

Problems of children who need special education and their families during the COVID-19 pandemic process.

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Abstract

The COVID-19 pandemic process has been significant in all areas of our country, just like other countries of world. The changes in lifestyle that occurred with the pandemic process affected both children with special needs and their families. The aim of this research is to examine the effects of the pandemic on children with special needs and their families. The phenomenology model, one of the qualitative methods, was used as the research method in the study. The data obtained through the semi-structured interview form consisting of five questions developed by the researcher was analysed. The participants of the study comprised 29 parents, and data were obtained through telephone and online interview with 21 women and 8 men. As a result of the data, five main themes and related sub-themes were formed. Within the scope of the findings obtained in this study, the parents who constitute the participants of the study have observed an increase in the anxiety levels and aggressive behaviours of their children with special needs during the pandemic process, coupled with other findings as well.

Keywords: COVID-19, pandemic process, children with special needs, families

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1. Introduction

With the emergence of COVID-19, a virus outbreak called a pandemic by the World Health Organisation (WHO) in March 2020, the world suddenly changed dramatically and abruptly (WHO, 2020). Since then, COVID-19 has been declared a global pandemic that has affected Turkey and countries around the world in a very short time. Pandemic is an infectious epidemic that simultaneously spreads rapidly all over the world and affects a large number of people (BBC, 2020).

Symptoms of the COVID-19 pandemic, such as dry cough, fatigue and fever, are the most common symptoms (Genas & Uslu, 2020). Diarrhoea, sore throat and nasal congestion were also observed. Although some people are infected with the virus, they show mild symptoms, and 80% of them can recover without hospital treatment. COVID-19 is transmitted by the spread of small droplets during speech, coughing or sneezing. Therefore, maintaining social distance between individuals has become important. Since the disease can not only infect other people in the environment through droplets but also cling to objects, it is inevitable that these objects will infect people when they touch their eyes, nose or mouth. Therefore, washing hands with soap and water or using disinfectants containing alcohol are indicated as measures to be taken (WHO, 2020).

In this sense, one of the changes in daily life with the pandemic process is the 'mask, distance and hygiene' rule, the call to 'Stay at Home!' and the attention to isolation in social meetings and the exclusion of at least 1 m distance between people. The effort to adapt to distance education for students going to school, the work of some working parents from home or their stay at home for a long time can be cited as examples (Okay, 2021). This situation has affected parents and children who need special education in their life during the pandemic process, bringing with them many changes in physical, social, psychological and economic terms (Tezer et al., 2021; Uzunboylu & Sukaran, 2019).

Children are more vulnerable to the effects of the COVID-19 pandemic. In addition to experiencing physical and social isolation experiences, uncertainties and fears, they have also stayed away from school. Therefore, it is especially important to understand the reactions and feelings of children correctly and act in the direction of their needs (Jiao et al., 2020). The impact of the pandemic is evident as schools and colleges move to distance education and working from home has become a way of life all over the world (Simbarashe & Zirima, 2020). This process, which is generally defined as social distancing or social isolation, has led to the daily lack of routine and structure. Maintaining a routine provides a sense of discipline and safety that is important for the psychological and emotional development of children. Planning for routines such as closing schools and nurseries, social distancing or confinement to the home can be a real challenge for children with physical and mental disabilities (Barlett et al., 2020). As opposed to internalising the level of anxiety that children experience with more typical painful, sad or anxious responses, acting can also occur in coercive expression behaviours such as discussion or reflection (Alghamdi & Al Dossary, 2021; Dalton et al., 2020).

Even in the absence of a global threat, those among the world's most vulnerable and excluded individuals are undoubtedly children with special needs (Gabdrakhmanova et al., 2020; Manogharan et al., 2018). The COVID-19 disease will disrupt life around the world and disproportionately affect children with special needs. Since April 2020, the entire education system has been relocated as distance education with the suspension of schools across the country in 189 countries (UNICEF, 2020). While most courses in distance education are proven to be suitable for children and adolescents, not much information is shared about the psychological impact it has on children with special needs (Farahani & Kaleybar, 2019). For children with special needs, they are at a great risk from the beginning of the pandemic, given the current situation. Many online platforms are not compatible

with assistive technology used to educate children who are visually impaired or hard of hearing (Hills, 2020; Kurt & Yavuz, 2018; Yakubu et al., 2018).

Tandon (2020) noted the link between COVID-19 and psychiatry in his research, but also stated that the opposite may be the case. Negative emotions and changes in moods and changes in children's sleep and eating habits put them at risk of recurrence of mental health problems and worsening. For those affected by the pandemic, the priority of their medical care and the closure of mental health clinics are a source of anxiety, stress and fear. In this sense, 7.8 million children between the ages of 0 and 19 in India have physical and mental disabilities, and a quarter of them do not go to any educational institutions (UNESCO, 2019). In countries such as India, the lack of physical infrastructure, integration training and some assistive technologies has become a concern. In addition, being confined to the house during the epidemic can lead to a high degree of frustration and desperation in such children. In addition, there are seven million children between the ages of 3 and 21 taking special education courses at school in the United States (National Center for Education Statistics, 2020). In Shaanxi Province, a study of 320 children and adolescents (168 girls and 142 boys) between the ages of 3 and 18 allowed by local authorities in the second week of February 2020 stated that psychological and behavioural problems such as irritability, distraction, and fear of asking questions about the pandemic were frequently experienced (Jiao et al., 2020).

During this pandemic process in families, stress and anxiety levels are higher than usual (Sakarneh, 2021). The stress experienced by parents can negatively affect their children. It is one of the biggest responsibilities of parents to tell their children about the situation as transparently as possible, since communicating sensitive information effectively has long-lasting effects of psychological well-being for a child (Alsarayreh, 2020; Dalton et al., 2020; Kucukkaragoz & Karakoyun, 2020). Inadequate information about the pandemic can lead to fear and a lack of understanding that leads to wrong decision-making (Tandon, 2020). In particular, the COVID-19 process has noted that mothers and children are much more vulnerable to domestic violence with the emergence of problems such as physical and psychological employment (Bradbury-Jones & Isham, 2020). It has also severely challenged working mothers to meet their children's care needs due to the closure of schools and nurseries (Alon et al., 2020). Despite this, families are also working to adapt to the current process. Families are particularly educationally benefiting from the online resources that institutions offer to open access in this process (Cluver et al., 2020; Vitulyova, 2020).

In this epidemic process experienced by the countries of the world and our country, the role of families is important in making the lives of children with special needs more bearable when the curfew practices and the calls to 'Stay home!' are considered. In this research, it is aimed to examine the problems faced by children and their families who need special education during the COVID-19 pandemic that emerged in March 2020 and quickly became a global crisis all over the world. The following questions to be answered in the research were created under five themes:

1. Have you been able to define the rules of social isolation (mask–distance–hygiene) for your child in the COVID-19 pandemic?
2. How has the pandemic process affected your child's behaviour?
3. What were the changes that occurred in your daily life during the pandemic?
4. What did you do as a daily activity during your time with your child during this period?
5. As a parent, what issues did you feel need support in the pandemic process?

Methods and Materials

Research Model

In the study, the qualitative research method was preferred to explain what problems parents and children who need special education faced during the COVID-19 pandemic by applying the opinions of families. Phenomenology (fact science) is designed as a model from qualitative research methods. Phenomenology is a qualitative research model that aims to highlight participants' perception and personal experiences of a situation or phenomenon (Akyavuz & Cakin, 2020). The 'pandemic process' discussed in terms of facts can be evaluated as one of these concepts. In this study, it is aimed to determine the problems experienced by parents with special needs children during the pandemic process and the changes that occurred in these children.

Participants

In the study, the participants were determined using the favourable snowball sampling method. The snowball (chain) sampling method is to reach other participants by being the intermediary of the participants reached by the researcher (Kilic, 2013). In this study, participants consisted of 29 parents, including 21 mothers and 8 fathers with special needs children. It is based on easy accessibility and willingness to participate voluntarily in the research in identifying participants. Participants are parents with special needs children living in different provinces of Turkey, such as Kocaeli, Ankara, Istanbul, Gaziantep, and Izmir, and in different parts of the UK such as Manchester, Edmonton, Bromley and London. Demographic information of the participants is included in Table 1.

Table 1. Demographic information of the participants

Variables		N
Gender	Mother	21
	Father	8
Parent age range	20–30	6
	30–40	21
	40–50	3
	Employee	19
Run status	Unable to work	9
	Who lost his job	1
	High school	15
Education status	License	12
	Graduate	2
	3–8	9
Children's age range	10–14	7
	15–18	5
	Autism	19
Children's special needs type	Special learning disability (OOG)	2

Within the scope of the research, a semi-structured interview form was used to collect data as it was aimed to identify the problems faced by children with special needs and their parents during the COVID-19 pandemic. Since 1,000 interviews with parents are not possible in this process, interview

questions were recorded in writing with online interviews. The data were collected between November and December 2020.

Data collection

Within the framework of the study, voluntary participation of the participants was considered. The researcher informed the participants about the privacy limits and how to conduct the study, emphasising the purpose of the research and the preparation of online interviews within the scope of a directive. In addition, it was emphasised that the identity information of the participants will be kept confidential in the interviews. The interviews were conducted by the researcher and the answers to the questions were recorded online and in telephone interviews.

Analysis of data

In this research, phenomenological analysis was used in the analysis phase of the data. Phenomenological analysis aims to understand and more clearly explain the meaning, essence and structure of the experiences of individuals or groups regarding a phenomenon. The main purpose of this analysis technique is to understand how individuals evaluate the events that occur around them. In the first step in phenomenological analysis, researchers stand out in their own thoughts and use the data as is. In this sense, the experience and perspectives of the participants regarding the phenomenon are clearly understood from the point of view of the readers (Basari & Uzunboylu, 2018; Uztemur & Inel, 2018). In this context, it is aimed to convert the data obtained in the content analysis into concepts and to create themes to define the phenomenon.

After the data are collected, the interview records are listed. The data obtained were first divided into groups; the concepts contained in the texts were categorised and comparisons were made between the categories. After the categories were determined, the tables were used, and the tables were organised with the discourses of the participating parents to set an example for the categories. The expressions of the participants were examined and the expressions with similar characteristics and different characteristics were determined and encoded. Regardless of the names of the 19 parents who participated in this study, each participant was given a sequence number from 1 to 19 and included direct citations from parental opinions. In terms of research ethics, maternal opinions by gender rather than the real names of parents are encoded as KA1, KA2, ...; fathers' opinions are encoded as KB1, KB2,

Results

In this research, which aims to reveal the problems, experiences and perceptions of parents during the pandemic, the findings in the data obtained are analysed by content analysis. Five main themes were established earlier, including 'identification of social isolation during the pandemic process', 'behavioural changes in children during the pandemic process', 'changes in daily life during the pandemic process', 'daily activities of parents during the pandemic process' and 'parents' need for support in the pandemic process'.

In the direction of the main themes created, sub-themes were determined in line with the rhetoric of the participants. The main themes created for the purpose of the research and the sub-themes related to the expressions of the participants are given in order.

Identification of Social Isolation During the Epidemic Process

In the findings on the identification of social isolation (mask–distance–hygiene) of parents to their children during the epidemic process, *we defined social isolation, distance between people and*

applying hygiene rules, we could not define social isolation, conceptualised in the form of four sub-themes and included in Table 2.

Table 2. Analysis and consequences of social isolation identification during the epidemic process

Sub-themes	F	Examples of vision
We defined social isolation	11	'... We got used to this process together, I told my child, we didn't have much difficulty with the process'. (KA14)
Distance between people	8	'... we had a hard time living a life away from social life'. (KA13)
Applying hygiene rules	7	'... At first it was a bit difficult but then he learned very well..'. (KA11)
We could not identify social isolation	4	'... I couldn't identify it because my child had autism at the age of 3, and he couldn't make sense of it because his perception level was so low'. (KB23)

Looking at Table 2, it can be seen that four sub-themes were formed in the main theme of defining social isolation during the epidemic process in the direction of the opinions of the participants. In the sub-theme of defined social isolation, it can be seen that 11 participants expressed opinions that they were not forced to do so, and in the sub-contact we could not define social isolation four participants expressed negatively.

Behavioural Changes in Children During the Pandemic

In the findings regarding behavioural changes in children in the way parents express this process to their children during the pandemic process, staying at home for a long time with nine sub-themes are conceptually shown in Table 3, including changes in daily routines, anxiety caused by restriction of freedom due to pandemic outside the home, weight gain due to healthy eating, satisfaction with staying at home, hypersensitivity in cleaning, increase in attachment to technological tools, increase in stereotypical behaviours and lack of behavioural change.

Table 3. Analysis and results of behavioural changes in children during the pandemic

Sub-themes	F	Examples of vision
Staying at home for a long time changes in outcome	12	'... He was very upset and closed in on his school and friends'. (KA8) 'He became depressed because he couldn't play outside the house, and his aggressive behaviour increased dramatically'. (KA5) 'His obsessive behaviour increased in the process'. (KA3)
Change in daily routines	9	'Sleep patterns have changed, and sleep duration has decreased. The desire to stay with me all the time has increased'. (KA19)

Freedom due to pandemic outside home anxiety caused by constraints	7	'... When we went shopping, we were very concerned about touch and hygiene..'. (KA16)
Weight gain due to healthy eating	6	'... our eating habits increased with my child, we both gained weight.'. (KA15) 'He was much happier to spend more time with his parents, but sometimes he was aggressive in following the new rules'. (KB22)
Being satisfied with staying at home	6	'... We had more opportunities to play together because the schools were closed, and I couldn't go to work'. (KB26)
Increase in connecting to technological tools	5	'I couldn't stop him from using a phone, tablet, and it took longer, and he spent more time in front of the TV'. (KA17)
Hypersensitivity in cleaning	3	'... in the process washed his hands more, the fear of being infected increased the level of anxiety..'. (KB24)
Increase in stereotypical behaviour	3	'The hand clap movements and the way they rotated increased again. He also began to repeat his toe-pointing behaviour frequently..'. (KA10)
No behavioural change	1	'... he could not perceive or understand the situation because he was underage..'. (KB29)

When Table 3 is examined, nine sub-themes related to the views of the participants are formed under the main theme of behavioural changes in children during the pandemic process. It is seen that the changes in the result of staying at home for a long time are the most with 12 participants in the sub-contact, and the child's absence of behavioural change is the least with 1 participant.

Changes in Daily Life During the Pandemic

In the findings related to changes in daily life during the pandemic process, seven sub-themes are conceptually shown in Table 4: isolation in social life, change in daily routines, changes in diet, increase in phone-tablet-TV usage, fatigue (housework, laundry, kitchen, cleaning etc.), working in a home environment and spending quality time with my child.

Table 4. Analysis and consequences of changes in daily life during the pandemic process

Sub-themes	F	Examples of vision
Isolation in social life	10	'Exposure to anti-social life, efforts to improve living standards in the home..'. (KA1) '... the longer the stay at home, the more boring it became, the inability to go outside led to an increase in aggressive behaviour in my children..'. (KB25).
Change in daily routines	9	'... I couldn't sleep at night, I was sleeping during the day, the habit of eating irregularly increased, I couldn't make time for myself..'. (KA7)
Changes in diet	8	'... my time in the kitchen has grown longer, we have been eating more carb-heavy and gained

		<i>weight as a family..’. (KA2)</i> <i>‘The longer we stayed at home, the unhealthier eating habits we consumed, the cakes, the pies and the desserts’. (KA18)</i> <i>“... my son's tablet use has been extended; we spent more time as a family in front of the TV...” (KA9)</i>
Increase in phone-tablet-TV usage	6	<i>‘... We trained in online courses and watched a lot of movies together on TV..’. (KA27)</i>
Fatigue (housework, laundry, kitchen, cleaning etc.)	5	<i>‘Daily cleaning, cooking etc. is very physically exhausting, I don't have time to rest’. (KA20)</i>
Working in a home environment	3	<i>‘I managed my university courses online from home’. (KA28)</i> <i>‘... During this period, when she could not go to special education school, my daughter and I made cakes and desserts, my daughter was very happy..’. (KA8)</i>
Spending quality time with my child	2	<i>‘... my son wanted to watch videos on more tablets..’. (KB23)</i>

When we look at Table 4, seven sub-themes related to the views of the participants can be seen under the main theme of changes in daily life during the pandemic process. In the isolation sub-contact in social life, it is seen that 10 participants expressed the most opinions and 2 participants expressed the least opinions in the sub-contact of spending quality time with my child.

Daily Activities of Parents During Their Time with Their Children in the Pandemic Process

In the findings regarding the daily activities of parents during the pandemic process during their time with their children, six sub-themes, including cognitive activities, physical activities, dexterity-based activities, interactive activities, school activities and technological activities, are conceptually included in Table 5.

Table 5. Analysis and results of parents’ daily activities during the pandemic

Sub-themes	F	Examples of vision
Cognitive activities	21	<i>‘... puzzle making a fun activity for us, and we played game that improves your attention.’. (KA4)</i> <i>‘We read a book; we evaluated the story we read together’. (KA6)</i>
Physical activities	19	<i>‘... we exercised, exercised, played the games he loved..’. (KA15)</i> <i>‘Our house was very close to the park, we walked together when there was no curfew and played balance,’ he said. (KB24)</i>
Dexterity-based activities	9	<i>‘... we played with play dough, made shapes with toys..’. (KA12)</i>

Interactive activities	9	<i>'My daughter and I cooked in the kitchen, and she helped me a little bit with cleaning' (KA21)</i> <i>'... we have done activities based on the ability to imitate in various ways..'. (KB28)</i>
School activities	7	<i>'... We repeated the activities given by the special education teacher. We made the exercise videos that our sports teacher sent us at home..'. (KA10)</i> <i>'... we did Google Classroom assignments together..'. (KB22)</i>
School activities		<i>'... we did home-school homework with my daughter..'. (KA15)</i>
Technological activities	4	<i>'... we played memory booster and intelligence games on the tablet..'. (KA11)</i> <i>'We played different video games together on the tablet'. (KB29)</i>

When we look at Table 5, during the pandemic process, six sub-themes related to the views of the participants can be seen under the main theme of daily activities during the period of the parents' time with their children. It is seen that 21 participants expressed the most opinions in the cognitive activities sub-contact and 4 participants in the technological activities sub-contact.

Parents' Need for Support in the Pandemic Process

In the findings regarding the need for support of parents in the pandemic process, six sub-themes are conceptually included in Table 6, including support for education support, general cleaning (housework, hygiene provision etc.), economic support, psychological support, support and support in health problems.

Table 6. Analysis and results of parents' support needs in the pandemic process

Sub-themes	F	Examples of vision
Education support	12	<i>'... I had difficulty implementing activities because we did not receive any distance education support from special education schools'. (KA18)</i>
General cleaning (housework, hygiene provisioning, etc.) support for	5	<i>'... I had a hard time doing housework and maintaining hygiene among children. I wanted someone else to have my support'. (KA15)</i>
Economic support	5	<i>'... my wife is a hairdresser, and, in the process, we had financial difficulties because our shop was closed...'"(KA7)</i> <i>'The UK government's financial practices for special needs children and their families during the pandemic were inadequate'. (KB22)</i>

Psychological support	3	<i>'As a parent, I was very tired psychologically of wanting to do everything on my own during the pandemic process'. (KA19)</i>
Support for health problems	2	<i>'I had a hard time getting my necessary routine health checks, the hospitals were very busy,' he said. (KA9)</i>
We didn't feel the need for support	2	<i>'We didn't feel any need for support'. (KB23)</i>

When Table 6 is examined, six sub-themes related to the views of the participants can be seen under the main theme of the support needs of the parents during the pandemic process. In the educational support sub-contact, it is seen that the 12 participants expressed the most opinions and 2 participants expressed the least opinions in the sub-contact that we did not feel the need for *support*.

Discussion

This research aimed at evaluating the problems faced by families and children who need special education during the COVID-19 pandemic, which has affected the whole world in a short time and has shaken our country, in both their own lives and the lives of their children with special needs. Using the interview technique with semi-structured interview questions, the questions are directed to parents by the online interview method and interviewed 29 participants. Five main themes and sub-themes linked to these themes were created for the findings of the interviews.

It is seen that many studies have been carried out in our country and internationally within the scope of the fight against the COVID-19 pandemic process. Among the studies, information about the pandemic process and the effects of the pandemic on social life is noted. When the field is examined in the summer during the pandemic process, it is seen that the studies carried out are mostly research in the field of health (Rothan & Byrareddy, 2020). In this context, it involves a limited number of studies in which both societies and individuals are affected socially and psychologically (Yi et al., 2020). With this study, it is aimed to contribute to the literature based on determining the level of impact on children with special needs and their parents regarding their needs and problems during the pandemic process.

When the process of parents in defining social isolation for their children during the epidemic process is evaluated, it is understood that at first they had difficulty in defining the rules in this process, but then their children are told about this process and they adapt to distance in interpersonal relationships; at the same time, parents with children with autism who are young cannot define social isolation. Although there is no study yet on the parents concerned, Kundu and Bhowmik (2020) consider the parents as adults and found that physical distance between adults is especially important. Amakiri et al.'s (2020) study is in accordance with the findings of the research conducted with the parents of the medical staff that they experienced stress and distress due to the uncertainty caused by the pandemic process and, therefore, had to manage rapid mood swings. Autism spectrum disorder (OSB) may cause inability to detect the effects of pandemic in children, resistance to change, inability to adapt to innovations and behavioural consequences (Akçay & Başgöl, 2020). In another study, Narzisi (2020) states that parents were obliged to stay at home to protect children with OSB due to the COVID-19 pandemic, while they were only allowed to leave the house at certain time intervals. During the pandemic, this caused parents and children to feel anxiety, panic, and fear. It has been

concluded that it is effective for parents to talk to their children with special needs about the pandemic process. In a study that supports the results of the study, Dalton et al. (2020) stated that effective communication during the COVID-19 process will prevent parents from experiencing unnecessary fear of this process to protect children's psychological health.

During the pandemic process, it is seen that there are nine sub-themes for the main theme of behavioural changes in children. Within the scope of these sub-themes, one of the studies that supports the findings of the study (Jiao et al., 2020) focuses on children's behavioural and emotional changes. In the findings of the study, it was found that there were quite significant sudden changes in emotion, problems with nutrition and sleep patterns and that children often developed aggressive behaviours, inseparability to leave the parent, inability to focus attention and fear after COVID-19. As a result of another study (Davico et al., 2020), they found that children in the pandemic zone were in the risk group for post-traumatic stress disorder.

One of the results of this research is the dependence on technology that occurs during the pandemic process due to the tendency of parents to use technology tools together with their children. In a study that supports the results of the research, technology addiction in this century, where technology affects our whole lives, and consequently the age of technology use decreases to an early age (Day & Horseman, 2018; Esgi, 2013; Tezel-Sahin, 2007); the implementation of social isolation has increased significantly during the COVID-19 pandemic, when there are curfews and children are kept away from their natural habitats. This finding is in line with the finding of a study conducted by Cluver et al. (2020) and Videla et al. (2020). In this sense, it is important to consider that the increase in parents' use of technology tools during the epidemic process causes them to be negatively affected in their children in terms of modelling (Kirik & Ozkocak, 2020).

The changes in daily life during the pandemic process were examined under the main theme with seven sub-themes. Especially in social life, isolation, change of daily routines and changes in diet are expressed by most of the participants. Many studies conducted during the COVID-19 pandemic include the change in daily routines and the lack of school attendance, the closure of shopping centres, compliance with social distancing rules, as well as an increase in the use of the Internet and social media and the abstention from social life (Ulgener et al., 2020; Witt et al., 2020). In a similar study, staying at home for a long time during the pandemic can have negative effects on children's physical and mental health (Branzandale et al., 2017). Another study conducted in this context (Wang et al., 2020) stated that children are less physically active, they use technology tools for exceptionally long periods of time (phone, tablet, TV etc.) and they have irregular sleep rhythms that are broken. The findings of these studies and the findings of this study are consistent in many ways.

According to the results of the study, there are six subcategories under the main theme of daily activities of parents during the pandemic process during their time with their children. It is seen that the highest proportion of participants are cognitive activities and physical activities, dexterity-based activities, interactive activities, school activities and technological activities, respectively. Staying at home for a long time has been described by participating parents as an opportunity to assess the time they spend with their children. In this sense, family members have stated that they play games and various activities together, as well as activities such as house cleaning and cooking. This result is similar to the conclusions made by Al-Johali (2019) and Szabo et al. (2020) that the physical union of staying at home for a long time during the COVID-19 pandemic will make the bond between family members strong and confirm the idea that common values will bring about importance.

Wang et al. (2020) stated in their research that physical activities during the pandemic process, memory booster and school and out-of-school activities through distance education are applied digitally. In another study, Lemenager et al. (2020) stated that interest in activities such as online games increased on the digital platform during the COVID-19 pandemic. During the COVID-19 pandemic, the closure of schools, the limitation of going to parks and playgrounds had negative effects on the social and physical development of children and caused stress with anxiety because of parents and children staying at home for a long time. However, the research has found that parents focus on having a more productive time with their children and produce different activities by turning to play activities to contribute to their children's education (Glassy & Tandon, 2020; Goldschmidt, 2020).

There are six sub-themes categories under the main theme of parents' support needs during the pandemic process. Among the findings of this study, participants stated that they needed the highest proportion of educational support. In their research, Livari et al. (2020) stated that not all children have equal opportunities to participate in online education and that children in special education schools have difficulties in adapting to online education times, focusing on the screen, short attention spans and supporting the education of their children, but this is solved by the support of special education teachers to children and parents. In another study, Zhu and Liu (2020) stated that educational institutions should develop supportive programmes within the scope of educational measures in China and increase teachers along with the necessary technological tools and equipment for the sustainability of online education. Espinosa et al. (2020), in Italy, one of the countries that has been severely affected by the pandemic process, proposed an educational model with enriched activities that will allow families to spend more time with their children in the support model they define for parents of children with autism. As a result of the study, although there are some limitations in this model, parents were able to socialise with their children within a certain time interval.

One of the results of this study is that the participants were mostly mothers. During the pandemic process, the education of children with special needs was left to the support of parents, and especially in addition to the roles of mothers in the home, educator roles were suddenly installed, and they had a hard time in this regard. In this case, it is very normal for parents to be inadequate in educational terms and it is also an expected result (Bozkurt, 2020). To adequately support children with special needs in terms of their education and development during the pandemic process, it is stated that the importance of family education and the effective and active participation of families should be ensured (Fronaphel & Demchak, 2020). Since children with special needs do not have independent learning abilities, and parents and teachers need support in their education, it is thought that their learning loss will be different (Elsayed & Salama, 2020). It is stated that there will be a great deal of difficulties to cover the shortcomings of special needs children who have suffered learning loss and increased educational needs during the pandemic process (Burgess & Sievertsen, 2020; Karip, 2020).

Conclusion and Recommendations

As a result of the research, parents with special needs children emphasised that negative changes in their lives during the COVID-19 pandemic affected them. In this sense, it is seen that the events with the pandemic process are questioned, parents and their children with special needs increase their anxiety levels due to uncertainty, they try to cope with the problems they face because of changing their daily routines and they try to get used to the working order in the home environment. During the pandemic process, the education of children with special needs was left to the support of parents, and it was concluded that parents assume important responsibilities by

transforming their roles in the home environment into an educator role in a sense, and at the same time they were able to explain this process to their children.

In general, when we look at what happened during the pandemic process, it is possible to say that it has positive as well as negative effects for both parents and children with special needs. As a result of children staying at home for a long time, it is seen that parents are happy to develop and implement creative activities to spend better quality time with their children. In addition, it has been determined that there are situations such as school closures, curfews, sleep problems and weight gain due to the change of daily routines, as well as parents' needs such as special educational support, economic support and psychological support for their children. Accordingly,

1. Since children with special needs and their parents have more negative problems in this process, educational programmes can be restructured in detail to ensure equal opportunities in education through technological means.
2. Policies can be developed and cooperation can be made between institutions to eliminate technological infrastructure problems that cause problems experienced in distance education.
3. It is important to add psychosocial support services to emergency action plans in situations requiring home isolation for an indefinite period due to the pandemic, and to restructure in cooperation with different professional groups to meet the needs of parents and children with special needs.

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