sociodemographic variables on social support and parental well-being

2. Materials and methods

Research questions relating to the exploration of relationships between the study variables contribute to greater knowledge in the field, allowing an improvement in professional practices of those involved in the intervention. This study was designed to be non-experimental and correlational.

The participants were 152 parents of children with SEN and 149 without SEN, in a non-probabilistic and convenience sample. Data were collected in the central region of Portugal, contacting schools as well as institutions which support children and young people with disabilities and their families. With regards to the group of parents of children with SEN, our attention focused on the cases of parents or caregivers of children or young people with permanent SEN supported by the specialist services of Special Education, which in Portugal are covered by specific legislation (Decree-Law No. 3/2008 of 7 January). Of the 152 children, 53.9% (n=82) showed Intellectual Disabilities (ID), 24.3% (n=37) Motor Disabilities (MD) and 21.7% (n=33) Autism Spectrum Disorders (ASD).

The instruments used to collect data were:

i) Life Satisfaction Scale (Neto et al., 1990; Simões, 1992), which evaluates the cognitive dimension of well-being, with $\alpha=0.86$;

ii) The Social Support Questionnaire - SSQ6 (Portuguese version of the Social Support Questionnaire – Short Form; Pinheiro & Ferreira, 2001), which assesses two dimensions of support: the availability or extent of the personal network (SSQN) and overall satisfaction with the support (SSQS), with good levels of fidelity (respectively $\alpha=0.90$ and $\alpha=0.96$);

iii) Parental questionnaires, A and B, to be filled by parents of children with SEN and without SEN, respectively, to collect sociodemographic data (concerning to the child: age, and to parents: age, education, single or biparental family, occupation), and educational institutions attended.

3. Results

Referring to the objectives of this study, we carried out statistical analyses on both parent groups (with and without SEN) regarding social support and well-being (life satisfaction). In availability of support (SSQN), differences are not significant ($t=-1.033$, $p=.30$). However, in satisfaction with support (SSQS), the differences are statistically significant ($t=-6.099$, $p=.000$). Parents of children without special needs had higher results, $M=30.85$ ($SD=4.23$) than parents of children with SEN, $M=26.51$ ($SD=7.6$), meaning that, despite similarly extended network, it is a less satisfactory support form for the several needs of this parents. Regarding the well-being (life satisfaction), both groups showed significant differences ($t=5.736$, $p=.000$) with parents of children without SEN showing higher values ($M=19.36$, $SD=4.09$) than the other group of parents ($M=16.55$; $SD=4.394$).

Analysis of the relationship between perceived social support and the well-being dimension was performed initially using the correlation coefficients between the measures of social support and life satisfaction scale. Thus, we observe that social support in both subscales (availability/SSQ6N), shows significant and positive correlations ($r=0.539$, $p<.001$) with well-being (life satisfaction).

Social support and life satisfaction present statistically different results depending on the type of problem (one-way ANOVA). In Table 1, we can observe the significant differences in the subgroups of parents of children with ID, MD and ASD. From detailed analysis with post-hoc comparison (Scheffé test), we found on the perceived social support, extent of the network (SSQ6N), higher values in parents/caregivers of children with ASD, comparing with ID (p=.001) and MD (p=.004).

The life satisfaction scale follows a similar trend: better results in parents of children with ASD (p= .005) than with ID.

Table 1. Means, standard deviations and ANOVA of the social support measures and life satisfaction as a function of type of issue faced by child with SEN.

Measures	Intellectual Disabilities (ID) (n=82)		Motor Disabilities (MD) (n=37)		Autism Spectrum Disorders (ASD) (n=33)		F	p
	M	SD	M	SD	M	SD		
Social Support Questionnaire (SSQ6)								
SSQ6 Number	13.37	7.92	13.27	6.35	19.51	8.74	8.15	.000
SSQ6 Satisfaction	25.41	8.50	26.62	5.86	29.12	6.41	2.86	.060
	Scheffé Test – SSQ6N - ASD>ID; ASD>MD							
Life Satisfaction	15.74	4.59	16.48	4.37	18.63	3.16	5.40	.005
	Scheffé Test – Life Satisfaction – ASD >ID							

In the sociodemographic variables, the type of family stood out as a differentiator of social support and life satisfaction, with advantage for two-parent families (Table 2). Also in regression analyses, the biparental family has a considerable predictive value in the development of life satisfaction ($\beta=.119$, $p=.036$).

Table 2. Means, standard deviations and t test of the social support measures and life satisfaction as a function of family type (single parent or biparental).

Measures	Biparental (BP) (n=124)		Single parent (SP) (n=27)		t	p
	M	SD	M	SD		
Social Support Questionnaire (SSQ6)						
SSQ6 Number	15.8	8.41	11.1	7.1	2.7	.008
SSQ6 Satisfaction	29.4	5.98	24.7	8.39	3.42	.001
Life Satisfaction	18.49	4.26	14.38	4.13	4.56	.000

4. Discussion

The results highlight the relationship between well-being/life satisfaction and social support, according to the evidence in well-being and health (Diener, 2009; Kovalčíková et al., 2020; Pavot & Diener, 2009). In the social support, the lower results in satisfaction of parents with SEN children, could be due to the range of needs at the emotional and instrumental support level. These results lead us to rethink intervention, particularly the type of support provided which should be more according to the families' needs and resources. This is particularly important considering the responsibilities attributed to the school by legal framework on the inclusion of children with SEN.

The results show congruence with the social support validity studies (Saranson et al., 1983) which found significant negative correlations with anxiety and depression measures and significant positive correlations with variables of psychological well-being, particularly in positive relationships with others, personal development, and satisfaction (Jam et al., 2018; Pavot & Diener, 2009).

We found that parents of children with ASD have significantly higher values in social support (availability of support and satisfaction with support) and life satisfaction. This finding was not expected, due to the frequent specific difficulties of these parents, associated with the communication, social interaction, and behaviour problems of children with autism (Benson & Karloff, 2009; Anjos & Morais, 2021). The explanation may lie in the support from an institution with a specific vocation for this problem, attended by the children/young people, which works closely with parents or caregivers, promoting sharing and support between groups of parents. Additionally, children and their families benefit from specialized monitoring by structured teaching units located in regular schools.

The biparental family can be a form of emotional and affective support, but also instrumental, in sharing educational and childcare tasks. Thus, the values of satisfaction with life seem to be substantially linked to social support and the problems of the family system, which converges with investigations that emphasize the relationships between the dimensions of social support and results in well-being and health (Martínez-Rico et al., 2022).

5. Conclusions

The results highlight the need to invest in social support of SEN children's families. Intervention programmes should include ways to support family's adaptation, empowering them to deal with these children giving them special attention. The measures and actions should include the knowledge of specific children's problems as well as controlling and preventing inappropriate behaviour. This could be developed by counselling or family therapy. However, the support provided by parent groups and promoting positive, but realistic, expectations about children are particularly important, especially in the early stages of adjustment (Gupta & Singhal, 2004; Ragni et al., 2022).

In the ecological/systemic and social support approaches, families are perceived as having skills, resources and needs, and the professionals should be, essentially, promoters. Moreover, solutions to problems must be (co)constructed as a dynamic process between family and technical expert with respect for the family autonomy as the standard.

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