

# Study on the Current Situation and Needs of Family Education and Rehabilitation of Children with Special Needs

Shiyu Zeng, Yaowen Zhang

Ren'ai School, Suzhou Industrial Park, Suzhou, China

## Abstract

To study the degree of commitment to the family education component of the rehabilitation training process for children with special needs, and the degree of parental need for family education and rehabilitation. The parents of 50 children with special needs enrolled in Suzhou Industrial Park Ren'ai College were surveyed through the "Questionnaire on the Needs of Family Education and Rehabilitation" on the status and needs of family education and rehabilitation. Parents of children with special needs have a high acceptance of family education and rehabilitation training, and expect to receive all-around help such as formulating family rehabilitation training plans, online consultation services, on-site counseling, and lectures, etc. Most of the parents of children with special needs are able to arrange one to two hours per day to carry out family rehabilitation training for their children, and the content of rehabilitation focuses on large-scale sports, while the special education schools have no idea about the promotion of family rehabilitation training, and the special education schools have no knowledge about family rehabilitation training. The special education schools have also provided sufficient and comprehensive support for the publicity and education of home-based rehabilitation training. Research and Countermeasures: According to the conclusions of the study, we can give guidance to family education on family education rehabilitation from three aspects: standardizing the process of family education health, formulating family education rehabilitation programs and controlling the quality of rehabilitation.

## Keywords

Children with Special Needs, Family Education Rehabilitation, Rehabilitation Guidance

## 1. Introduction

According to the report of the second sample survey of disabled people in China in 2006, the existing population of disabled people aged 0-14 in China is 3.87 million, accounting for 4.66% [1]. Behind this figure are the challenges faced by millions of families with children with special needs in the process of parenting, education and rehabilitation. The growth and development of children with special needs can never be carried by a single field on its own, but requires close collaboration and deep integration of multiple disciplines such as medicine, education, psychology, and society. It is only through such interdisciplinary cooperation that it is possible to build an all-round support system for children with special needs, maximize their potential and enhance their abilities in all aspects, thus alleviating the impact of the obstacles, and not only enabling children with special needs to better integrate into life, but also reducing to a certain extent the costs and expenses of the family and the society in caring for them.

In this process, the role of family education is particularly prominent. As the primary environment for the growth of children with special needs, the family's affectionate support and humanistic care have an irreplaceable and far-reaching impact on the diagnosis, treatment and even healing of children's illnesses. This influence is not achieved overnight, but rather permeates every aspect of daily life-the patience of parents and the encouragement and guidance of family members can be a powerful motivation for children with special needs to overcome difficulties and make progress.

Nowadays, with the deepening knowledge of education and rehabilitation of children with special needs, more and more special schools have deeply realized the importance of family education and rehabilitation training. Family is the most natural and safe environment for children's development, and it is in the close and intimate care with parents and the continuous interaction with the social environment that children's various developmental functions are gradually perfected [2]. Therefore, when assessing the comprehensive abilities of children with special needs, we should not limit ourselves to observing the development of the child's individual functioning, but should place him/her in the context of his/her family environment for comprehensive consideration. Family atmosphere, parent-child interaction patterns, and parents' educational philosophy are all key factors that must be included when evaluating the child's general abilities in the daily living environment.

As the direct caregivers of their children, parents' attitudes, perceptions and actions play a crucial role in the growth and development of children with special needs. At the same time, various resources and supports in the social environment, such as community services and help from public welfare organizations, will also influence the growth trajectory of the child at different levels. So, against this background, how receptive are parents to educational rehabilitation? What kind of desire do they have for educational rehabilitation in their hearts? These questions are worth exploring in depth.

Based on this, this study conducted a questionnaire survey from September 2024 to June 2025 on 50 parents of children with special needs enrolled in Ren'ai School in Suzhou Industrial Park (SIP), aiming to gain a clearer understanding of the current status quo and needs of educational rehabilitation of families with children with special needs through empirical research.

Educational rehabilitation of children with special needs is a long-term and systematic process, and since children spend most of their time with their parents, the importance of family education and rehabilitation is becoming more and more prominent. From an international perspective, "de-institutionalization" has become an important concept in the field of rehabilitation, emphasizing family-centered rehabilitation. Under the guidance of this concept, it is particularly important for parents to master the basic knowledge and methods of child rehabilitation [3]. This not only allows rehabilitation training to be effectively continued in the family scenario, ensuring the consistency and continuity of rehabilitation, but also enables parents to gain a deeper understanding of their children's needs during the process of participation, so that they can better cooperate with the professional organizations and provide more targeted support for their children.

## 2. Survey Objects and Methods

### 2.1 Survey Instrument

This study uses the self-developed Questionnaire on the Needs of Family Education and Rehabilitation. The questionnaire contains single-choice, multiple-choice and other question types, and surveys parents about their needs in terms of family situation, rehabilitation awareness, time needs, professional support and other aspects.

### 2.2 Survey Objects

The survey object is 50 parents (immediate family members) of children with special needs enrolled in Ren'ai School in Suzhou Industrial Park (SIP). There were 50 valid samples, including 20 parents of children with developmental delays, 16 parents of children with cerebral palsy, and 14 parents of children with other developmental disorders, whose ages ranged from 26 to 75 years old.

### 2.3 Survey Methods and Statistics

The questionnaires were sent directly to the parents (immediate family members) of the children with special needs, one for each household, and filled out anonymously.

### 2.4 Recovery of Questionnaires

A total of 60 questionnaires were distributed, 52 were recovered, and the total number of valid questionnaires was 50, with a validity rate of 96%, meeting the conditions for recovery.

## 3. Survey Results

### 3.1 The Basic Situation of Special Children's Families in this Survey

**Table 1.** Questionnaire data on the basic situation of special children's families (%)

		Father	Parent	Grandparents
Educational level	Below elementary school	10.1	12.3	24
	Secondary school	33.7	35.9	52
	University	48.6	45.2	23.5
	Postgraduate and above	7.6	6.6	0.5
Occupation: Career	Career	10.8	9.8	9.6
	Business	24.2	9.5	10.8
	Workers	35.7	31.7	25
	Farmers	11.6	13.8	38
	Unemployed	0.8	35.2	12
	Other	16.9	7.8	4.6
Household economic status	Less than 20,000	22.3	/	/
(Annual household income)	20,000-50,000	18.5	/	/
	5-10 million	46	/	/
	More than 100,000	13.2	/	/

Table 1 shows that: the parents of families with children with special needs are both of medium to high educational level, with the majority of parents with bachelor's degree (father: 48.6%, mother: 45.2%); in terms of occupation, the father is mainly an employee (35.7%), while the mother is mainly unemployed (housewife) (35.2%); and in terms of the family's economic aspect, those with an annual income of about 50,000-100,000 yuan for their parents are in the majority (46%).

### 3.2 Disorders of Special Children

**Table 2.** Statistics of the survey on the basic conditions of special children (%)

Item		Percentage
Gender	Male	58.3
	Female	41.7
Age	6-12 years	40.4
	12-18 years old	53.8
	18+ years	5.8
Diagnosis	Cerebral Paralysis, cerebral	47.3
	Developmental delay	41.9
	Autism spectrum disorder	8.2
	Mental retardation	2.6
Type of disability	Physical	68.8
	Speech	42.6
	Intellectual	40.7
	Vision	22.4
	Hearing	13.2
	Multiple	8.4

**Table 3.** Parents of exceptional children's agreement that their children undergo home education rehabilitation (%)

Agree	Partially agree	Not agree at all
65.27	31	3.73

Table 3 shows that: the majority (65.27%) of the students' parents recognized the need for their children to have home education rehabilitation training; there was also a large percentage (31%) of the parents of the exceptional children who held a more neutral attitude towards the home education rehabilitation training program, believing that the home education rehabilitation training was not very meaningful; and a small percentage (3.73%) of the parents of the exceptional children did not accept the home education rehabilitation training at all.

### 3.3 Amount of Time Parents Spent on Home Education Rehabilitation Training Every Day

**Table 4.** Amount of time parents spent on home education rehabilitation training for their children per day (%)

≥2 hours/day	1 hour/day	0.5 hours/day	≤0.5 hours/day	0 hours/day
25.1	34.3	14.4	22.9	3.3

Table 4 shows that: most of the students' parents were able to insist on about 1 hour of home education rehabilitation for their children every day (34.3%); and some (25.1%) of the parents were able to spare more than 2 hours a day for home education rehabilitation; only a small number (3.3%) of the parents said that they did not have the time to give guidance to their children, a result which is consistent with the acceptance of home education rehabilitation by parents as shown in Table 2.

### 3.4 Parents' Forms of Rehabilitation Needs Services

**Table 5.** The form of rehabilitation support that parents wanted most (%)

Development of individualized family education rehabilitation program	Real-time guidance	rehabilitation	Telephone counseling	Home delivery of education
57.6	67.7		18.9	30.5

Table 5 shows that in the process of family education and rehabilitation, most parents hope that professional education and rehabilitation teachers can formulate individualized plans for their children (57.6%) and provide one-on-one education and rehabilitation guidance (67.7%); some parents hope that there can be telephone consultation (18.9%); and some parents hope that there can be home delivery of education (30.5%).

### 3.5 Functional Needs of Special Children's Home Education Rehabilitation

**Table 6.** Functional needs of children's home education rehabilitation (%)

Gross motor	Hand function	Self-care of life	Language	Cognition
66.97	38.68	45.42	47.42	40.25

Table 6 shows that home education rehabilitation for children with special needs is high in all areas, with the highest need for gross motor (66.97%), which is the most prominent motor dysfunction, followed by speech (47.42%) and self-care (45.42%), and also high need for cognitive skills (40.25%) and hand function (38.68%).

### 3.6 Amount of Home-based Educational Rehabilitation Guidance Required Per Month

**Table 7.** Amount of home education rehabilitation guidance required per month (%)

1 times/month	4 times/month	8 times/month	12 times/month	20 times/month
5.26	41.05	22.77	11.46	19.46

Table 7 shows that most of the parents expected the school to provide educational rehabilitation guidance several times a month, with weekly counseling, i.e., 4 times/month (41.05%) being the most frequent. Only very few parents needed specialized rehabilitation guidance only once a month (5.26%).

### 3.7 Duration Requirement for Each Home Education Rehabilitation Counseling

**Table 8.** Duration of each professional home education rehabilitation guidance (%)

10 minutes	20 minutes	30 minutes	1 hour	≥1 hour
1.60	16.59	60.22	11.89	9.70

Table 8 shows that most of the parents think that the duration of each professional guidance should be at least 30 minutes (60.22%), which is significantly different from the time demanded by the other groups.

### 3.8 Demand Tendency of Personnel Situation of Home Education Rehabilitation Guidance

**Table 9.** Parents' demand for personnel of professional family education rehabilitation guidance (%)

Fixed professional rehabilitation teacher in school	Classroom teacher	Professionally hired rehabilitation experts	out-of-school educational	At will
51.6	46.7	21.8		9.93

Table 9 shows that most of the parents want the school to arrange fixed and professional rehabilitation teachers to give guidance (51.6%), followed by classroom teachers (46.7%), in addition, 21.8% of the parents want to have a professional to hire out-of-school education and rehabilitation specialists to give regular guidance, and 9.93% of the parents have a casual attitude.

## 4. Analysis of Results

From the survey data, many parents of children with special needs currently have high academic qualifications, with the majority of parents having bachelor's degrees (father: 48.6%, mother: 45.2%), which makes them more open to accepting new things at the cognitive level, and supportive of the new-age teaching conceptual model, and at the same

time, with the deepening of the cognition of the rehabilitation of children with special needs, the demand for education and rehabilitation resources is also increasing. However, due to the constraints of the family environment and practical factors, there is still room for improvement in parents' adherence to family education and rehabilitation and their full recognition of its importance [4]. For example, although some parents superficially agree with the value of family education and rehabilitation, in practice, they may be swayed by the fact that they do not see obvious results in the short term, and they do not have a deep enough understanding of its long-term importance.

Most parents lack understanding of the specific contents of family education and rehabilitation, often equating it simply with homework, failing to recognize that it is a systematic and professional training process, and with a weak sense of professionalism. This leads to a lack of pertinence and scientificity when they carry out rehabilitation training at home, making it difficult to achieve the desired results. Moreover, parents generally believe that "family education and rehabilitation" is difficult to implement, on the one hand, the child's cooperation in training is not high, special children due to the characteristics of their own obstacles, attention is not easy to focus on the repetitive training is prone to resistance; on the other hand, the parents themselves lack of relevant professional methods, in the face of the child's lack of cooperation, the On the other hand, parents themselves lack relevant professional methods and often feel helpless in the face of their children's lack of cooperation. In addition, parents' time at home is fragmented, affected by work and family affairs, making it difficult for them to ensure regular training time and unable to insist on it for a long time. What's more, some children with special needs are raised by their grandparents, who, judging from the basic data on their families, have a relatively low level of literacy and are limited in their ability to understand and implement education and rehabilitation, making it difficult for them to accurately grasp the key points and methods of rehabilitation training, which to a large extent affects the quality of family education and rehabilitation.

In terms of the demand for family education and rehabilitation, parents are eager to receive professional guidance on rehabilitation programs, professional lectures, and one-on-one support from teachers, etc. This demand for systematic, long-term, and professional family guidance is extremely urgent. From the survey results, we can see that 57.6% of parents want to receive individualized family education and rehabilitation programs, and 67.7% of parents look forward to real-time rehabilitation guidance, which fully reflects their desire for professional support. However, at the same time, due to the many disciplines and the wide range of areas involved, special education schools show a relatively fragmented state of work in family education and rehabilitation support, which is cut off by the division of disciplines. For example, teachers of different disciplines may only give some rehabilitation advice to families from the perspective of their own disciplines, lacking overall planning and coordination. Families, in this case, rely excessively on daily homework as the main content of home education and rehabilitation, neglecting other aspects of training. Schools also have obvious deficiencies in providing fixed-mode comprehensive rehabilitation support for family education, and are unable to provide families with a coherent and comprehensive guidance system to meet parents' actual needs.

## 5. Discussion and Countermeasures

Through the analysis of the current situation and needs of family education and rehabilitation, it can be seen that parents have a strong demand for family education and rehabilitation, and from the survey data, whether it is for the development of individualized programs, real-time rehabilitation guidance, or the support of professionals, etc., it reflects that parents are eager to receive more comprehensive and in-depth help, and the traditional missionary approach can no longer meet their needs [5]. Family education and rehabilitation is by no means isolated; it is an indispensable and important part of the overall rehabilitation program for children with special needs, and is closely linked and mutually supportive with school rehabilitation and social rehabilitation. Therefore, while conducting regular rehabilitation assessments for children with special needs, and formulating, implementing and revising individualized education and rehabilitation plans, schools should also tailor-make comprehensive and developmental family education plans for families of children with special needs in close conjunction with their daily teaching contents. These programs should be practical and safe, and may include safe, easy-to-use, low-skill, and informative educational videos, detailed written programs, and clear step-by-step instructions, as well as forms for parents to record and give feedback, so that parents can clearly record their children's training, problems encountered, and progress made, and so that the school can better understand the dynamics of the family's rehabilitation [6].

Specifically, we can start from the following aspects:

First, build a closed-loop process system. Schools should firstly focus on the importance of family education and rehabilitation to parents through various forms, helping them to deeply realize the central role of the family in their children's rehabilitation process. At the beginning of the semester, after a comprehensive assessment of the student and the formulation of the school's Individualized Education Plan (IEP), professional rehabilitation teachers and class teachers are then organized to tailor-make an exclusive semester-long family education and rehabilitation program for each student, taking into account the type of disorder, level of functioning, and the actual situation of the family. The program needs to specify the stage-by-stage goals, specific training contents, weekly training frequency and duration, etc. Every three months, a stage of educational rehabilitation assessment is conducted, and teachers and parents are organized to participate in a comprehensive summary of the student's learning performance in school, rehabilitation progress and implementation of family education and rehabilitation, and to carefully analyze the problems and achievements in the training process, accordingly adjusting the school's teaching plan and the family's training content in a timely manner, and then entering into the next three months of the educational cycle. This closed-loop process can

form a benign mechanism for continuous improvement, ensuring that family education and rehabilitation and school education are in the same direction and form a synergy, so as to continue to promote the rehabilitation process of children with special needs, so that the children will continue to make progress under the joint efforts of the family and the school.

Second, establish differentiated program standards. Since special children have various types of disorders, such as cerebral palsy, developmental delays, autism spectrum disorders, etc., and there are significant differences in each child's level of functioning and family environment, it is necessary for schools to unify the guidelines for program development before formulating the program, and to clarify the format of the program's content, the qualifications and division of labor of the formulators, and the program review process, in order to lay the foundation for the scientific and standardized nature of the program. At the same time, it is necessary to develop appropriate standards for children with different functional disabilities to ensure that the program is more targeted. Program development should always take the actual situation of the student's family as the starting point, give full consideration to factors such as parental time, literacy, family facilities, etc., and design the program around the individual student's ability, so as to avoid detaching from the actual situation, which makes the program difficult to be implemented. The content of the program should not only cover aspects of high parental concern such as gross motor, daily life and language skills, but should also include multiple dimensions such as cognition and socialization, so as to break the limitations of the previous classification according to disciplines and to form a comprehensive rehabilitation training system. For example, for children with physical disabilities, the program can focus on gross motor training, such as sitting, standing, walking and other basic movement training, as well as the cultivation of self-care skills such as dressing and eating; for children with speech disorders, the program can strengthen the training content of language comprehension, expression, pronunciation and other aspects, and improve their language skills through a rich variety of interactive games and training activities.

Third, innovate dynamic feedback mechanism [7]. In the implementation process of family education and rehabilitation, school teachers should not only be the programmers, but also actively participate in the whole process of family rehabilitation and maintain close interaction with parents. To this end, a family rehabilitation cloud feedback platform can be established, which should have a convenient operation interface and support parents to upload their children's training videos, pictures, training records, etc. online at any time. Teachers can observe these contents, learn about their children's training in the family in a timely manner, and write detailed feedback targeted at pointing out the highlights of the training and the places that need to be improved, and at the same time upload all kinds of professional guidance. At the same time, it can also upload various professional guidance videos, text programs and training techniques and other resources for parents to learn and refer to. In addition, considering that parents may develop anxiety and frustration during long-term rehabilitation training, it is necessary to strengthen the psycho-emotional guidance for parents, and through online lectures and one-on-one communication, etc., let them understand that education and rehabilitation is a gradual process that requires long-term perseverance, and that they should not be in a hurry to achieve success, so as to help parents adjust their mentality and build up their confidence. Through this kind of dynamic feedback, teachers can keep abreast of the family rehabilitation situation and give professional guidance, and parents can obtain professional support at any time, forming a good interactive atmosphere, which helps to improve the effect of rehabilitation [8].

At the same time, schools can learn from the experience of the "deinstitutionalization movement" in the field of mental health in the United States, and actively promote the integration of community resources and family education and rehabilitation in the light of the local actual situation [9]. For example, we can establish cooperative relationships with community health service centers, rehabilitation agencies, volunteer organizations, etc., and integrate community rehabilitation facilities, professionals and other resources, so as to provide families with children with special needs with more convenient services. Introducing the concept of respite service to provide short-term care support for families with children with special needs, so that parents can have time to rest and adjust their state, and alleviate the physical and mental pressure caused by long-term care, so that they can devote themselves to family education and rehabilitation in a more full state [10]. Cooperation with professional organizations outside the school can also be strengthened by regularly inviting experts with profound attainments in the field of rehabilitation for children with special needs to participate in family education and rehabilitation guidance, and carrying out activities such as thematic training and case analysis, so as to make up for the insufficiency of the school's internal resources, enhance the professionalism and comprehensiveness of the guidance, and allow parents to come into contact with more cutting-edge rehabilitation concepts and methods.

## References

- [1] PANG Lihua,ZHANG Lei,ZHANG Xu,ZHANG Jun,LIU Lan,GONG Rui,ZHANG Xiaotian,ZHENG Xiaoying et al. Analysis of population data quality in two national sample surveys on persons with disabilities. *Population and Development*,2014(04):59-64+44.
- [2] Liu Man. The significance of implementing a family rehabilitation support model for children with special needs. *Chinese Science and Technology Journal Database (Citation Edition) Education Science*, 2021(12):3.
- [3] GU Changfen,CHEN Yaohong,WANG Rui,et al. A study on the needs of families with children with disabilities aged 0-7 in Beijing. *China Special Education*, 2010(10):5. DOI:10.3969/j.issn.1007-3728.2010.10.003.
- [4] Yan Jie,Zhuang Xiangxiang,Chen Jun. Research on family rehabilitation of preschool children with special needs. *Journal of Shaanxi Preschool Normal College*,2020,36(06):114-119.

- [5] KANG Qianqian,YANG Jie. Application analysis of new model of family rehabilitation training for cerebral palsy. Medical Information, 2013(1):2. DOI:10.3969/j.issn.1006-1959.2013.01.143.
- [6] Luo Suqun. An overview of research on family rehabilitation for children with intellectual disabilities in China. Education Guide: The Second Half of the Month, 2010(6):4. DOI:10.3969/j.issn.1005-3476-B.2010.06.035.
- [7] Zhao Huan. From "Hospital Closure" to "Community Rehabilitation": Reflections and Implications of the "Deinstitutionalization Movement" in the U.S. Mental Health Sector. Social Welfare, 2009(7):2. DOI:CNKI:SUN:MIZN.0.2009-07-030.
- [8] Strunk J A. Respite Care for Families of Special Needs Children: a Systematic Review. Journal of Child and Family Studies, 2016, 25 (5):1339-1351.
- [9] Yan Jie,Zhuang Xiangxiang,Chen Jun. Survey research on family rehabilitation of preschool children with special needs. Journal of Shaanxi Preschool Normal College,2020,36(06):114-119.
- [10] LIU He-jian,LIU He-jian,WANG Guiyuan,et al. Survey and analysis on the current situation and needs of family rehabilitation of children with special needs.//9th Beijing International Rehabilitation Forum. China Rehabilitation Research Center, 2014.