

# Investigation on the Basic Situation and Needs of Special Children's Families — Taking Sichuan Province as an Example\*

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**Abstract**—In order to further understand the basic situation and needs of special children's families, taking Sichuan Province as an example, a stratified sampling method was used to conduct a questionnaire survey on 624 parents of special children in 19 counties of 14 cities in this province. The results showed that children with mental retardation and multiple disabilities had a higher family history, and multiple disabilities, mental retardation, and cerebral palsy were in poor health; one-third of special children's parents were in poor physical condition, and most of them have only received junior high school education and below; special children's families are generally poor, and their economic level is significantly related to special children's location, family history, family type, physical condition, parental physical condition, parental education and other factors; Special children's families have strong needs in economic assistance, child skill training, rehabilitation training, medical services, parental counseling, professional counseling, etc. Parents are particularly worried about their children's future survival problems.

**Keywords**—special children; family situation; family needs

## I. INTRODUCTION

Domestic research on special children's families focuses on family needs, economic conditions, caregiver pressure, and social support. The existing research results show that special children's families are generally subject to greater economic pressure, economic demand is strong, and the needs of rehabilitation, professional support, and developmental support are also more common and strong. Special children's family members, especially the main caregivers with great mental stress, are suffering burnout and need spiritual and emotional support. Gu Changfen etc conducted a questionnaire survey of 133 parents of disabled children aged 0-7 in Beijing. The results showed that families with disabilities had strong rehabilitation needs, and strong demands for information support, financial support, professional support, service support and spiritual support. [1] Huang Xinyin etc surveyed family needs and development

support for 71 children with autism. More than half of autistic children families had financial difficulties. And they wanted to get development support for their children, hoped to increase family allowances, increase the number of doctors and special education staff for special children, and increase the number of institutions that can accommodate special children. [2] Xiong Nina, Yang Li and others interviewed parents of autism, physical disability, intellectual disability and ordinary children; found that families with children with physical disabilities, intellectual disabilities and autism had a greater economic burden than ordinary children. [3] Hu Xiaoyi, etc. made a survey on family needs and family life quality of visually impaired and hearing-impaired children in China, found that parents of visually impaired and hearing-impaired children in the process of raising children, their satisfaction of quality life at the medium level, need the support from the external; Economic needs were an important factor affecting the overall life quality of families with disabled children, especially affecting parents' emotional and physical health . [4] Through the questionnaire, Li Fangfang learned the current situation about the burnout and load of special child caregivers, social support. The results showed that according the scores from high to low, the special children's caregivers' burnout were emotional exhaustion, low sense of accomplishment, personality disintegration, the caregivers' load were time-dependent load , development load , physiological load , affective load and social load ,social support of the caregiver were emotional support, tool support, and information support. [5]

Special children's families have more needs and need support from society. Although the government, the Disabled Persons' Federation, special education schools and other institutions have given great support to special children's families, it is still not enough compared with their needs. Huang Jingjing, Liu Yanhong's questionnaire survey on 221 parents of children with special needs showed that special children's families were facing three difficulties: the economic difficulties, lack of knowledge about rehabilitation and special education, lack of time and energy. Special children's families actually received little social support. [6] Hu Xiaoyi surveyed 3198 families of children with

\*Fund: Sichuan Provincial Department of Education, "The Cost Analysis and Strategy Research on Special children's family Education in Sichuan Province" (Project No.: 14SB0144 ).

disabilities in our country, found that the satisfaction of family life quality of disabled children in China was at a medium level, and families with disabled children had lower sensitivity to family support. [7] Liu Baiqiao combed the research results of social support for special children's families in China in recent years. He believed that special children families in China had many needs; parents had higher psychological pressure and lower mental health level. The government and society had insufficient social support for special children's families and lacked relevant laws and regulations. [8]

On the basis of previous studies, This study takes the special children's family in Sichuan as the research object, aimed at understanding the basic situation and needs of special children families in Sichuan Province. Sichuan Province is a province with a number of disability populations. According to the data from the second national sample survey of persons with disabilities in 2006, people with disabilities in Sichuan Province was 6.223 million, accounting for 7.57 percent of the province's total population. Among them, 0-14 year-old disabled population was 0.03172 million, accounting for 5.10%, school-age children with disabilities aged 6-14 years was 0.0221million. The 5.12 Wenchuan Earthquakes has added nearly 10,000 new disabled people to Sichuan Province. Sichuan Provincial Bureau of Statistics, according to the national sample survey on disabled people in 2006 and 1987 and 1% population sample survey in 2005, used Keyfitz matrix equation model, predicted the number and proportion of people with disabilities in Sichuan. It forecasted the disabled would increase from 6.223 million in 2006, to 6.8927 million in 2010, to 8.6679 million in 2020, and in 2030 the number will reach 10.5125 million. [9] Since 2011, Sichuan Province has comprehensively carried out "tailor-made" services for the disabled, and has made new progress and new achievements in the fields of rehabilitation, education, employment, poverty alleviation, organization construction, rights protection, culture, sports, and service facilities. The results are that the majority of disabled people in the province have received more benefits. As far as special children's education is concerned, we can see from the statistical data of education in Sichuan Province in recent years that Sichuan's special education schools have increased year by year, and the number of special children in school is also growing. Since the implementation of the special education promotion program, special education has been greatly improved. According to statistics from the Education Department of Sichuan Province, in 2017, there were 127 special education schools in Sichuan Province, 2 more than 2016. 10,400 special children enrolled in 2017, increased 8.16% than 2016. The number of students in school was 53,461 in 2017, an increase of 11.89% over the previous year. Among them, the number of students in special education schools and attached classes was 14,513, an increase of 8.82% over the previous year. [10] Although the education for special children is only a small part of the programs for the disabled, it is only a small part of the needs of the disabled and their families, Special children attending special education schools are only a small part of the many disabled people. However, for the convenience of data collection and research, this study only

selected the special children's parents whose children are studying in special education schools as investigators, and only studied the basic conditions and needs of special children's families. Children or adults with disabilities at other ages were not included.

## II. THE RESEARCH OBJECT AND METHOD

This study takes special children's families as the research object, and takes the basic situation and needs of special children's families as the research content. It mainly uses literature analysis, questionnaire survey and individual interviews to conduct research, and uses statistical software SPSS18.0 for data processing and analysis. The study uses stratified sampling method for sampling survey, and selects Sichuan Province as the first-level sampling frame. According to the geographical location and economic development status, from 21 prefecture-level cities or autonomous, we select 14 prefecture-level cities or autonomous prefectures that are used as secondary sampling frames. They are the capital of Sichuan, Chengdu; the cities of east of Sichuan, Suining, Nanchong, Guang'an; Ganzi Tibetan Autonomous Prefecture, Aba Tibetan and Qiang Autonomous Prefecture, in western Sichuan; Leshan, Zigong, Neijiang, Yibin, Ganzhou, Liangshan Yi Autonomous Prefecture, in the south of Sichuan; Mianyang, Guangyua, in the north of Sichuan. According to the geographical location and representativeness of the school, 19 counties (county-level cities, districts, and autonomous regions) are selected as the three-level sampling frame. These counties (county-level cities, districts, autonomous regions) correspond to 19 special education schools. From these schools, we randomly select some special children's parents as the object of questionnaires and interviews. Since the students in some schools only go home once in a semester, or only during a short break, or once every two weeks or a month, it is difficult to meet their parents. This adds a lot of difficulty to the issuance of the questionnaire. Moreover, some ethnic minority parents are not very good at Chinese, and some parents cannot read and write. This also brings a lot of inconvenience to the questionnaire. Finally, the research team overcomes many difficulties. A total of 624 questionnaires are collected and 481 of them are valid, with an effective rate of 77.1%. With SPSS18.0, we process the data, using frequency analysis, comparison of the mean, correlation analysis etc, and analyze the type of disability, physical condition, family history, primary caregivers, household registration, family structure, parental physical condition and education level, family economic situation, family needs.

## III. SURVEY DATA AND RESULTS

### A. Family Characteristics

1) *Type of disability, physical condition and family history:* Among the survey samples, There are 154 children (33.4%) with mental retardation, 121 (26.2%) with multiple disabilities, 73 (15.8%) with deafness, 54 (11.7%) with cerebral palsy, and 35 (7.6%) with autism. As shown in

“Table I”. Among them, 9.0% of special children have a family history.

TABLE I. TYPES OF DISABILITY FOR SPECIAL CHILDREN (N=461)

	Mental retardation	Multiple disabilities	deaf	Brain palsy	Autism	blind	Emotional behavior	ADHD	other
<i>N</i>	154	121	73	54	35	3	3	3	15
<i>percentage</i>	33.4	26.2	15.8	11.7	7.6	0.7	0.7	0.7	3.3

Through cross-analysis, we find that children with a family history are mostly ones with mental retardation, followed by multiple disabilities, followed by deafness,

blindness, cerebral palsy, and ADHD. See “Table II” for details.

TABLE II. CROSS-ANALYSIS OF SPECIAL CHILD DISABILITY TYPES AND FAMILY HISTORY

Family history	Mental retardation	Multiple disabilities	deaf	Brain palsy	Autism	blind	Emotional behavior	ADHD	other	N
<i>Yes</i>	19	12	4	1	0	1	0	1	1	39
<i>No</i>	133	104	67	52	31	2	3	2	13	407
<i>N</i>	152	116	71	53	31	3	3	3	14	446

The physical condition of special children is not optimistic, 11.3% of special children are unhealthy, 14.5% of children are less healthy, 39.1% of children are average, 23.9% are healthy, and 11.1% are very healthy. The results of correlation analysis show that the health status of special children is not related to family history (P=0.760), is significantly associated with disability type (P=0.000). Through cross-analysis, we find that 44.4% of cerebral palsy, 39.2% of multiple disabilities,

33.3% of emotional behaviors and ADHD, 22.7% of mental retardation, 14.3% of autism, and 5.5% of deaf children are in poor physical condition. Among 118 children with poor health, multiple disabilities account for 39.8%, mental retardation account for 29.7%, cerebral palsy account for 20.3%, autism account for 4.2%, deaf children account for 3.4%, and emotional behavior and ADHD account for 0.8%. See “Table III” for details. It can be seen that the physical condition of children with multiple disabilities, mental retardation, and cerebral palsy is worrying.

TABLE III. CROSS-ANALYSIS OF SPECIAL CHILD DISABILITY TYPES AND PHYSICAL CONDITIONS

Physical conditions	Mental retardation	Multiple disabilities	deaf	Brain palsy	Autism	blind	Emotional behavior	ADHD	other	N
<i>Unhealthy</i>	35	47	4	24	5	0	1	1	1	118
<i>General</i>	56	50	32	22	8	1	2	2	8	181
<i>Health</i>	63	23	37	8	22	2	0	0	6	161
<i>N</i>	154	120	73	54	35	3	3	3	15	460

2) *Household type, primary caregivers and family structure:* Most of the special children in the sample are rural, accounting for 70.7%, and urban children account for only 29.3%. Among these special children, 52.9% are mainly cared for by mothers, 28.9% are mainly cared for by their fathers’ parents, 11.1% are mainly cared for by fathers, and 7.1% are mainly cared for by their mothers’ parents. 45.2% of the questionnaires are filled out by mothers, 27.7% are filled by fathers, 22.2% are filled out by fathers’ parents, and 4.9% are filled out by mothers’ parents. It can be seen that the responsibility of nursing and educating special children is mainly borne by mothers.

The result of the cross-analysis between the special children's household registration type and the main

caregivers shows that 52.2% of the urban special children are mainly taken care of by their mothers, 31.3% are mainly taken care of by the grandparents, 9.7% are mainly taken care of by the father; 53% of the rural special children are mainly taken care of by their mothers, 27.7% are mainly cared for by grandparents, 11.8% are mainly taken care of by the father. As shown in “Table IV”, it can be seen that both rural and urban special children are mainly taken care of by the mothers, but the proportion of mothers and fathers who are the mainly caregivers in villages is higher than that in the towns. The proportion of grandparents who are the mainly caregivers in urban areas is significantly higher than that in rural areas.

TABLE IV. CROSS-ANALYSIS OF SPECIAL CHILD HOUSEHOLD REGISTRATION TYPES AND PRIMARY CAREGIVERS

Household registration type	Father		Mother		Grandparents		Grandparents		N
	N	percentage	N	percentage	N	percentage	N	percentage	
Town	13	9.7	70	52.2	42	31.3	9	6.7	134
Rural	38	11.8	170	53	89	27.7	24	7.5	321
N	51	11.2	240	52.7	131	28.8	33	7.3	455

As a result of the survey on the structure of special children's family members, 17.1% of special children's families are single-parent families, 57.2% are two-parent families, 25.3% are large families, and 0.4% has no parents. Cross-analysis shows that the proportion of single-parent families with special children in urban areas is higher than that in rural areas. 24.5% of special children' families have only one child, 43.4% of families have two children, 21.5% had three children, 8.4% have four children, 2.2% have more than 4 children. Correlation analysis shows that the type of household registration of special children is significantly

related to the number of children in the family. The result of cross analysis between household type and the number of family child shows that 81.5% of urban households have only one or two children, 15.4% of households have three children, 3.1% of household have four and more than four children; 63.5% of families in rural areas have one or two children, 23.2% have three children, and 13.3% have four or more children. See "Table V" for details. It can be seen that the number of children in the rural special children families is generally more than that in urban families.

TABLE V. CROSS-ANALYSIS OF THE NUMBER OF SPECIAL CHILDREN'S HOUSEHOLD REGISTRATION AND THE NUMBER OF CHILDREN IN THE FAMILY

Household registration type	1 child		2 children		3 children		4 children		4 or more children		N
	N	percentage	N	percentage	N	percentage	N	percentage	N	percentage	
Urban	49	37.7	57	43.8	20	15.4	3	2.3	1	0.8	130
Rural	63	19.5	142	44	75	23.2	34	10.5	9	2.8	323
N	112	24.7	199	43.9	95	21	37	8.2	10	2.2	453

3) Parents' physical condition and educational level: According to the survey of the physical condition of parents of special children, both parents are in good health accounts for 65.3% , one of parents has long-term illness is 21.2%, parents have long-term illness is 3.5%,one of the parents has a disability accounts for 7.7% , and parents have both

disability is 2.2%. The result of cross-analysis between special children household type and their parents' physical condition shows that 78.2% of urban special children parents, 59.6% of rural special children parents are healthy, the urban special children parents are much healthier than the rural ones. See "Table VI" for details.

TABLE VI. CROSS-ANALYSIS OF THE TYPE OF SPECIAL CHILDREN'S HOUSEHOLD REGISTRATION AND THE PHYSICAL CONDITION OF PARENTS

Household registration type	Both are disabled		One of them is disabled		Both have been sick		One of them has been sick		health		N
	N	percentage	N	percentage	N	percentage	N	percentage	N	percentage	
town	1	0.8	5	4.0	1	0.8	20	16.1	97	78.2	124
Rural	9	2.8	30	9.5	15	4.7	74	23.3	189	59.6	317
N	10	2.3	35	7.9	16	3.6	94	21.3	286	64.9	441

The educational level of special children' parents is generally low, most of them are junior high school and below, and the mothers' educational level is generally lower than fathers'. 1.7% of special children's fathers are illiterate, 38.5% are primary school, 35.4% are junior high school, 12.4% are high school, 8.7% are junior college, and 3.3% are undergraduate and above. 3.6% of special children's mothers are illiterate, 42.4% are primary school, 32.3% are junior

high school, 13.7% are high school, 4.7% are junior college, and 3.4% are undergraduate and above. The minimum value of special children's parental educational level is 0 (illiterate), the maximum is 5 (undergraduate and above), the average of the fathers' educational level is 1.98, the standard deviation is 1.105, and the mean of the mothers' educational level is 1.84. The standard deviation is 1.082. As shown in "Table VII".

TABLE VII. SPECIAL CHILDREN'S PARENTAL CULTURE LEVEL

Parents	illiteracy	primary school	junior high school	High school	Specialist	Bachelor degree or above	Mean	Standard deviation
father	1.7%	38.5%	35.4%	12.4%	8.7%	3.3%	1.98	1.105
mother	3.6%	42.4%	32.3%	13.7%	4.7%	3.4%	1.84	1.082

The cross-analysis of the special children's household registration type and their parents' educational level shows that the educational level of rural special children's parents is generally lower than that of urban special children's parents. 2.5% of rural special children's fathers are illiterate, 49.4% are primary school, 38% are junior high school, 7.9% are high school, 1.9% are junior college, 0.3% are undergraduate and above, while the proportion of urban special children's

fathers in different educational levels are 0%, 10.6%, 30.3%, 23.5%, 25.8%, 9.8%. 4.6% of special children's mothers in rural areas are illiterate, 54.7% are primary school, 30.3% are junior high school, 9.1% are high school, 1% are junior college, 0.3% are undergraduate and above. While the proportion of urban special children's mothers in different educational levels are 0.8% , 12.4% , 37.2% , 24.8% , 14% , 10.9% . As shown in "Table VIII".

TABLE VIII. CROSS-ANALYSIS OF THE TYPE OF SPECIAL CHILDREN'S HOUSEHOLD REGISTRATION AND THEIR PARENTS' CULTURAL LEVEL

Parents	Household registration Types of	Special children's parental education					
		<i>illiteracy</i>	<i>primary school</i>	<i>junior high school</i>	<i>High school</i>	<i>Specialist</i>	<i>Bachelor degree or above</i>
<i>father</i>	<i>town</i>	0	10.6	30.3	23.5	25.8	9.8
	<i>Rural</i>	2.5	49.4	38.0	7.9	1.9	0.3
<i>mother</i>	<i>town</i>	0.8	12.4	37.2	24.8	14	10.9
	<i>Rural</i>	4.6	54.7	30.3	9.1	1	0.3

**B. Family Economic Status**

1) *Parents' employment situation:* The results of the survey on the employment situation of special children's parents are: 39.7% of special children's mothers have no income, 25.3% work at home, 18.7% go out to work, 4.7% work in formal units, 2.9% are self-employed, 8.6% earn income through other means; 9.1% of special children's fathers have no income, 23.2% works at home, 45.2% go out to work, 7.8% work in formal units, 6.5% are self-employed, and 8.2% earn income through other means. It can be seen that 65% of mothers and 32.3% of fathers are not employed or working at home. They give up the possibility of going out of employment, in large part because they have to take care of special children, and the opportunity cost is common among special children's families.

2) *Family economic level and influencing factors:* 70.7% of the special children in the survey sample came from rural areas, and the family economic conditions were generally poor. 64.4% of families are poor or very poor, 34.9% of families have general economic conditions, and only 0.6% of families are rich or very rich. 79.9% of special children's families, their economic burden are mainly borne by fathers, and 21.8% are mainly borne by mothers. However, 68.4% of the special children's fathers only rely on farming at home and working outside the home to maintain their family's livelihood. Rural production methods and productivity determine the income level of agricultural labor. In addition, the educational level of special children's parents is generally low, and they can only engage in simple labor, and the income level will not be too high. Therefore, the special children's families in the sample are generally poor.

The economic level of special children's families is significantly related to the special children's household registration, family history, family type, their physical condition, their parental physical condition, parental education level and other factors, and is not related to the type of disability and the number of siblings. See "Table IX" for details.

The location of household registration is negatively correlated with the family's economic level. The significance level is 0.000, and the correlation coefficient is -0.213. The economic level of special children's families in rural areas is low. Family history, family types are positively correlated with family economic level, the significant rates are 0.000 and 0.045 respectively, and the correlation coefficients are 0.168 and 0.093 respectively. The special children families with no family history had higher economic level and the single-parent family had lower economic level. Special children's physical condition, their parental physical condition, parental educational level, parental source of income are significantly associated with family economic level, the significance level is 0.000. The healthier special children and their parents are, the higher the parents' educational level is, the better the sources of income for parents are, and the higher the family's economic level is.

TABLE IX. ANALYSIS ON THE ECONOMIC LEVEL OF SPECIAL CHILDREN'S FAMILIES AND RELATED FACTORS

		Family economic level	Household registration location	family Medical history	family Types	Child's physical condition	parents Physical conditions	Education (father)	Education (mother)	Father's income Source	Mother's income Source
Family economic level	Pearson correlation	1	-.213 **	.168 **	.093 *	.229 **	.293 **	.328 **	.288 **	.229 **	.256 **
	Significant (bilateral)		.000	.000	.045	.000	.000	.000	.000	.000	.000
	N	470	458	448	465	468	445	453	438	443	435
Domicile	Pearson correlation	-.213 **	1	-.127 **	.006	-.123 **	-.173 **	-.562 **	-.518 **	-.281 **	-.174 **
	Significant (bilateral)	.000		.007	.906	.008	.000	.000	.000	.000	.000
	N	458	467	446	462	464	441	448	436	439	433
Family history	Pearson correlation	.168 **	-.127 **	1	-.024	.065	.419 **	.186 **	.234 **	.048	.127 **
	Significant (bilateral)	.000	.007		.616	.168	.000	.000	.000	.316	.009
	N	448	446	455	451	454	438	439	428	430	424
Family type	Pearson correlation	.093 *	.006	-.024	1	.115 *	.066	.009	-.032	.094 *	-.104 *
	Significant (bilateral)	.045	.906	.616		.013	.162	.855	.504	.049	.029
	N	465	462	451	474	471	449	455	441	444	439
Child's physical condition	Pearson correlation	.229 **	-.123 **	.065	.115 *	1	.214 **	.158 **	.149 **	.104 *	.066
	Significant (bilateral)	.000	.008	.168	.013		.000	.001	.002	.028	.166
	N	468	464	454	471	476	451	457	444	447	441
Parental physical condition	Pearson correlation	.293 **	-.173 **	.419 **	.066	.214 **	1	.236 **	.294 **	.153 **	.154 **
	Significant (bilateral)	.000	.000	.000	.162	.000		.000	.000	.001	.001
	N	445	441	438	449	451	452	439	428	428	423
Father education	Pearson correlation	.328 **	-.562 **	.186 **	.009	.158 **	.236 **	1	.786 **	.288 **	.234 **
	Significant (bilateral)	.000	.000	.000	.855	.001	.000		.000	.000	.000
	N	453	448	439	455	457	439	460	437	439	426
Mother education	Pearson correlation	.288 **	-.518 **	.234 **	-.032	.149 **	.294 **	.786 **	1	.286 **	.313 **
	Significant (bilateral)	.000	.000	.000	.504	.002	.000	.000		.000	.000
	N	438	436	428	441	444	428	437	446	418	423
Father's income source	Pearson correlation	.229 **	-.281 **	.048	.094 *	.104 *	.153 **	.288 **	.286 **	1	.301 **
	Significant (bilateral)	.000	.000	.316	.049	.028	.001	.000	.000		.000
	N	443	439	430	444	447	428	439	418	449	422
Mother income source	Pearson correlation	.256 **	-.174 **	.127 **	-.104 *	.066	.154 **	.234 **	.313 **	.301 **	1
	Significant (bilateral)	.000	.000	.009	.029	.166	.001	.000	.000	.000	
	N	435	433	424	439	441	423	426	423	422	443

a. \*\*. Significantly correlated at the .01 level (both sides).

b. \*. Significantly correlated at the 0.05 level (both sides).

3) *Family income and expenditure*: It can also be seen from the results of the special children's annual income survey that the economic conditions of special children's families are not good. 36.3% of special children families have an average monthly income of less than 1,000 yuan, 71.2% of families are below 2,000 yuan, 92.1% are below 4,000 yuan, and only 7.9% of families have monthly incomes above 4,000. 26.6% of special children families spend an average of less than 1,000 yuan per month, 65% of families spend less than 2,000 yuan per month, 93.3% of

families spend less than 4,000 yuan, and 6.7% of families spend more than 4,000 yuan per month. The minimum value of household income and expenditure is 1 and the maximum is 4, the average household income is 2.02, the standard deviation is 0.993, the average household expenditure is 2.3, and the standard deviation is 1.154. See Table 10. It can be seen that the average monthly income and expenditure of most special children's families is below 2,000 yuan, and the average household income and expenditure is a little over 2,000 yuan per month. In the case of low income, about

92% of households are in balance, with a monthly income and expenditure of less than 4,000 yuan, and very few

households have balances.

TABLE X. AVERAGE MONTHLY INCOME AND EXPENDITURE OF SPECIAL CHILDREN'S FAMILIES

Income and expenditure	Less than 1,000 yuan	1000-2000 yuan	2000-4000 yuan	More than 4,000 yuan	Mean	Standard deviation
<i>monthly income</i>	36.3%	34.8%	20.9%	7.9%	2.02	0.993
<i>Monthly expenditure</i>	26.8%	38.2%	28.3%	6.7%	2.3	1.154

*C. Family Needs and Social Support*

In the survey results of special children's families , 74.5% of special children's families need financial support, 68.7% , 61.1% , 49% of families respectively need support for children's skills training, rehabilitation training , medical services, etc. , 43.8 % and 34% of parents respectively need psychological counseling and professional counseling support. At the same time, special children's families also hope to receive support about parents' experience exchange, professional books, parent training, accessories distribution, parent-child activities and so on.

The last question is open question in the questionnaire. 165 parents of children with special needs write down their comments and suggestions for special education, most of the views and suggestions show their needs. 29 parents hope that special children can get vocational skills education, have a skill, can make a living by themselves after they grow up; 23 parents hope to improve the professional quality of special education teachers , hiring teachers with special education backgrounds; 8 parents hope to improve their self-care ability ; 7 parents want to get understanding, attention and support of the community; Some parents also have financial assistance, rehabilitation training, increasing the number of years of compulsory education, add an institution to accommodate adult special children, psychological counseling for children, and parent training.

Special children's parents have more needs, and they need multi-faceted support from society. In the survey of social support sources for special children's families, 73.8% chose the Disabled Persons' Federation, 72.5% chose special education schools, 59.3% government, 54.8% education departments, 49.4% civil affairs departments, 24.6% caring people, 20.3 % caring enterprise, 19.7% rehabilitation institution, 12.5% community, 4% college. Special children's families rank the social support they received according to the strength of support. The top six are from the big to the small: the government, special education schools, education departments, the Disabled Persons' Federation, civil affairs departments, and caring people.

IV. ANALYSIS AND DISCUSSION

*A. Analysis on Characteristics of Special Children Family*

Special children such as mental retardation, multiple disabilities, convulsions, cerebral palsy, and autism accounted for 94.7% in the survey samples, which is the main type of disorder for special children in special education schools. 9.0% of special children have a family history, mental retardation, multiple disabled children have a

higher family history, mental retardation, multiple disabilities, and cerebral palsy children's physical condition is more worrying. The physical condition of special children's parents is also not optimistic. 21.2% of parents have long-term illness, 3.5% of parents both have long-term illness, 7.7% of parents have disabilities, and 2.2% of parents both have disabilities. The educational level of special children's parents is generally low, 89.9%, 89.6% of rural special children fathers and mothers are junior high school and below, 40.9%, 50.4% of urban special children fathers and mothers are junior high school and below, The educational level of special children parents in the rural is generally lower than that of special children's parents in urban areas. Rural families have a high probability of having special children, and 70.7% of the special children in the survey sample are from rural areas. In the special education school teacher interviews, we learned that some rural families have two and more special children, some parents have intellectual disabilities, but they do not control births and continue to give birth to several children who are mentally retarded.

The family history of special children and the physical condition of parents make special children's parents have a higher probability of giving birth to special children. In addition, the special children's parents, especially the special children of rural areas, generally have lower educational levels, and lack of ideology such as prenatal and postnatal care. So it has also greatly increased the probability of birth of special children.

*B. Attribution Analysis of Family Poverty in Special Children*

Special children's families are generally poor , household income levels are not high, 36.3% of families have an average monthly income less than 1,000 yuan, and 71.2% of families have an average monthly income less than 2,000 yuan. In the case of low income, about 92% of households are in balance, with a monthly income of less than 4,000 yuan, and very few households have balances. The economic level of special children's families is significantly related to the location of the special children's household registration, family history, family type, physical condition, parental physical condition, parental education and other factors. The economic level of special children in rural areas is lower than that in urban areas. Special children families with no family history have higher economic standards and single-parent families have lower economic levels. The healthier the special children and their parents are, and the higher parental educational levels are, and the better parents' income source is, the higher the family's economic level is.

The number of children in rural special children's family is more than urban households. 36.5% of rural special children families have three or more children, 18.5% of urban special children families have three or more children. In One-third of special children's families parents have poor physical condition and in one-tenth of special children one or both of their parents have a disability. Rural special children's parents' health condition is worse than urban special children's parents' health status, 21.7% of urban special children's parents or one of them have long-term sick, or have a disability. But 40.3% of rural special children's parents have such health problems, which is significantly higher than the town. The large number of children in rural special children families and the poor physical condition of parents may be one of the reasons for the poor economic status of special children in rural areas.

Special children in rural areas and towns are mainly cared for by mothers. 65% of mothers, 32.3% of fathers are not employed or farming at home, the proportion of rural special children mothers and fathers as the main caregiver is higher than that of towns, and the proportion of urban special children grandparents as primary caregivers is significantly higher than that in rural areas. Special children's parents, especially rural special children's parents, have abandoned the possible employment opportunities and reduced the family's economic income in order to take care of special children. This is another reason for the poor economic status of special children's families, especially those in rural areas.

The educational level of special children's parents is generally low, most of them are junior high school and below. The mother's educational level is generally lower than that of fathers. The educational level of rural special children's parents is generally lower than that of urban special children's parents. 39.7% of special children's mothers and 9.1% of fathers have no income, 25.3% of mothers and 23.2% of father farm at home. The educational level of the special children's parents limits the nature of their work, the source of income, and their income level to some extent. The low level of education and poor income of special children's parents are also important reasons for the economic difficulties of special children's families.

### *C. Analysis of Family Needs of Special Children*

Special children's families have strong needs in economic assistance, child skill training, rehabilitation training, medical services, parental counseling, and professional counseling. In addition, from the interviews and answers of the questionnaire open questions, we feel that parents are very worried about the future of special children. They hope to extend the education period of special children in school. They hope that there will be special institutions to accommodate the adult special children. And they hope that children can learn a skill and find a way to make a living and support themselves.

The reason why special children's parents have strong needs in these aspects is precisely that the society does not provide them with support in this regard, or that there is too little support in these areas to meet their needs. At present,

the support received by special children's parents mainly comes from the Disabled Persons' Federation, special education schools, government, and Civil Affairs Departments. Rehabilitation institutions, communities, universities, enterprises, individuals, etc. have a low proportion of participation in social support.

## V. CONCLUSION

### *A. Strengthening the Guidance and Supervision of Prenatal and Postnatal Care to Reduce the Birth Rate of Special Children*

It is recommended that the government, health and family planning departments and other departments strengthen the promotion of prenatal and postnatal care, especially strengthen the education, guidance and supervision of rural childbearing couples to improve their eugenics awareness, and provide free pre-pregnancy check for couples who are ready to give birth, provide guidance and help for families with genetic risks to avoid couples with a history of genetic disease to give birth to several special children. At the same time, strengthen publicity and education, and require pregnant women, especially rural pregnant women, to go to the hospital for regular pregnancy check-ups. It can also provide free pregnancy tests for pregnant women with financial difficulties or appropriate fee reductions to improve the quality of births, in order to minimize the birth of a special baby as much as possible and fundamentally control the number of congenital special children.

### *B. Improving the Level of Rehabilitation and Medical Services and Reduce the Financial Burden on Families*

It is recommended that the government, the Disabled Persons' Federation, the Ministry of Health and other departments increase the number of rehabilitation service institutions or centers to improve the ability of rehabilitation services and provide rehabilitation opportunities for more special children. Provide medical green access to special children and their parents with disabilities, appropriately deduct their medical expenses or grant medical assistance according to their type of disability and degree of disability, and provide free medical services to them in areas with better economic conditions. The new rural cooperative medical care and urban residents' basic medical insurance can be appropriately tilted to special children's families, increase their reimbursement types, reimbursement rates and quotas to reduce the medical burden of special children's families and prevent rural special children's families from becoming poorer due to illness and being sicker due to poverty.

### *C. Providing Parent Skills Training and Employment Guidance to Increase Household Income*

It is recommended that the government, the Disabled Persons' Federation, the Civil Affairs and other relevant departments increase the care and assistance for families with disabled children such as mental retardation, multiple disabilities, and cerebral palsy, as well as special children's families with severe disabilities, provide more support in



material, economic, medical care, and policy to special children's families whose parents are disabled or parent is disabled. It is suggested that the government, Civil Affairs and other departments give more guidance and support to special children's parents with low education level, no income source and no life skills, especially the parents of rural special children, and provide them with appropriate skills training and employment guidance, to improve their ability to earn a living and help them find jobs to increase their income.

#### *D. Strengthening Vocational Education of Special Children, Concerned About Their Future Life*

It is recommended that the government and the education department accelerate the construction of special education vocational and technical schools and colleges, and provide vocational and technical education for adult special children and who have completed compulsory education. Courses should be set according to local economic and industrial conditions and social needs, and adjusted according to industrial adjustment and social needs, in order that students can get a suitable job after graduation. At the same time, give more support to special education schools and encourage special education schools to offer vocational skills courses. Special education vocational and technical schools and special education schools should also be more open. They can sign cooperation agreements with relevant enterprises and develop orders according to the needs of enterprises, so as to improve the employment rate of students. After graduation, students can directly go to targeted enterprises for employment. Government, taxation and other departments should also give finance and tax and land preferential policies to enterprises that receive special children, in order to encourage enterprises to continue to accept special children.

It is recommended that the government, the Disabled Persons' Federation, the Civil Affairs, Social Security and other departments should share and compensate the raising costs of special children's families as much as possible, and try their best to improve the welfare of special children's families. We should speed up the construction of welfare institutions for caring the disabled to install adult special children who have serious disabilities and are unable to make a living, so as to alleviate the financial burden, psychological stress and caring for the parents of special children. If parents are willing to let adult special children stay at home and take responsibility for caring for special children, the government can give them support in economic, professional counseling, psychological counseling and so on.

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