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“This will likely affect his entire life”: Parents’ views of special education services during COVID-19

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ABSTRACT

Research continues to emerge about the impact of COVID-19 on education; however, reports about the impact on students receiving special education services are more limited. This study examined parental views of distance learning for students with disabilities during the COVID-19 crisis. Using a survey disseminated via social media, we examined parents’ views \( N = 153 \) of PK-12 education for students receiving special education services during COVID-19. Results indicated three main themes: (1) special education and related service hours were decreased during virtual learning; (2) parents reported that their children were unable to participate in virtual learning without significant adult support; (3) parents often were unable to provide their children with assistance due to other commitments including work and childcare.

1. Introduction

Since the onset of COVID-19, children, parents, and educators around the world have been impacted by school closures as families are expected to assist their children with distance learning (Novianti & Garzia, 2020; Song, Wang, Espelage, Fenning & Jimerson, 2021). According to U.S. Census (2020) figures, 93% of school-age children in the U.S. engaged in some form of distance learning during COVID-19 when in-school classes were suspended during the spring 2020.

While the difficulties brought on by COVID-19 have been challenging for all children and their families, these challenges may be greater for children with disabilities who are particularly reliant upon the special education services mandated by IDEA (Hill, 2020; Masonbrink & Hurley, 2020). These children comprise about 14% of U.S. public school students (Institute for Educational Sciences, 2020). However, few studies have investigated the effects of COVID-19 on students with disabilities and their families. Therefore, we know little about the educational impact of COVID-19 on them.

The present study explored parents’ reports of how preschool and school age children (through 12th grade) receiving special education services and their families have been impacted by the delivery of services during COVID-19.

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1.1. Theoretical framework

The primary theoretical foundation for this study is academic socialization theory (Puccioni, 2015) and Bronfenbrenner’s (1979) ecological model. Parents’ academic socialization includes parents’ attitudes, values, goals, expectations, and beliefs about education as well as the opportunities and activities they make available to their children (Puccioni, 2015). According to Hoover-Dempsey’s parental involvement theory (Hoover-Dempsey et al., 2005), parents must believe that they have the relevant skills to successfully engage children in educational programs.

Although Hoover-Dempsey et al.’s theory (2005) is based on typically developing children and their families, it is also applicable to children with special needs and their families (e.g., Schmidt, 2013). However, there has not been much research with such populations. Of particular importance to the present study, parents of children with disabilities may be less likely to feel they have the relevant skills with which to assist their children at home, especially during times when there is less school support (Wendel et al., 2020).

Bronfenbrenner’s (1979) ecological model posits that children’s development occurs in several overlapping contexts (e.g., microsystems) which need to work well together (mesosystems) to optimize children’s development. For example, Epstein (2001) discussed overlapping spheres of influence for how parents and educators together exert an influence on children’s learning. Relatedly, Hoover-Dempsey et al. (2005) noted the importance of home and school factors in predicting parents’ involvement in their children’s formal education. Parents not only need to know what teachers expect of them but also feel able and willing to support their child’s formal education.

As Benner and Mistry (2020) recently noted, macro-level (societal) crises, such as the COVID-19 pandemic, can and do have long-lasting effects on children’s development. Thus, we need to document the home environments of children, particularly those with disabilities, during the COVID-19 pandemic, because their home learning experiences during COVID-19 may well predict their academic development and trajectories (Gennetian & Hirsh-Pasek, 2020; Hirsh-Pasek, Yogan & Golinkoff, 2020).

As Benner and Mistry (2020) and others (Gennetian & Hirsh-Pasek, 2020; Lai & LaGreca, 2020) have discussed, children’s educational development can be affected directly by the instruction they receive as well as indirectly by environmental stressors (e.g., familial unemployment and other such stressors). Unfortunately, the number of stressors that families are facing during COVID-19 has greatly increased since before the pandemic (e.g., Patrick et al., 2020; Prime, Wade & Browne, 2020; Russell, Hutchison, Tambling, Tomkunas & Horton, 2020). More children are growing up in poverty now than before COVID-19 (Chen & Thomson, 2021). Financial difficulties make resources less available to families, increase stressors experienced by family members, and result in more negative family interactions (Sonnenschein, Stites and Ross, 2021). For example, Prime et al. (2020) discuss the cascading manner that various forms of social disruption such as financial insecurity, caregiving responsibilities, and confinement-related stress can have on the short-and long-term development of children. Similarly, Sonnenschein and Grossman (2020) found that parents (N = 381, primarily mothers) who reported engaging in any form of distance learning with their children also reported being stressed and drinking more than other respondents (see also Sonnenschein et al. in press). The negative impact of COVID-19 is a particular issue for children whose disabilities place them more at risk for negative consequences (Aishworiya & Kang, 2021; Asbury, Fox, Deniz, Code & Toseeb, 2021; Patel, 2020). These latter studies, however, focused primarily on mental health issues rather than the educational ones. Notwithstanding, these authors and others (e.g., Wendel et al., 2020) suggest that educational issues can and will arise as indirect outcomes of the stressors these families and their children experience.

Despite the important impact family stressors can have on various aspects of all children’s development, this study primarily addressed how families with children with disabilities are handling their children’s schooling during COVID-19. What parents are doing to school their children at home (distance learning) when schools are not fully operational is a less well-studied topic and most of the available research, albeit limited, has focused on typically developing children and their families. However, we need to consider children with disabilities because in addition to the disruptions that other children are experiencing, these children are also losing access to the rehabilitative services they normally receive in school (Schiariti & McWilliam, 2021; Wendel et al., 2020).

1.2. The educational home environment during COVID-19

This section includes a brief review of the home learning environment for typically developing children and such a review for children with disabilities. Much of these two reviews focus on distance learning or online formal education during the COVID19 pandemic. We use the two terms interchangeably in what follows.

1.3. Online formal education for typically developing children

Much of the limited research on distance learning with typically developing children has focused on young children. Parents of children in the U.S. (e.g., Stites, Sonnenschein & Galczyk, 2021) and abroad (e.g., China: Dong, Cao & Li, 2020) express negative views of what is expected of them during distance learning and the impact of distance learning on their children. These parents, many of whom are highly educated, report not having the time to do all that teachers expect of them. They note that distance learning is not appropriate for young children who often may not have the attention span or self-regulation skills necessary to participate in formal remote learning activities. We discuss this further when we review relevant studies in more detail. Parents expressed concerns about young children not having the self-regulation skills to engage in and benefit from distance learning. In addition, many parents throughout the world concluded that distance learning, at least as it was enacted early during COVID-19, did not foster young children’s social skills, an important component of their development (Hirsh-Pasek et al., 2020; Stites et al.).

From their study with a sample of 162 U.S. parents of children between two and nine years of age, Sonnenschein, Stites and Ross...
(2021c) found that parents viewed their children’s home-based literacy and digital activities as having increased during COVID-19. The data for the Sonnenschein, Grossman and Grossman (2021a) study were collected in May 2020, several weeks after most U.S. schools had ceased in-person instruction. On the other hand, Barnett and Jung (2021), using a national sample of about 992 U.S. preschool children and parents, found that by December 2020 parental supports of children’s learning at home had decreased from the prior spring at the outset of the pandemic. Potential differences between the nature of the home learning environment early and later during the pandemic is an important variable we will revisit later.

In one of the first studies on what parents are doing during COVID-19 with their young children, Dong et al. (2020) examined the perceptions of 3275 Chinese parents in Central Mainland China. These parents held a negative view of distance education for young children. They expressed concerns with their children’s ability to self-regulate in order to participate in lessons, their own lack of time and knowledge to teach their children, and an increase in screen time.

Lau and Lee (2021) collected data from 6702 parents of kindergarten (comparable to U.S. preschool and kindergarten) and primary school children in Hong Kong three weeks after in- school classes were suspended. Parents reported that their children had difficulty completing tasks without significant parental oversight. Parents also wanted more support from schools. Abuhammad (2020) looked at comments given on Facebook by 248 Jordanian parents of school age children during April and May 2020. Most of their comments focused on barriers they were experiencing with distance learning.

Stites et al. (2021) collected data using an online survey completed by 166 U.S. parents of preschoolers during spring 2020. The children were engaged or supposed to be engaged in distance learning. Many reported needing more assistance with technology than teachers provided and not having sufficient time to devote to assisting their children with lessons given the demands of their own jobs. These parents reported that such forms of instruction were not developmentally appropriate for young children. And, most importantly, distance learning negatively impacted the development of children’s social skills.

Most of the studies investigating the impact of COVID-19 on children and their families have included mainly children in the first few years of school (e.g., ages two through eight years). One exception was a study by Sonnenschein et al. (2021c) which included children through high school. Two hundred and thirty-seven parents with children between prekindergarten and twelfth grade who engaged in distance learning responded to an online survey. This study surveyed U.S. parents—most of whom were middle-aged, White, affluent, and female—to learn what types of distance learning activities they engaged in with their children during COVID-19; whether these types of activities varied by the child’s age; and whether there was an association between engaging in these activities and stress. Most parents engaged in Monitoring, Teaching or Technology support activities with their children.

There were differences in how parents of children of different ages assisted with distance learning. Parents of children five years and younger were more likely to report Teaching followed by Monitoring and then Technology. Parents of children 6 to 11 years-old reported Monitoring or Teaching in equal amounts, followed by assisting with Technology. Parents of the oldest group of children, 12 to 17 years-old, reported Monitoring their children’s work, followed by Teaching and then Technology. Another way to consider these data is that teaching and monitoring their children’s progress were the primary activities that parents reported doing regardless of the age of the child. Interestingly, parents who engaged in any distance learning activity also reported being stressed.

We turn next to families with children with special needs. Although there is likely overlap in issues faced by families with the two groups of children, there has not been much research on parent involvement with children with special needs during or prior to COVID-19 (Van keer, Bodner, Ceulemans, Leeuwen & Maes, 2020). However, families with children with disabilities face additional issues to those of families with normally developing children. These include negative cultural beliefs about disabilities, stigma and prejudice, difficulties accessing and receiving services (Acar, Chen & Hie, 2020).

1.4. Online education of young children with special needs

Research on COVID-19 with children with special needs has focused primarily on what special education services they have or have not received during COVID-19. For example, using parents from the United Kingdom, Toseeb et al. (2020) conducted an online survey with 339 parents of children with disabilities, typically Autism, between March 2020 and May 2020, the first two months of social distancing in the United Kingdom. Most of the difficulties these families reported experiencing (e.g., limited access to services) were unique to children with special needs.

Neece et al. (2020) asked 77 mainly Latinx, Spanish speaking families with young children with intellectual and developmental disabilities in California and Oregon five questions about the impact of the pandemic, services for their children, their coping, and their long-term concerns about the impact of the pandemic. Most of the parents had received a limited education (42% less than high school degree). Consistent with what families of typically developing children reported, these families expressed concerns about caring for their children during this time period. However, they also expressed concerns about the long-term impact on their children given the loss of special education services.

Using data from a large-scale national study in the U.S. (N = 992), Barnett and Jung (2021) found a similar pattern. Children with disabilities were less likely to be officially diagnosed during the pandemic (and hence become eligible for services). Even for children who were identified as needing special education services, they were less likely to receive them or even receive their service plan (Individualized Education Plan) than prior to COVID-19 (see also Murphy, Pinkerton, Bruckner & Risser, 2021). Similar results were found during the pandemic by Latzer, Leitner and Karnieli-Miller (2021) with Israeli families with children with autism.

Wendel et al. (2020) worked with a group of 113 Canadian preschool families whose children had been identified with ADHD. Families were assessed right before COVID-19 and several months after the onset. Children’s symptoms of inattention and impulsivity reported by parents increased with the onset of COVID-19. Interestingly, few parents reported changes to their own actual involvement.
1.5. The present study

Parents with children with disabilities have long indicated that they need to be more involved in their children’s formal education than are parents with more typically developing children (e.g., Gowen, Christy & Sparling, 1993; Munn-Joseph & Gavin-Evans, 2008). The limited research on parents involvement during COVID-19 suggests parents of children with disabilities needs have greater

Table 1
Sample survey items.

| Items                                                                 | Response type |
|----------------------------------------------------------------------|---------------|
| Which of the following worked well for your child during distance learning? Please answer based on your experience with general and/or special education. Check all that apply. | Multiple choice |
| • Live video/synchronous instruction (e.g., zoom lessons with the class)        |               |
| • Live, small group video instruction                                    |               |
| • Asynchronous instruction (e.g., teacher sends lessons and activities for children to complete at their own pace) |               |
| • Clear lessons provided by the school                                    |               |
| • Opportunities for social engagement with peers                         |               |
| • Flexible schedules for completing assignments                          |               |
| • Other (please specify)                                                 |               |
| Prior to the onset of COVID-19 in Spring 2020, how did your child receive his/her/their special education services? | Multiple choice |
| • In general education with general education teacher support (special education consult) |               |
| • In general education with special education teacher support (e.g., special education comes into classroom to assist) |               |
| • In a separate special education classroom (e.g., not in a general education classroom) |               |
| • In both general and special education classrooms                       |               |
| How much does COVID-19 impact your day-to-day life?                      | Multiple choice |
| • Not at all                                                             |               |
| • A little                                                               |               |
| • Much                                                                  |               |
| • Very much                                                             |               |
| • Extremely                                                             |               |
| How frequently does your child’s case manager/service providers typically communicate with you during this school year? | Multiple choice |
| • Daily                                                                 |               |
| • Weekly                                                                |               |
| • Monthly                                                               |               |
| • My child’s case manager does not communicate with me                   |               |
| • Other                                                                 |               |
| What concerns do you have about your child returning to school while COVID-19 is a concern? | Check all that apply |
| • Other families not following safety protocols                          |               |
| • My child has sensory issues that prohibits mask wearing               |               |
| • Transitioning back to school routines                                  |               |
| • Demand on teachers trying to teach in-person and virtually             |               |
| • Risk of further school closures                                        |               |
| • Virtual teacher with in-person class                                   |               |
| • Reduction in special education services                                |               |
| • Other                                                                 |               |
| What are your biggest concerns if distance learning continues?          | Check all that apply |
| • Loss of academic skills                                                |               |
| • Loss of daily living skills                                            |               |
| • Loss of social interaction                                             |               |
| • Loss of related services                                              |               |
| • Other                                                                 |               |
| What are the biggest challenges your child faces with distance learning as it relates to special education services? | Check all that apply |
| • My child needed constant adult support                                 |               |
| • Lessons/activities took too much time                                  |               |
| • We didn’t have the necessary materials at home                         |               |
| • Little direction from the school                                       |               |
| • The academic requirements were too difficult                          |               |
| • I did not have access to the necessary technology                     |               |
| • Other                                                                 |               |
| Is there anything else you’d like to share about distance learning for children receiving special education services? | Open-ended |
| Is there anything else about the effects of COVID-19 on your child’s education that you would like to share with us? | Open-ended |
| What do you expect teachers/schools to do in order for distance learning to be successful for children receiving special education services? | Open-ended |
| What resources do you feel you need to receive from your child’s service providers or school to assist your child in distance learning? | Open-ended |

Note. Demographic questions are not included in the table. For a multiple choice response type parents were only able to select one response.
involvement than prior to the pandemic (Toseeb et al., 2021). This increase in needed parental support leads to increased stress levels and lower levels of familial well-being (Alhuzmi, 2020). While additional research is beginning to emerge, there is much we still need to learn about the difficulties these parents are facing in assisting their children and what services/information they want from their children’s schools.

This study examined parents’ perceptions of distance learning during the COVID-19 pandemic with 153 U.S. parents of preschool and school age children with disabilities. Our primary questions in this mainly descriptive study were: (1) What concerns do parents of school age children with disabilities have with distance learning, and does it change with the age of the child? (2) How do these parents expect schools to support their children with distance learning?

2. Method

2.1. Participants

Parents were recruited via social media sites targeting parents of children receiving special education services during COVID-19. Two-hundred and fourteen parents responded to our survey. However, only parents who reported their children were currently engaging in distance learning were included in analyses for the present study (N = 153). Not all parents responded to every survey item, so the number of participants across questions varied. Participants included 123 mothers, three fathers, one grandparent, one guardian, and one Other between the ages of 30 and 61 years old (M = 43.37, SD = 5.98). Parents had one to six children at home (M = 2.07, SD = 1.06). Ninety percent of parents were married, and most were White (80%), had at least a bachelor’s degree (81%), and an annual household income for 2019 of $100,000 or more (64%). These findings are consistent with demographics of other online surveys (e.g., Dworkin, Hessel, Gilske & Rudi, 2016; Whitaker, Stavelink & Fear, 2017). Parents reported living in 18 different states across the United States with the majority (76%) of parents residing in the Middle Atlantic states.

The mean age of children receiving special education services was 11.19 years (SD = 3.98), with children’s age ranging from four to 21 years old. The majority (75%) of those children were male. Ninety-one percent of children attended a public school (e.g., Head Start, developmental center, elementary, middle, and high school), and 73% of parents reported that their child’s school had not reopened at the time of the survey (October 2020-November 2020). According to the child’s IEP/IFSP/504 plan, children’s primary education disability was Autism Spectrum Disorder (25%), Multiple Disabilities (21%), Other Health Impairment (15%), Specific Learning Disabilities (12%), Speech or Language Impairment (7%), Developmental Delay (7%), Intellectual Disability (6%), Emotional Disturbance (4%), Orthopedic Impairment (2%), Deaf/Hard of Hearing (1%), and Hearing Impairment (1%). General information about these different educational disabilities can be found in the Individuals with Disabilities Education Act (2004).

2.2. Procedure

After receiving IRB approval from our institution, an anonymous online survey was posted on social media sites from October through November 2020. Parents interested in participating in the survey were directed to click on the link provided by the researchers. Then, participants were shown details about the study and what they would have to do, which included IRB-approved information about parents’ voluntary participation in the survey. Parents were then informed that opening the survey implied they consented to participate. After parents completed the survey, they were redirected out of the survey and their responses were saved in Qualtrics.

2.3. Measure

The online Qualtrics survey consisted of 41-items, which were adapted from a survey used with parents of typically developing preschool children (Stites et al., 2021). That measure had been piloted and revised based on feedback, then it was administered to 166 parents of typically developing preschool children (see Table 1 for sample survey questions). The questionnaire was modified for use with the current population of parents, then piloted with parents of children with disabilities. The authors all have experience working with special populations of children and their families.

Survey items addressed the impact of COVID-19 on the lives of parents and their children receiving special education services, the services they receive, and how those services were facilitated during the pandemic via distance learning. Items were mostly closed-ended with some open ended ones. For closed-ended items, participants were instructed to either select one response or all response options that applied. An example of a closed-ended survey item includes: “How does COVID-19 impact your day-to-day life?” Possible responses included: Increased food insecurity, Employment/Salary loss, Lack of childcare/school for your child(ren), Having to homeschool your child(ren), Increased health issues, less available time, and your own family issues. Parents were instructed to check all responses that applied. Skip logic was utilized throughout the survey, so participants were only shown questions that directly applied to them and their prior responses. Additional survey questions inquired about the parents’ demographic backgrounds, such as their age, race/ethnicity, highest level of education, and household income for 2019. Examples of demographic questions include: “What is your marital status?” and “Do you have children other than the one you are answering the survey about?”

2.4. Coding and scoring of data

Both quantitative and qualitative data were analyzed. The quantitative responses were downloaded directly from Qualtrics into
SPSS (Version 27) for further analysis. The qualitative responses were tabulated and analyzed using Hill and colleagues’ (2005) consensual coding process. First, researchers created and grouped responses into domains. Domains were created from the participants’ responses. Then, summaries of the participants’ responses, referred to as “core ideas” (Hill et al., 2005, p. 200), were set to enhance clarity within each domain. Lastly, the researchers completed a cross analysis to develop final themes. After the themes were identified, researchers engaged in investigator triangulation to compare themes and reconcile any questions. Overall, the coders demonstrated 98% interrater reliability. The few discrepancies in coding were resolved through discussion.

3. Results

Descriptive statistics were used for initial analysis of responses to multiple choice questions. Initial analyses indicated that the participating families engaged with their children in distance learning while also dealing with the impacts of COVID-19. Sixty-nine percent of parents indicated that COVID-19 impacted them very much to extremely. Overall, the most commonly reported impacts of COVID-19 were having to homeschool children (58%), less available time (51%), loss of childcare (44%), and family issues (38%). Parents also reported experiencing a loss of income (23%) and food insecurity (8%).

3.1. Concerns parents of children with special needs have related to distance learning

As discussed more fully below, three main themes were identified from their responses to the unstructured questions. The first related to a decrease in special education and related services during COVID-19. Although almost all the parents mentioned this, parents of older children (e.g., middle and high school age) were more likely to report a significant decrease. The second theme was the manner in which the special education and related services were delivered. Parents indicated concerns related to continued (or repeated) use of distance learning. Although an overall general dissatisfaction with distance learning was reported by parents, a small percentage of parents reported their child was more successful when learning remotely.

3.2. Concerns with the amount and types of special education services

Eighty-eight percent of responding parents indicated their child was eligible for special education services during the 2020–2021 school year and had an IEP. Prior to the COVID-19 in-school closures, the majority (84%) of these children received their special education services in the general education classroom or in self-contained special education classes. The remainder received indirect special education services via consultation rather than direct instructional support. In addition to receiving special education services, 83% of parents indicated their child also received related services like Speech/Language Therapy and Occupational Therapy prior to the closures.

Parents reported that after the COVID-19 in-school closures both special education and related service hours decreased. Sixty percent of parents reported their children received fewer special education hours following the closures. Parents also reported a significant decrease in the number of hours of related services (e.g., Physical Therapy, Occupational Therapy, Speech/Language Therapy) when schools transitioned to distance learning ($M_{\text{hours}} = 1.69, SD = 0.87$) when compared to the number of hours required by their IEP/IFSP/504 plan ($M_{\text{hours}} = 2.08, SD = 1.14$), $t(117) = 6.00$, $p < .001$ Cohen’s $d = 0.69$.

Although parents of all children, regardless of age, reported a decrease in the number of hours of services, parents of children in elementary school (43%) were significantly more likely to report that their child received their mandated number of special education hours ($X^2 (2, N = 120) = 9.68, p = .008$ than those with a child in middle (25%) or high (20%) school. Students in elementary school were also significantly more likely to receive their mandated number of hours of related services ($X^2 (2, N = 119) = 9.12, p = .01; 39% of elementary students) than middle (20%) or high (14%) school students.

3.3. Concerns with the format of instruction

When asked what worked well with distance learning, parents reported that live, synchronous instruction, over streaming platforms like Zoom and Google Classroom, was the most effective. Live instruction was viewed as effective during whole group general instruction (26%) and special education instruction (20%) as well as small group general (23%) and special education (31%) instruction. Parents also indicated a need for flexibility (24%) with due dates and participation.

Although live synchronous instruction was viewed as the most effective, parents also reported challenges related to distance learning. Parents of children with disabilities responded similarly to those who identified their children as typically developing (Stites et al., 2021). They indicated that their child needed constant adult support (40%), the lessons and activities took too much time (15%), and the school did not provide adequate directions (13%).

3.4. Concerns if distance learning continues

Parental responses to multiple choice questions indicated that they have concerns about their children’s loss of social skills (51%), decrease in academic skills (43%), the skills fostered by related services (22%), and their daily living skills (16%) if distance learning is to continue. While overall parents indicated a desire to return to in-person instruction, they also were concerned with their children’s safety in light of ongoing COVID-19 concerns. In responses to multiple choice questions, 37% reported that their children would be unable to follow safety protocols (social distancing, wearing masks), 13% indicated their children had sensory issues that would
preclude wearing masks. Parents also worried about transitioning back to school routines (22%), the risk of further school closures (33%) and teachers balancing instruction for both in-person and virtual students (36%). Twenty-four percent were concerned that there might be a reduction in special education services once children returned to school.

Open-ended questions about the effects of COVID-19 on their child’s education were used to obtain additional information about the amount and types of special education during COVID-19. We first asked, “Is there anything else you’d like to share about learning?” The second question was “Is there anything else about the effects of COVID-19 on your child’s education that you would like to share with us?” To analyze responses to these questions we first coded any evaluative responses as either positive or negative in nature. For example, “My child last year had just gotten to a point of routine and loving school. And now this is a huge set back.” was considered a negative response. Only three responses were considered positive, “I feel the school is taking appropriate precautions to keep everyone safe, as evidenced by the fact that one person in his classroom was diagnosed with COVID-19, but nobody else at school contracted it from that person” is an example of a positive response. We then counted and statistically compared the number of positive and negative responses. There were significantly more negatively coded responses (M = 1.04, SD = 0.20) than positively coded ones t (43.92) = 29, p < .001, Cohen’s d = 0.20.

3.5. General dissatisfaction with distance learning

Regardless of children’s grade level, parents of children with disabilities reported an overall general dissatisfaction with distance learning. Answers to specific questions (e.g., What resources do you feel you need to receive from your child’s service providers or school to assist your child in distance learning?) were often answered with responses indicating a general dissatisfaction. For example, one parent indicated, “The special educators and teachers are overwhelmed with electronic communications that sometimes children who have specific needs slip through the cracks as questions go unanswered” while another parent noted, “My son has regressed and lost what he learned in 5th grade.” Comments often indicated an overall dissatisfaction without specifics. For example, “Distance learning on any level is awful in my opinion. My child has expressed that even though they are doing well in school, they do not feel that they are getting much out of it.” and “It is not easy and my 13 year old son is struggling every day.” highlight the overall concerns.

3.6. How parents expect schools to support their children distance learning

Across grades, parents reported significant concerns about distance learning. The constant need for parental support during distance learning in both general education (62% of parents) and special education (67% of parents) settings was viewed as a major issue by many parents. One parent noted, “It is up to the parent to modify, teach, and let’s be honest, do the work.” Parents also expressed concerns with a lack of flexibility regarding completing assignments. For example, one parent noted their child needed, “more time to turn in assignments and more written assignments not requiring a computer.” Parents also indicated their children were not receiving any individualized assistance to access distance learning. One mother indicated that “no accommodation is being made” for her child.

3.7. What parents need to make distance learning effective

Open-ended questions were used to learn more about what parents felt was needed to make distance learning more successful for children with disabilities. Question one asked, “What do you expect teachers/schools to do in order for distance learning to be successful for children receiving special education services?” Question two asked, “What resources do you feel you need to receive from your child’s service providers or school to assist your child in distance learning?” As described previously, we first coded any evaluative responses as either positive or negative in nature. For example, “They have tried but it doesn’t work, the environment isn’t conducive to schoolwork. Teachers are not able to redirect and prompt over video, etc.” was considered a negative response while “I think my son’s school is doing a good job.” was considered a positive response. We counted and statistically compared the number of positive and negative responses. There were significantly more negatively coded responses than positively coded ones t (101) = 42.48, p < .001, Cohen’s d = 0.25.

When asked what was needed to make distance learning successful for students with special needs, many parents reported that the only effective method was for students to return to in-person learning. One parent stated, “Children need support at home so unless a high functioning adult is at home to make the live format work. It’s a juggle between letting the live instruction happen, reteaching the material, modifying the work, and turning it all in. The executive function skills needed to do all this without the peer models makes this format challenging.” One of the most detailed responses referenced the special education laws: “Virtual format makes learning inaccessible for most children especially those with IEP’s. These children are not receiving FAPE because the format is not appropriate for them. Every single session sends my child into a meltdown and is making a public education a traumatic experience for them. These children must be given the chance to return to in person instruction immediately.”

The majority of parents who responded to this question referenced a need for in-person school or simply stated what was not effective for their child. Frustration was evident in responses, particularly among parents of older children who also indicated significant decreases in special education and related service hours. Parents of high school aged children indicated, “My son is failing his academic classes. As a sophomore in HS, I believe that this will likely affect his entire life. With the competitive level of getting into college, I doubt his ability to get into a school of his choice” and “I worry my child will not be able to make up what he is missing (hands-on career training and placement) before he graduates.”

When asked about the types of resources that would assist their child with distance learning, the most commonly requested resource was a one-on-one teacher or aide who came to the house to assist the child with distance learning (26%). Parents requested, “I
need them to provide detailed lesson plans for me to implement or send a teacher to my home,” and “adult in-person assistance.” In addition to a teacher or aide who came to the home, parents again indicated that the only true resource was an option to return to in-person learning. For example, “He doesn’t connect to instruction w/ on-line learning. Needs to be in-person” and “In school learning with his teachers.”

In addition to responses relating to a return to school or in-home support, parents (13%) also shared that they would benefit from instruction on how to facilitate distance learning with their child. For example, one mother noted, “Give mom all directions to learning so if I miss the directions while helping others I can still help my kid catch up. Specific training on how to support her best during writing assignments.” Other resources noted were receiving materials in advance (10%). One parent stated, she “absolutely need presentation slides ahead of class and non-online access to materials that support the curriculum.”

4. Discussion

The impact of COVID-19 has been broad-based, affecting families’ mental and physical health as well as their economic well-being (Patrick et al., 2020; Prime et al., 2020; Russell et al., 2020; Warner-Richter & Lloyd, 2020). This study addressed the educational impact of COVID-19 for families with preschool and school age children with disabilities. Consistent with findings by Barnett and Jung (2021) with preschool and early elementary age children, our results show that these children have lost or had a decreased amount of in-person therapy services and limited access to special education accommodations and adapted materials. Their families have had difficulty taking on the roles previously assumed by special educators and therapists. And they experienced increased social isolation. These findings are also consistent with theoretical models addressing the importance of parent/teacher communications (Epstein, 2001), different contexts within which learning occurs (Bronfenbrenner, 1979), and understanding parents’ educational beliefs and practices (Hoover-Dempsey et al., 2005; Puccioni, 2015).

Parents in this study reported three issues relevant for their children’s education. First, their children’s special education and related service hours were decreased during virtual learning. The reduction in these services, according to the parents, unfortunately led to a decrease in their children’s critical daily living, academic, and social skills. Despite their frustration with the reduction in services, many parents acknowledged that it was impossible to deliver virtually special education services. Second, parents reported that their children were unable to attend to instruction without significant adult support. Third, parents often were unable to provide their children with assistance due to their own occupational requirements, caring for other children in the family, and stress caused by COVID-19. The parents in this study were frustrated with the situation and frequently reported that distance learning for children with special needs “just doesn’t work.” Some parents requested more modifications to assignments, flexible due dates, and better instructions for completing work. More parents, however, felt the only option was a return to school or an in-home tutor.

Regardless of the grade their children were in, parents reported significant concerns about distance learning. They also reported that their children did not receive all the special education and related services they were supposed to receive. That said, parents of younger children were more likely to report that their children did not receive the required special education services than were parents of older children. We think this may have to do with how special services are implemented for children from different grades. We are unaware of much research conducted on this topic. However, one study we found showed that older children were more likely to receive special education and related services within their mainstream classrooms, either with a special education teacher assisting the regular teacher or providing consultative services (Idol, 2006). Thus, there would be less disruption in services experienced by the older children engaged in distance learning.

4.1. Limitations and future research

Although we believe that these findings will make important contributions to the field, as with any study, there are some limitations. One, our sample was a convenience sample, hence, not representative of the U.S. population. However, convenience samples are among the most commonly used sampling techniques in developmental science (Jager, Putnick & Bornstein, 2017). The nature of the sample (primarily highly educated White families) also limits generalizability of the findings and causal explanations (Dearing & Zachrisson, 2019; Etikan, Musa & Alkassim, 2016; Sedgwick, 2013). The findings may not necessarily apply to less educated parents or low-income families. However, Neece et al. ‘s (2020) study with a sample of Latinx, Spanish-speaking parents with lower education backgrounds reported findings similar to the present study. Two, given the sample size, we were not able to explore whether there were differences in patterns among children with different types of disabilities or special needs. Three, these data were collected in the fall of 2020, about six months into the pandemic. As Barnett and Jung (2021) found, parents’ behaviors and related consequences to children’s outcomes changed over time. Thus, it is important to conduct longitudinal studies or sample behaviors at different points in time to document whether there are continued changes, and if so, in what specific ways? Four, our results are limited to parents’ reports and observations.

Future research should recruit a more economically and racially diverse group of families, as well as explore potential differences among children with different types of disabilities. More research also is needed on how to provide effective distance learning, especially to children with disabilities. We know that many parents felt it was unsuccessful during the COVID-19 crisis, particularly for younger children. However, it is likely that distance learning in some form is here to stay (e.g., snow days, etc.) and therefore research needs to consider how best to support this population of students. Schools need research-based recommendations in order to avoid a loss of daily living, academic, and social skills in the future.
4.2. Strengths and implications

Despite limitations noted above, this study provides important information about distance learning for U.S. children with disabilities during COVID-19. Many parents in our sample expressed significant concerns about the lack of learning their children demonstrated or, even more seriously, potential set-backs their children suffered because they were not receiving their mandated services. The views of these parents remain critical in the likely event distance learning is implemented in some format in the future. For example, educators and administrators need to be aware of the need for flexibility in both assignments and timelines and consider this when setting requirements. Perhaps more importantly, the need for constant adult support needs to be considered when planning for distance learning. As we learn more about what worked during distance learning, we need to make sure we implement what we have learned.

In addition to concerns expressed about limited services or disruptions in services and children’s lack of learning, many parents believed that their children would have significant difficulty transitioning back to in-school classes. These concerns related to changes in school policies including the ongoing risk of COVID-19 and their child’s ability to wear a mask. As we mentioned in a prior section, 60% of the families mentioned their children would be unable to follow safety protocols (social distancing, wearing masks) and 38% said their children had sensory issues that would preclude wearing masks. About a third of the parents said their children would have difficult transitioning back to the school routines. In other words, beyond any difficulties these children may have had with their academic progress, the need to adhere to safety precautions and more general school routines would be a significant impediment for these children when they returned to school.

Educators and researchers have expressed concerns about the educational trajectories of typically developing children and, especially, of those with disabilities (Barnett & Jung, 2021) because of consequences arising from COVID-19. Of additional concern is the need to provide teachers with sufficient training to develop the appropriate skills to engage in virtual learning (Dias, Almodóvar, Atiles, Chavarría Vargas & Zúñiga León, 2020). Research by Sonnenschein, Stites and Galczyk (2021b), conducted early in the COVID-19 pandemic, found that preschool teachers felt they lacked knowledge of how to conduct effective virtual learning. Although that study was based on preschool teachers, the same issues may apply to teachers of older children.

In short, if children have fallen behind, and the limited evidence suggests they have, how much effort will be needed to improve children’s skills and bring those levels back to what they would have been without the COVID-19 pandemic? This may be of particular concern for younger children. As Morrison, Kim, Connor and Grammar (2019) and others (e.g., Barnett & Jung, 2021; Hirsh-Pasek et al., 2020) have noted, early schooling plays a critical role in children’s academic and non-academic development. If the quality of schooling during the early childhood years is sub-par, it may not be possible to address the loss of learning caused by the disruptions associated with the pandemic.

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