Listen to Me: Parents' Satisfaction with Special Needs Services in Syria – A Descriptive and Exploratory Study

Wissam Mounzer¹ · Donald M. Stenhoff²

Accepted: 23 September 2021 / Published online: 14 October 2021
© The Author(s) 2021

Abstract

Parents' involvement in their child's educational and therapy choices is an important aspect of their therapy. This involvement may be related to their satisfaction with their child's service providers' direct child services family-related involvement. Additionally, civil unrest may influence parents' satisfaction. For example, the Syrian civil war, which began in 2011, has influenced families with children in schools, and specifically children who have disabilities. The purpose of this descriptive and exploratory study was to investigate parents' perceptions of current services provided in Syria for their children with disabilities, and to identify the services provided to Syrian children with ASD and other developmental disabilities. A total of 466 parents completed the study's survey, with about half of the participants reporting that their child received early intervention and fewer that their child received other therapies (e.g., speech, behavioral, counseling). Parents also reported feeling unwelcome to contribute to their child's individualized education program (IEP), and were not satisfied with the services their child received. In addition, some demographic factors, such as place of residence, the child's current age, the child's diagnosis, the child's attending age at school, and which program the child was enrolled in, increased the parents' satisfaction level. Implications and future research are discussed.

Keywords Parent satisfaction · Individualized education program · Disabilities · Autism spectrum disorder; Syria.

Highlights

- Parents' involvement can negatively or positively impact parents' engagement in their children's education.
- Receiving services in extraordinary circumstances, such as during the civil war, impacts parents' sense of satisfaction.
- The programs used acceptable methods and focused on behaviors that are important to families.
- Parents were dissatisfied with the safety precautions taken at school.
- Staff should provide a structured environment in order to be able to manage students' behaviors.

Introduction

Parent's involvement and therapy choices for their children remain an important topic for parents of children diagnosed with autism spectrum disorder (ASD) and other developmental disabilities (Cloth, 2006; Epstein et al., 2002). Researchers

have found that parents of children with disabilities have their children enrolled in up to ten different therapies or treatments at one time (e.g., Green et al., 2006; Hess et al., 2008; Kohler, 1999). These may include educational, behavioral, medical, and pharmacological treatment options (National Autism Center, 2015; Rogers & Vismara, 2008; Wong et al., 2015; Wong & Smith, 2006). Parent satisfaction surveys are a widely used assessment method for evaluating children's educational programs (e.g., Bailey et al., 2012), and for measuring the social validity of these services (e.g., AL Jabery et al., 2014; Park, 2014).

Some researchers (e.g., Auert et al., 2012; Wodehouse & McGill, 2009; Woodgate et al., 2008) have noted parents' dissatisfaction with therapy experiences for their children with ASD, intellectual disabilities (Barelds et al., 2010;

✉ Wissam Mounzer
wissam.mounzer@specped.su.se

¹ Department of Special Education, Stockholm University, Stockholm, Sweden

² Department of Psychology, Arizona State University, Arizona, USA

De Geeter et al., 2002; Knox et al., 2000), or physical disabilities (Miles-Bonart, 2002). These researchers highlight the importance of involving parents more in decision-making, communicating with them during the intervention process, and recognizing their expertise and contribution. Communication issues become a hindrance to successful special education programs when parents feel that the school is not listening to them, or that they have to agree out of respect for the professionals rather than because they actually agree with the decisions made (Dabkowski, 2004).

Current special education laws and training programs in Arab countries give little attention to the families and parents of children with disabilities (Hadidi and Alkhateeb, 2015). Mounzer (2013) confirmed that parents are vital to the team process and to the success of special education interventions. Parents provide information on their child's strengths and weaknesses at home, background information on the child's history and development, and information on any family factors that may affect the child's learning; however, meaningful parent participation includes aligning interventions with the child's needs that parents believe should be addressed (Knox et al., 2000; Woodgate et al., 2008).

In the Middle East region, researchers surveyed parents' opinions regarding their children with disabilities (e.g., in Dubai; Mohan, 2009) to assess their satisfaction with the therapy their child received. Mohan (2009) found a need for more services, such as autism specialty clinics, family services, early intervention, social skills training, and diagnostic services. In Turkey, Senel (2010) surveyed 38 Turkish parents' views and experiences involving Complementary and Alternative Medicine (CAM) treatments. The results identified some negative aspects of using CAM, such as the expense, difficulty to implement, and potential harm. Similarly, in Jordan, the findings by AL Jabery et al., 2014 indicated that, on average, parents were satisfied with the services their family received but that there was a need to improve parent-professional partnerships. In addition, the authors reported sources of low satisfaction with the overall quality of services. Finally, in Syria, Mounzer and AL Khateeb (2009) reported a high level of parent satisfaction with behavioral treatment services provided to their children with ASD.

Theoretical Foundation of Parent Participation in Special Education

Parent participation in special educational services has different theoretical perspectives. Most of the theoretical research is based on Epstein's (1992) framework of parents' involvement in their children's education. According to Epstein (1992), parents can be involved through parenting, communicating, volunteering, supporting their children's academic work at

home, engaging in decision-making, and collaborating with the community. Sheldon and Epstein (2005) defined six types of involvement: (a) parenting involves helping all families establish supportive home environments for children as students; (b) communicating involves establishing effective two-way communication about school programs and children's progress; (c) volunteering involves recruiting and organizing parental help and support at school, home, or other locations; (d) learning at home involves providing information and ideas to families about how to help their children at home with their learning; (e) decision-making involves having parents serve as representatives and leaders on school committees; and (f) collaborating with the community involves identifying and integrating resources and services from the community to improve school programs. These six types of involvement have been recommended for use in a comprehensive program of school, family, and community partnerships. Furthermore, all these areas influence consumer satisfaction with intervention services for children with disabilities (Sheldon & Epstein, 2005). Other evidence comes from parental participation in school settings (e.g., Eccles & Harold, 1996; Mitchell, 2004). Additionally, Tekin (2011) argued that Piaget's cognitive development theory, Vygotsky's sociocultural theory, and Bronfenbrenner's ecological systems theory might also be useful in studying parental involvement.

Services Provided for Children with Disabilities in Syria

No data are available on the number of children with disabilities, or the number of children being educated or served, in Syria. However, the High Commissioner for Human Rights (HCHR, 2013) reported that the Syrian Ministry of Social Affairs has constructed 31 centers for individuals with disabilities, including visual impairments, hearing impairments, cerebral palsy, and the need for vocational rehabilitation. The report also indicated that there are 65 non-government organizations (NGOs) in operation in Syria providing services to children with disabilities. Services range from inclusion support in mainstream schools to support in special schools or private clinics, including speech therapy, occupational therapy, behavioral therapy, physical therapy, parent training, health or medical services, private speech sessions at home, private teaching sessions, private clinics in hospitals, family counseling, and vocational rehabilitation. Despite these services, there is a paucity of services for children with disabilities in Syria; thus, there is a vital need to increase awareness regarding the number of children with disabilities in Syria and the need for appropriate services (Thompson, 2017).

After nine years of conflict, the Syrian crisis continues to have a large impact on children living there. Countless Syrian

children have been affected by the violence, displacement, severed family ties, and lack of access to vital services. For example, the United Nations estimates that 11 million people require humanitarian assistance, including 4.7 million children and 1.3 million people with disabilities (United Nations Children's Fund [UNICEF], 2020). UNICEF (2019) also reported that over half of the school-aged population in the country's northwest region (300,000 children) are at risk of not receiving educational services. Moreover, Tchie and Farina (2018) reported that over 10,000 children with disabilities in Syria are living without access to most necessities. They also found that 88% of all children surveyed reported a need for medical rehabilitation services and that 68% of the children indicated that these services were not available in their area. It is also concerning that 64% of the children surveyed reported a need for educational services, and that 81% did not have access to educational services in their area. Almasri et al. (2019) reported four main results of war on children's education: (a) insecurity, (b) instability, (c) lack of resources, and (d) lack of adult supervision.

Due to the limited attention to families and parents of children with disabilities in Syria and the dearth of data that quantify these issues, further investigation is needed. Thus, the purpose of the current descriptive and exploratory study was to investigate parents' perceptions of current services provided in Syria to children with different disabilities, and the state of special needs services provided during the civil war. Our goal is to activate the role of parents in the educational process, in addition to identifying the services provided to children with ASD and other developmental disabilities, in Syria. Accordingly, this study answers the following research questions:

1. What services are being provided to children with special needs and their families in Syria?
2. How satisfied are the parents regarding the services currently received?
3. Which of the categorical variables (e.g., relationship to child, educational level, place of residence, child's current age, child's diagnosis, child's attending age at school, and which program child was enrolled in) predict parents' satisfaction level?

Method

Participants

A total of 466 parents consented to participate and completed the survey. Responses from 27 parents were excluded because they lived outside Syria at the time of the study. Thus, 439 parents (176 fathers and 263 mothers) completed the survey. Twenty-two of these parents had a basic

educational level, 86 had completed secondary school, and 231 had a university-level education. Three-hundred three parents lived in Damascus or its surroundings; 38 in the central governorates; eight in the coastal/western governorates; 14 in the eastern governorates; 55 in the southern governorates; and 21 in the northern governorates. Their children had ranging disability categories (e.g., autism spectrum disorder, intellectual mental disorder, learning difficulties, ADHD, motor impairment, hearing impairment, visual impairment, language disorders or speech delay, no specific diagnosis, and other diagnoses). The children were enrolled in different programs (e.g., 47 were included in mainstream schools; 331 were full-time students five days a week; 46 had one to three sessions weekly; and 15 had five or more sessions a week). Most of the children had attended early childhood programs for their respective age levels (242 were 1–2 years old; 140 were 3–5; 57 were over 5). The children's ages at the time of this study were 1 to 3 years ($n = 22$), 3.1 to 5 years ($n = 98$), 5.1 to 10 years ($n = 231$), and over 10 years ($n = 88$). Demographic information is summarized in Table 1.

Procedures and Measures

The Survey & Report web-based survey tool, available at Stockholm University, was used to develop the Satisfaction Questionnaire (SQ) for distribution. The SQ was posted using a web link on multiple agencies' websites, including regional and national parent advocacy groups' online and social media pages. Respondents were required to consent to answering the questions, and could not complete the SQ unless they answered all questions. The web link was available for one month, and was programmed to be completed only once.

Satisfaction questionnaire

The SQ was written in Arabic, and items were developed from a literature review and based on the experiences of the first author. The SQ consisted of three sections – demographic information, children's services, and family services – which were developed separately to answer the research questions. The parents responded to the questions using a Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). In the demographic section, parents responded to eight items reporting their and their child's demographic information (Table 1). In the children's services section, parents responded to 23 items regarding (a) their satisfaction with their child's current educational placement; (b) the social validity of the services (e.g., acceptance, socially important outcomes, and effective methods in the school); (c) the educational environment; (d) the degree to which the current services adequately

Table 1 Participants' Demographic Descriptive Statistics ($n = 439$)

		N	%			N	%
Relationship to child	Father	176	40.1	Attending age	1–2 years	242	55.1
	Mother	263	59.9		3–5 years	140	31.9
	Other	-	-		Over 5 years	57	13.0
Level of education	Basic Edu	122	27.8	Child's diagnosis	ASD	241	54.9
	Secondary school	86	19.6		Intellectual mental disorder	23	5.2
Place of residence	University	231	52.6	ADHD	Learning difficulties	2	5
	Damascus and its countryside	303	69		ADHD	17	3.9
	Central governorates	38	8.7	Hearing impairment	Hearing impairment	97	22.1
	Coastal/Western governorates	8	1.8		Language disorder or SD	22	5
	Eastern governorates	14	3.2		No specific diagnosis	20	4.6
	Southern governorates	55	12.5	Other	Other	17	3.9
	Northern governorates	21	4.8				
Child's current age	1–3 years	22	5	Program	Inclusion in mainstream school	47	10.7
	3.1–5 years	98	22.3		Full-time five days a week	331	75.4
	5.1–10 years	231	52.6		1 to 3 sessions a week	46	10.5
	Over 10 years	88	20		5 or more sessions a week	15	3.4

addressed the parents' primary areas of educational priority/concern; and (e) the effect of direct services on developmental adapted skills. In the third section, related to services provided to families, parents responded to 21 items involving their satisfaction with (a) the most recent individualized education program (IEP) meeting; (b) their level of involvement in creating the current IEP; (c) the IEP document; (d) access to communication devices and opportunities to meet other families; (e) their interactions with the educational staff; (f) the degree to which the school activities respected the principles and values of different families; and (g) how the school helped them improve their knowledge in any issue related to their child's case. We determined that a normative interval of 2.60 to 3.39 indicated satisfaction. A pilot study using the completed questionnaires of 20 parents who were not included in the study sample demonstrated that the SQ had high internal consistency (Cronbach's coefficient alpha: 0.97) and high test-retest reliability (interclass correlation coefficient: 0.97 [0.968 to 0.976]).

Description of educational services

Parents were asked to select from a list all the services provided to their child (i.e., classroom services,

occupational and physical therapy, speech/language therapy, augmentative and alternative services, behavioral therapy, family/parent training, interpreting services, psychological services, recreation [including therapeutic recreation], early intervention, health or medical services, private speech sessions at home, private teaching sessions, private clinics in hospitals, family counseling, and vocational rehabilitation). They were also asked a yes/no question regarding whether they were satisfied with the services their children received, and to report their child's current educational placement from a list of the special education continuum of alternative placements (i.e., full-time seven days a week, inclusion in mainstream school, one to three sessions a week, five or more sessions a week).

Data analysis

Descriptive statistics were computed using means and standard deviations. A one-sample *t*-test was used to test whether a population mean was statistically significantly different from some hypothesized value. We computed a multiple regression analysis with enter method to assess relevant predictable factors of parents' satisfaction level. Finally, an analysis of variance (ANOVA) was used to analyze the differences among groups.

Results

Description of Educational Services

Most respondents ($n = 364$; 82.9%) reported that their children had received some type of health or medical services. Almost half of the participants reported that their children were in an early intervention program ($n = 203$; 46.2%), speech/language therapy ($n = 135$; 30.8%), behavioral therapy ($n = 121$; 27.6%), classroom services ($n = 47$; 10.7%), family/parent training ($n = 42$; 9.6%), family counseling ($n = 15$; 3.5%), augmentative and alternative services ($n = 9$; 2%), or vocational rehabilitation ($n = 9$; 2%). No interpreting services, psychological services, or recreations (including therapeutic recreation) were reported (Table 2). Overall, parents whose children had received health or medical services, early intervention, behavioral therapy, or speech/language therapy reported that they were satisfied with these services, while parents in other categories (e.g., occupational therapy, family counseling; Table 2) were dissatisfied.

The most frequently reported placement for students was full-time five days a week ($n = 331$; 75.4%). Forty-seven children (10.7%) were served in mainstream schools, and 46 (10.5%) received one to three sessions weekly. Fifteen (3.4%) children received five or more sessions weekly (Table 1). ANOVA one-way test was used in order to assess the effect of the type of program in which the child was enrolled. A statistically significant result was found – $F(3,485) = 16.82$, $p < 0.001$ $\eta^2_p = 0.73$. On average, full-time programs increased parents' satisfaction, compared to one to three sessions a week. A post hoc comparison using Tamhane's T_2

related to this difference – 1.13, 95% CI [1.08, 1.22] – was statistically significant at $p < 0.001$. Parents of children enrolled in full-time programs were more satisfied by 1.15 points, 95% CI [1.10, 1.21], $p = 0.01$, than were parents of children included in ordinary school. However, no statistically significant differences ($p = 0.13$) were found between one to three sessions weekly and five or more sessions weekly.

Satisfaction with Educational Services

Results are described by dividing parents' responses into three satisfaction categories: (a) dissatisfied (1 to 2.59), (b) neutral or low satisfaction (2.59 to 3.39), and (c) satisfied (3.40 to 5.00). A one-sample t -test was conducted to examine the statistically significant differences between the "neither agree nor disagree" interval (2.60 to 3.39) and the average of each item of the instrument dimensions, as well as the total score of instrument. Results indicated that parents were generally dissatisfied ($M = 1.86$, $SD = 0.72$) with special education services in Syria. This difference of -1.13 , 95% CI $[-1.22, -1.08]$ was statistically significant: $t(438) = -33.20$, $p < 0.001$, $d = 1.58$. Similarly, parents were dissatisfied ($M = 1.87$, $SD = 0.71$) with educational services provided to their children, with a difference of -1.13 , 95% CI $[-1.19, -1.05]$, which was statistically significant: $t(438) = -33.23$, $p < 0.001$, $d = 1.58$ (Table 3). Parents were also dissatisfied ($M = 1.84$, $SD = 0.76$) with services provided to the family. This difference, -1.13 , 95% CI $[-1.22, -1.08]$, was statistically significant: $t(438) = -31.72$, $p < 0.001$, $d = 1.51$ (Table 4).

Predictability of Parents' Satisfaction

A multiple regression with enter method was used to assess parents' satisfaction level from independent variables (e.g., relationship to child, educational level, place of residence, child's current age, child's diagnosis, child's attending age at school, and which program child was enrolled in). The model explained a statistically significant variance in parents' satisfaction level $F(7, 43) = 10.05$, $p < 0.001$, $R^2 = 0.57$, $R^2_{\text{adjusted}} = 0.34$. Place of residence was a significant predictor of parents' satisfaction level: $\beta = 0.27$, $t(7) = 5.9$, $p < 0.001$. Southern and capital city corresponded, on average, to a 27-point increase in parents' satisfaction level: $B = 0.076$, 95% CI [0.050, 0.101] (Table 5). The child's diagnosis was also a significant predictor of parents' satisfaction level: $\beta = -0.15$, $t(7) = -2.93$, $p = 0.004$. An increase in the severity of the diagnosis corresponded, on average, to a 27-points decrease in parents' satisfaction level: $B = -0.023$, 95% CI $[-0.038, -0.007]$ (Table 5). Parents whose children were diagnosed with language disorders or speech delay, no specific diagnosis, and other

Table 2 Description of Educational Services ($N = 439$)

	<i>N</i>	%	Satisfied (S) vs. Unsatisfied (U)
Health or medical services	364	82.9%	S
Early intervention	203	46.2%	S
Speech/language therapy	135	30.8%	S
Behavioral therapy	121	27.6%	S
Occupational therapy and physical therapy	63	14.4%	U
Classroom services	47	10.7%	U
Family/parent training	42	9.6%	U
Family counseling	15	3.5%	U
Augmentative and alternative	9	2%	U
Vocational rehabilitation	3	0.6%	U
Interpreting services	-	-	-
Psychological services	-	-	-
Recreation, including therapeutic recreation	-	-	-

Table 3 Descriptive Statistics for Parents' Satisfaction with Services Provided to their Children ($n = 439$)

Statements		Strongly agree	Agree	Neutral	Disagree	Strongly disagree	M	SD	Rank
Center staff teach my child new skills, such as how to use cash.	N 15	51	99	187	87		2.36	1.03	1
	% 3.4	11.6	22.6	42.6	19.8				
The program focuses on behaviors that are important to us, and uses acceptable methods.	N 12	36	53	268	70		2.21	0.90	2
	% 2.7	8.2	12.1	61.0	15.9				
An integrated team with different specializations works in the center to provide services for my child.	N 17	28	43	198	153		1.99	1.02	3
	% 3.9	6.4	9.8	45.1	34.9				
The center provides suitable services in speech and communication.	N 4	42	19	245	129		1.97	0.89	4
	% 0.9	9.6	4.3	55.8	29.4				
The center is constantly developing the tools and methods used in teaching my child.	N 19	18	27	212	163		1.93	1.0	5
	% 4.3	4.1	6.2	48.3	37.1				
My child participated in more family activities after enrolling in the center.	N 8	22	69	170	170		1.92	0.95	6
	% 1.8	5.0	15.7	38.7	38.7				
The educational environment at the center considers my child's needs.	N 15	16	24	221	163		1.91	0.89	7
	% 3.4	3.6	5.5	50.3	37.1				
The center's staff provide integrated services for my child.	N 19	18	27	212	163		1.90	0.98	8
	% 4.3	4.1	6.2	48.3	37.1				
Center staff are concerned with training my child to use the toilet alone without assistance.	N 4	17	62	200	156		1.89	0.85	9
	% 0.9	3.9	14.1	45.6	35.5				
Staff at the center use appropriate methods to teach my child new skills.	N 4	23	53	196	163		1.88	0.87	10
	% 0.9	5.2	12.1	44.6	37.1				
My child regularly gets a comprehensive evaluation.	N 4	15	60	203	157		1.87	0.83	11
	% 0.9	3.4	13.7	46.2	35.8				
My child's undesired behaviors have decreased since enrolling.	N 4	38	12	228	157		1.87	0.89	12
	% 0.9	8.7	2.7	51.9	35.8				
The program produces socially important outcomes.	N 15	16	24	221	163		1.86	0.92	13
	% 3.4	3.6	5.5	50.3	37.1				
My child's performance is constantly improving at the center.	N -	22	51	206	160		1.85	0.81	14
	% -	5.0	11.6	46.9	36.4				
The center's staff have the competence to generalize our child's acquisition skills.	N 19	6	32	217	165		1.85	0.93	15
	% 4.3	1.4	7.3	49.4	37.6				
Staff at the center use effective methods to increase appropriate behaviors.	N 4	12	35	245	143		1.84	0.75	16
	% 0.9	2.7	8.0	55.8	32.6				
My child became more socially interactive after registering at the center.	N 4	8	49	204	174		1.78	0.78	17
	% 0.9	1.8	11.2	46.5	39.6				
My child initiated social relationships with the educators.	N 6	16	41	185	191		1.77	0.86	18
	% 1.4	3.6	9.3	42.1	43.5				
Staff at the center use effective methods to reduce undesired behaviors by my child.	N 4	10	36	202	187		1.73	0.78	19
	% 0.9	2.3	8.2	46.0	42.6				
The services provided to my child meet his/her special needs at his/her age.	N -	14	29	221	175		1.73	0.72	20
	% -	3.2	6.6	50.3	39.9				
My child's ability to express him/herself increased after joining the center.	N 4	18	28	178	211		1.69	0.83	21
	% 0.9	4.1	6.4	40.5	48.1				
Staff at the center are concerned with teaching my child to move more safely in the surrounding environment.	N -	24	16	194	205		1.68	0.78	22
	% -	5.5	3.6	44.2	46.7				
Center staff strive to make my child independent in many self-care skills (e.g., eating, drinking, getting dressed).	N 4	14	6	187	228		1.59	0.75	23
	% 0.9	3.2	1.4	42.6	51.9				
Total $n = 439$	M 1.87								
	SD 0.71								

diagnoses were more satisfied than parents whose children had other diagnoses (Fig. 1). Attending age at school was also a significant predictor of parents' satisfaction level: $\beta = 0.128$, $t(7) = 2.49$, $p = 0.013$. Higher attending age corresponded, on average, to an 8.2-point increase in

parents' satisfaction level: $B = 0.082$, 95% CI [0.017, 0.147] (Table 5). Enrolled program was also a significant predictor of parents' satisfaction level: $\beta = 0.143$, $t(7) = 3$, $p = 0.002$. Early intervention, behavioral therapy, and speech therapy corresponded, on average, to an 8-point

increase in parents' satisfaction level: $B = 0.080$, 95% CI [0.029, 0.131] (Table 5). Neither relationship to child or parents' educational level were significant predictors of parents' satisfaction level (Table 5).

Discussion

The purpose of this descriptive and exploratory study was to provide (a) a description of services provided to children with disabilities in Syria, (b) an evaluation of parents' satisfaction with the services, and (c) the categorical variables that might be associated with parents' satisfaction.

Description of Educational Services

Most parents reported that their children had received health or medical services, early intervention services, speech/language therapy, and behavioral therapy. Satisfaction with these services was high, overall. This suggests that individuals with disabilities typically received services consistent with the developmental course of the disorder in childhood. For example, children who demonstrated a loss of communication typically common for children with ASD received speech/language therapy. Our findings are similar to those by Mounzer and AL Khateeb (2009), who reported a high level of parent satisfaction with behavioral treatment services provided to their children with ASD. However, these findings are dissimilar to those by Mohan (2009) and Hadidi and Alkhateeb (2015), who found a clear lack of early intervention programs in Arab countries in general. While services need to be more accessible to children, this indicates that while Syria is engaged in civil war, children are still accessing more services compared to other Arab countries.

While few parents reported that their children had received occupational therapy and physical therapy, classroom services, family/parent training, family counseling, augmentative and alternative services, or vocational rehabilitation, parents in all these categories were unsatisfied with their children's services. Therefore, greater implementation of these services should be identified and addressed in future research related to Syrian children. Similarly, researchers have found lower ratings of parents' satisfaction (e.g., Barelds et al., 2010), working relationships with professionals and issues with respite provision (e.g., Wodehouse & McGill, 2009), and accessing evidence-based speech-language pathology services for their children with autism (e.g., Auert et al., 2012). Interestingly, no parents reported that they or their children had received interpreting services, psychological services, recreation (including therapeutic recreation), indicating that these services have been excluded. This lack of

psychological services may have negatively influenced satisfaction. This indicates that these services need to be developed and provided in Syria.

Many parents of children in inclusive classes were dissatisfied. This underscores the need to adopt an integration policy, even if this is challenging, to make public services more inclusive and easier to access for people with disabilities. However, there are incompatible definitions of "inclusion" and "inclusive education" in the Middle Eastern Arabian region, which make these terms complex and multifaceted (Elhoweris & Efthymiou, 2021). Our findings are similar to those by Hadidi and Alkhateeb (2015), who reported that inclusion is still in its infancy or is intermittently available in Arab countries, including Syria. Despite these findings, recent years have seen a growing trend toward the adoption of regulations and policies to facilitate access for people with disabilities to educational services in the region.

Satisfaction with Educational Services

Overall, our results show that parents of children with disabilities are dissatisfied with most of the services they received from schools in Syria. However, these results can be explained by the difficulties associated with providing services in unordinary circumstances during the civil war. Mackintosh et al. (2012) reported that difficulties in obtaining services were seen as an important issue connected to parents' satisfaction. Stoner et al. (2005) reported that, as difficulties escalated, parents' levels of stress, frustration, and discontentment increased which in itself impacts their sense of satisfaction. While there are barriers to educational services in Syria, the results of our study suggest that there are specific dimensions of school-based services that might be improved. Parents were dissatisfied with certain aspects of their services (e.g., decision involvement, family values), but some also reported that the centers/schools have staff who specialize in teaching children new skills, and that the programs used acceptable methods and focused on behaviors that are important to families. Our findings are similar to those by Stallard and Lenton (1992), who found that 44% of families were clearly dissatisfied with the amount of information they received about the kinds of help available, and that 61% had not had the opportunity to discuss their child's future as a major concern (Stallard & Lenton, 1992). Our findings were also similar to those by AL Jabery et al., 2014, who reported low satisfaction in the areas of parent-professional collaboration, including both the adequacy and frequency of collaboration, and the need to emphasize immediate enhancement in the service delivery system to consider parents' opinions in order to enhance parent-professional partnerships. In a study by Siddiqua and Janus (2017), they found low

Table 4 Descriptive Statistics for Parents' Satisfaction with Services Provided to the Family ($n = 439$)

Statements		Strongly agree	Agree	Neutral	Disagree	Strongly disagree	<i>M</i>	<i>SD</i>	Rank
I feel I'm involved in all decisions made about my child's individual educational plan.	N 27 % 6.2	40 9.1	40 9.1	179 40.8	153 34.9		2.11	1.16	1
The center holds training courses on ways to help parents teach their children.	N 8 % 1.8	30 6.8	88 20.0	180 41.0	133 30.3		2.09	0.96	2
The teacher calls/contacts me to discuss my child's case.	N 41 % 9.3	18 4.1	44 10.0	160 36.4	176 40.1		2.06	1.22	3
The sessions and seminars held by the center are useful for me and help me to work better with my child.	N 14 % 3.2	16 3.6	62 14.1	225 51.3	122 27.8		2.03	0.92	4
The staff always take our values into account.	N 19 % 4.3	20 4.6	47 10.7	221 50.3	132 30.1		2.03	0.99	5
I think activities take into account the culture, principles, and values of different families.	N 12 % 2.7	15 3.4	39 8.9	268 61.0	105 23.9		2.00	0.84	6
The center provides me with educational brochures about my child's characteristics.	N 13 % 3.0	38 8.7	30 6.8	208 47.4	150 34.2		1.99	1.01	7
I am invited to attend meetings about my child's case to discuss his/her strengths and needs.	N 8 % 1.8	45 10.3	33 7.5	183 41.7	170 38.7		1.95	1.01	8
The center holds regular meetings with families.	N 15 % 3.4	34 7.7	29 6.6	188 42.8	173 39.4		1.93	1.03	9
My child's teacher usually asks me to attend some of my child's lessons to participate in his/her handling.	N 20 % 4.6	27 6.2	33 7.5	166 37.8	193 44.0		1.90	1.07	10
The center provides me with useful opportunities to meet other families with children who are similar to my child.	N 6.4 % 2.7	28 12	21 4.8	211 48.1	167 38.0		1.88	0.95	11
The staff takes into account our opinions and desires when defining the educational goals for my child.	N 4 % 0.9	11 2.5	40 9.1	240 54.7	144 32.8		1.84	0.76	12
We are satisfied with the results.	N 4 % 0.9	19 4.3	47 10.7	187 42.6	182 41.5		1.81	0.86	13
Staff at the center help me find solutions to the problems my child has.	N 23 % 5.2	14 3.2	14 3.2	191 43.5	197 44.9		1.80	1.02	14
I am able to understand my child's needs by interacting with the staff.	N 4 % 0.9	14 3.2	42 9.6	208 47.4	171 39.0		1.80	0.80	15
The presence of the center made me more knowledgeable about the difficulties my child generally has.	N 12 % 2.7	16 3.6	15 3.4	210 47.8	186 42.4		1.77	0.89	16
I would enroll my child in the same center again.	N 225 % 51.3	20 4.6	4 0.9	190 43.3	225 51.3		1.64	0.91	17
I feel welcome when I visit the center.	N 12 % 2.7	4 0.9	2 0.5	182 41.5	239 54.4		1.56	0.80	18
I feel welcome if I want to discuss any issue related to my child's case.	N 12 % 2.7	4 0.9	- -	180 41.0	243 55.4		1.55	0.79	19
Staff at the center treat me in a respectful manner.	N 8 % 1.8	- -	4 0.9	226 201	51.5 45.8		1.55	0.69	20
Staff at the center do not complain when I ask questions about my child.	N 8 % 1.8	4 0.9	- -	241 54.9	186 42.4		1.52	0.72	21
Total $n = 439$	M 1.84 SD 0.76								

perceptions of services and decreased satisfaction with the transition from preschool to kindergarten in relation to the

need for special services due to mental or physical disabilities. Our findings are also similar to those of other

Table 5 Multiple Regression Tests: Parents' Satisfaction

Model	Unst Coef		St Coef		<i>p</i>	CI	
	B	SE	β	<i>t</i>		Lower	Upper
(Constant)	0.852	0.124		6.868	0.000	0.608	1.096
Relationship to child	−0.042	0.045	−0.045	−0.936	0.350	−0.130	0.046
Educational level	−0.007	0.024	−0.013	−0.284	0.777	−0.055	0.041
Place of residence	0.076	0.013	0.275	5.873	0.000	0.050	0.101
Child's current age	0.025	0.032	0.043	0.779	0.436	−0.038	0.088
Child's diagnosis	−0.023	0.008	−0.149	−2.926	0.004	−0.038	−0.007
Attending age at school	0.082	0.033	0.128	2.494	0.013	0.017	0.147
Enrolled program	0.080	0.026	0.143	3.099	0.002	0.029	0.131

Fig. 1 Simple Scatterplot of Parents' Satisfaction by Child's Diagnosis

researchers who have reported lower parent satisfaction with services provided in specific fields (e.g., on ASD; Auert et al., 2012; Wodehouse & McGill, 2009; Woodgate et al., 2008), involving intellectual disabilities (Barelds et al., 2010; De Geeter et al., 2002; Knox et al., 2000), or involving physical disabilities (Miles-Bonart, 2002).

The findings by Mounzer and AL Khateeb (2009) and Cheng et al. (2016) stand in contrast to those in the current study. For example, Mounzer and AL Khateeb reported a high level of parent satisfaction with services provided to Syrian children with ASD. Similarly, Cheng et al. (2016) reported: parent satisfaction in different areas; receiving services in various educational sectors (e.g., homeschool, traditional public, public charter, private); that a child's race affects the comprehensiveness of special education services and parents' perceptions of these services (e.g., Pincham King, 2016); positive outcomes in parents' involvement in transition planning for their young adult children with intellectual or developmental disabilities (e.g., Martinez et al., 2012; Mazer et al., 2017); special educational and related services for girls with Rett syndrome (e.g., Larriba-Quest et al., 2020); and experiences of parents of children with neurodevelopmental disorders regarding their child's educational provision (e.g., Van Herwegen et al., 2018). Many participants in the current study reported general concerns regarding safety and health, educational services, parent-professional partnerships, and respectful treatment.

Educational services, self-expression, and self-care skills

The respondents reported a high level of dissatisfaction related to the teaching of their children in how to vocally express themselves, the lack of independent skills (e.g., eating, drinking, and getting dressed), and how the center/school staff teach students. Parents indicated that, to provide an appropriate education for their children with ASD, there are needs to be specialized teacher training and knowledge of autism (e.g., Batten et al., 2006; Jackson Brewin et al., 2008; Whitaker, 2007). In addition, staff should provide a structured environment and be able to manage students' behaviors and the students' social skills should improve (Starr et al., 2006; Whitaker, 2007).

Parent-professional partnership

Starr and Foy (2012) indicated that the amount of parents' involvement can negatively or positively impact their satisfaction. Furthermore, Sheldon and Epstein (2005) described the importance of two-way communication between staff and parents, which in our study is one of the determined factors of parents' involvement and participation in their children's program. Parents in our study reported not feeling welcome if they wanted to discuss any issue related to their child's case. Staff at the center treated parents in a disrespectful manner, and complained when they asked questions about their children. Despite this, some parents did report being involved in all decisions made about their child's IEP, and that teachers contacted them to discuss their child's case. The pervasiveness of these topics in this research and other studies focusing on ASD (e.g., Batten et al., 2006; Whitaker, 2007) highlights the need to consider parents in the planning and provisioning of IEPs for children with disabilities (Starr et al., 2006).

Respectful treatment

Most parents clearly expressed that the school personnel were not responsive and did not promote parent support. Further, parents did not feel welcome when they visited the center/

school or when they needed to discuss issues related to their child's case. In addition, parents reported that staff at the centers treated them disrespectfully and complained when they asked questions about their child (Table 3). These results suggest that parental support needs to be designed to attract parents in different family arrangements (e.g., single-parent homes, or homes with children who have and do not have disabilities). In addition, it requires improved parent involvement to increase positive outcomes, as well as improved effective collaboration and communication (Renty & Roeyers, 2006; Stoner et al., 2005). School and center personnel should consider how to support parents while their child is under the school/center's care; how to increase accessibility to the school while addressing parents' scheduling needs; how to improve *interactive* conversation (e.g., direct attention and eye contact) with both parents; how to ensure that everyone feels included and seen; and like "full-fledged parents" regardless of sex, gender identity, ethnicity, socioeconomic background, age, disability, religion, and sexual orientation.

Predictability of Parents' Satisfaction

Our findings indicate that place of residence, the child's diagnosis, and which program the child was enrolled in have an impact on parents' satisfaction level; for instance, parents living in the southern governorates of Syria were more satisfied than those in other governorates. There were large differences between groups related to parents' satisfaction and place of residence. Typically, compared to schools in rural areas, urban schools are larger, enjoy greater resource allocation, are less likely to experience staff shortages, are more likely to have a higher proportion of qualified teachers, and have higher student-teacher ratios. Thus, urban schools may be better able than those in rural areas to meet the needs of all their students due to greater resource allocation (OECD, 2019). This might also be explained by the civil war's impact on accessibility, whereby some governorates' infrastructures may have incurred greater damage than others. However, these findings raise questions about equality and fairness in special education services in suburban and rural areas compared to cities in Syria. More research is needed in order to ensure that all children have access to the services they need, regardless of their location or diagnosis.

Implications

The findings from this descriptive and exploratory study illuminate the need for social networks and school systems that guide and contribute to increased parental involvement in the educational process for their children with disabilities, which is important for sustaining trust between schools and parents. The SQ instrument designed in this study was tested for two forms of reliability, but was used with a

restricted sample of 20 parent respondents. In order to expand this research, future research should include larger samples. This study provides readily accessible and accurate information about special education services in Syria, for which there is a dearth of information regarding the status of special education, especially from parents' perspectives. However, the distribution of information to others (e.g., family, neighbors, and friends) may provide additional support to parents, and the professional spheres might increase the effectiveness in developing the child's IEP. Including this information in mainstream society may improve the socially meaningful services provided to individuals with disabilities.

Limitations and Future Research

We used social media to contact participants willing to take the online survey in this study. Consequently, any type of generalizations from the study should be made with caution, as it is possible that our sample is not representative of the entire population. Another possible limitation is that surveying parents' satisfaction during the exceptionally dire circumstances, including school closures due to civil unrest, societal and family stress, frustration, and discontentment, may impact parents' sense of satisfaction (Stoner et al., 2005). However, future studies should analyze associations between stress and frustration and satisfaction with educational services provided to children with special needs. Future research should examine how different Syrian regions provide educational services and whether parents are more satisfied in particular regions across the country, which may increase equal accessibility to the special educational services across the country. Future research should also focus on how satisfaction and understanding develop over time in parents, what offers parents a more complete understanding during the special education process, and how parents' belief systems and values affect their satisfaction. Research should also be conducted and implemented on new services; such as psychological services, which may have a positive influence on both satisfaction and wellbeing. Research should also be carried out on how schools and centers mitigate the pressing chaos in war-torn countries and on how to address the needs of children with disabilities. More demographic information would allow greater comparisons among the sample as well as within the sample population itself.

Funding Open access funding provided by Stockholm University.

Compliance with Ethical Standards

Conflict of Interest The authors declare no competing interests.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964

Helsinki Declaration and its later amendments or comparable ethical standards. The integrity of the participants was assured. The families were asked for permission to collect the relevant information for the study. Written consent from both parents was required for participating families. Families could interrupt their participation at will. Furthermore parents had access to the data and be able to select what data could be used or not without penalties. The consent form was presented and explained to clarify any doubt. Data protection has been taken into account. In conclusion, we have no conflicts of interest to disclose.

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>.

References

- AL Jabery, M., Arabiat, D., AL Khamra, H., Betawi, I., & Abdel Jabbar, S. (2014). Parental perceptions of services provided for children with autism in Jordan. *Journal of Child & Family Studies*, 23(3), 475–486. <https://doi.org/10.1007/s10826-012-9703-0>.
- Almasri, N., Tahat, L., Skaf, S., & Masri, A. A. (2019). A digital platform for supervised self-directed learning in emergencies: The case of the Syrian crisis. *Technology, Pedagogy & Education*, 28(1), 91–113. <https://doi.org/10.1080/1475939X.2019.1568293>.
- Auert, E. J., Trembath, D., Arciuli, J., & Thomas, D. (2012). Parents' expectations, awareness, and experiences of accessing evidence-based speech-language pathology services for their children with autism. *International Journal of Speech-Language Pathology*, 14(2), 109–118. <https://doi.org/10.3109/17549507.2011.652673>.
- Bailey, D. B., Raspa, M., & Fox, L. C. (2012). What is the future of family outcomes and family-centered services?. *Topics in Early Childhood Special Education*, 31(4), 216–223. <https://doi.org/10.1177/0271121411427077>.
- Barelds, A., van de Goor, I., van Heck, G., & Schols, J. (2010). Quality of care and service trajectories for people with intellectual disabilities: Defining the aspects of quality from the client's perspective. *Scandinavian Journal of Caring Sciences*, 24(1), 164–174. <https://doi.org/10.1111/j.1471-6712.2009.00701.x>.
- Batten, A., Corbett, C., Rosenblatt, M., Withers, L., & Yuille, R. (2006). Make school make sense: Autism and education: The reality for families today. National Autistic Society.
- Cheng, A., Tuchman, S., & Wolf, P. J. (2016). Homeschool parents and satisfaction with special education services. *Journal of School Choice*, 10(3), 381–398. <https://doi.org/10.1080/15582159.2016.1202076>.
- Cloth, A. H. (2006). Navigation efficacy among parents of public school Children with special needs. ProQuest Information and Learning Company, (UMI No. 3294424).
- Dabkowski, D. M. (2004). Encouraging Active Parent Participation in IEP Team Meetings. *Teaching Exceptional Children*, 36(3), 34–39.
- de Geeter, K. I., Poppes, P., & Vlaskamp, C. (2002). Parents as experts: the position of parents of children with profound multiple disabilities. *Child: Care, Health and Development*, 28(6), 443–453. <https://doi.org/10.1046/j.1365-2214.2002.00294.x>.
- Eccles, J. S., & Harold, R. D. (1996). Family involvement in children' and adolescents' schooling. In A. Booth & J. F. Dunn (Eds.), *Family-school links: How do they affect educational outcomes?* (pp. 3–34). Lawrence Erlbaum Associates, Inc.
- Elhoweris, H., & Efthymiou, E. (2021). Inclusive and Special Education in the Middle East locked. *Oxford Research Encyclopedia of Education*. <https://doi.org/10.1093/acrefore/9780190264093.013.1219>.
- Epstein, J. (1992). School and family partnerships. In M. Alkin (Ed.), *Encyclopedia of educational research* (pp. 1139–1512). Macmillan.
- Epstein, J. L., Sanders, M. G., Beth S. Simon, Salinas, K. C., Jansorn, N. R., & Van Voorhis, F. L. (2002). *School, family and community partnerships* (2nd Ed.). Corwin Press, Inc.
- Green, V. A., Pituch, K. A., Itchon, J., Choi, A., O'Reilly, M., & Sigafoos, J. (2006). Internet survey of treatments used by parents of children with autism. *Research in Developmental Disabilities: A Multidisciplinary Journal*, 27(1), 70–84.
- Hadidi, M., & Alkhateeb, J. (2015). Special education in Arab countries: Current challenges. *International Journal of Disability, Development and Education*, 62(5), 518–530. <https://doi.org/10.1080/1034912X.2015.1049127>.
- Hess, K., Morrier, M., Heflin, L., & Ivey, M. (2008). Autism treatment survey: Services received by children with autism spectrum disorders in public school classrooms. *Journal of Autism and Developmental Disorders*, 38(5), 961–971.
- High Commissioner for Human Rights. (2013). The work and employment of persons with disabilities. <https://www.ohchr.org/Documents/Issues/Disability/StudyEducation/States/Syria.pdf>.
- Jackson Brewin, B., Renwick, R., & Fudge Schormans, A. (2008). Parental perspectives of the quality of life in school environments for children with Asperger syndrome. *Focus on Autism and Other Developmental Disabilities*, 23(4), 242–252. <https://doi.org/10.1177/1088357608322997>.
- Knox, M. (2000). Family control: The views of families who have a child with an intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, 13(1), 17–28. <https://doi.org/10.1046/j.1468-3148.2000.00001.x>.
- Kohler, F. W. (1999). Examining the services received by young children with autism and their families: A survey of parent responses. *Focus on Autism & Other Developmental Disabilities*, 14(3), 150. <https://doi.org/10.1177/108835769901400304>.
- Larriba-Quest, K., Byiers, B. J., Beisang, A., Merbler, A. M., & Symons, F. J. (2020). Special education supports and services for Rett syndrome: Parent perceptions and satisfaction. *Intellectual and Developmental Disabilities*, 58(1), 49–64. <https://doi.org/10.1352/1934-9556.58.1.49>.
- Mackintosh, V. H., Goin-Kochel, R. P., & Myers, B. J. (2012). "What Do You Like/Dislike About the Treatments You're Currently Using?": A Qualitative Study of Parents of Children With Autism Spectrum Disorders. *Focus on Autism & Other Developmental Disabilities*, 27(1), 51–60. <https://doi.org/10.1177/1088357611423542>.
- Martinez, D. C., Conroy, J. W., & Cerreto, M. C. (2012). Parent involvement in the transition process of children with intellectual disabilities: The influence of inclusion on parent desires and expectations for postsecondary education. *Journal of Policy & Practice in Intellectual Disabilities*, 9(4), 279–288. <https://doi.org/10.1111/jppi.12000>.

- Mazer, B., Dion, K., & Moryoussef, A. (2017). Utilisation and satisfaction with rehabilitation services in children with primary language impairment transitioning to school: Parents' perspective. *International Journal of Disability, Development & Education*, 64(1), 45–56. <https://doi.org/10.1080/1034912X.2016.1164301>.
- Miles-Bonart, S. (2002). A look at variables affecting parent satisfaction with IEP meetings. In No Child Left Behind: The vital role of rural schools. (RC 023 421). Proceedings of the 22nd annual conference of the American Council on Rural Special Education (ACRES). Reno, NV.
- Mitchell, D. R. (2004). Special educational needs and inclusive education: Assessment and teaching strategies. Taylor & Francis.
- Mohan, P. (2009). Autism spectrum disorders in Dubai, United Arab Emirates: Problems in access to comprehensive care [Unpublished master's thesis]. Sarah Lawrence College.
- Mounzer, W., & AL Khateeb, J. (2009). Parents' satisfaction with services provided to their children with Autism in Syria. *Arabian Academy for Special Education Journal*, 9(2), 89–107.
- Mounzer, W. (2013). Instructional Strategies used by teachers in special units in institutions for children with intellectual disabilities in Damascus. *Journal of Al-Furat University*, 2(1), 59–81.
- National Autism Center. (2015). Findings and conclusions: National standards project, phase 2. Author.
- OECD (2019). PISA: Programme for International Student Assessment. <http://www.oecd.org/pisa/>.
- Park, H.J. (2014). Parent satisfaction with school services for children with autism spectrum disorders: the meaning of satisfaction [Unpublished doctoral thesis]. University of Illinois at Urbana-Champaign.
- Pincham King, J. D. (2016). School-based parent involvement: An investigation of comprehensive special education services, satisfaction with services, and race. ProQuest LLC.
- Renty, J., & Roeyers, H. (2006). Satisfaction with formal support and education for children with autism spectrum disorder: The voices of the parents. *Child Care, Health & Development*, 32, 371–385. <https://doi.org/10.1111/j.1365-2214.2006.00584.x>.
- Rogers, S. J., & Vismara, L. A. (2008). Evidence-based comprehensive treatments for early autism. *Journal of Clinical Child and Adolescent Psychology: The Official Journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53*, 37(1), 8–38. <https://doi.org/10.1080/15374410701817808>.
- Senel, H. (2010). Parents' views and experiences about complementary and alternative medicine treatments for their children with autistic spectrum disorder. *Journal of Autism and Developmental Disorders*, 40, 494–503. <https://doi.org/10.1007/s10803-009-0891-4>.
- Siddiqua, A., & Janus, M. (2017). Experiences of parents of children with special needs at school entry: A mixed method approach. *Child: Care, Health & Development*, 43(4), 566–576. <https://doi.org/10.1111/cch.12443>.
- Sheldon, S. B., & Epstein, J. L. (2005). School programs of family and community involvement to support children's reading and literacy development across the grades. In J. Flood & P. L. Anders (Eds.), *Literacy development of students in urban schools*, (pp. 107–138). Newark, DE: International Reading Association.
- Stallard, P., & Lenton, S. (1992). How satisfied are parents of pre-school children who have special needs with the services they have received? A consumer survey. *Child: Care, Health & Development*, 18(4), 197–205. <https://doi.org/10.1111/j.1365-2214.1992.tb00354.x>.
- Starr, E. M., & Foy, J. B. (2012). In parents' voices: The education of children with autism spectrum disorders. *Remedial & Special Education*, 33(4), 207–216. <https://doi.org/10.1177/0741932510383161>.
- Starr, E. M., Foy, J. B., Cramer, K. M., & Singh, H. (2006). How are schools doing? Parental perceptions of children with autism spectrum disorders, Down Syndrome and learning disabilities: A comparative analysis. *Education and Training in Developmental Disabilities*, 41(4), 315–332.
- Stoner, J., Jones Bock, S., Thompson, J., Angell, M., Heyl, B., & Crowley, E. P. (2005). Welcome to our world: Parent perceptions of interactions between parents of young children with ASD and education professionals. *Focus on Autism and Other Developmental Disabilities*, 20(1), 39–51. <https://doi.org/10.1177/10883576050200010401>.
- Tchie, Andrew Edward and Farina, Anna (2018). Children living with disabilities inside Syria: Understanding the types of disabilities and access to services for children living in Syria. Syria Relief, Research and Policy Lead. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/syria_relief_report_children_with_disabilities_in_syria.pdf.
- Thompson, S. (2017). Disability in Syria. K4D help desk report [PDF]. Institute of Development Studies. <http://www.gsdrc.org/wp-content/uploads/2017/06/056-Disability-in-Syria.pdf>.
- Tekin, A. K. (2011). Parent Involvement Revisited Background, Theories, and Models. *International Journal of Applied Educational Studies*, 11(1), 1–13.
- UNICEF (2019). United Nations Children's Fund, 'Whole of Syria humanitarian results, UNICEF, August 2019. <https://www.unicef.org/appeals/syria.html#9>.
- UNICEF (2020). Figures are provisional and subject to change upon finalization of the inter-agency needs and planning documents. Office for the Coordination of Humanitarian Affairs, 'Syrian Arab Republic: 2020 Humanitarian Needs Overview' (draft), OCHA, October 2019. <https://www.unicef.org/appeals/syria.html#1>.
- Van Herwegen, J., Ashworth, M., & Palikara, O. (2018). Parental views on special educational needs provision: Cross-syndrome comparisons in Williams Syndrome, Down Syndrome, and Autism Spectrum Disorders. *Research in Developmental Disabilities*, 80, 102–111. <https://doi.org/10.1016/j.ridd.2018.06.014>.
- Whitaker, P. (2007). Provision for youngsters with autistic spectrum disorder in mainstream schools: What parents say-and what parents want. *British Journal of Special Education*, 34, 170–178. <https://doi.org/10.1111/j.1467-8578.2007.00473.x>.
- Wodehouse, G., & McGill, P. (2009). Support for family carers of children and young people with developmental disabilities and challenging behavior: What stops it being helpful?. *Journal of intellectual disability research: JIDR*, 53(7), 644–653. <https://doi.org/10.1111/j.1365-2788.2009.01163.x>.
- Wong, C., Odom, S. L., Hume, K. A., Cox, A. W., Fetting, A., Kucharczyk, S., Brock, M. E., Plavnick, J. B., Fleury, V. P., & Schultz, T. R. (2015). Evidence-based practices for children, youth, and young adults with autism spectrum disorder: A comprehensive review. *Journal of Autism and Developmental Disorders*, 45(7), 1951–1966. <https://doi.org/10.1007/s10803-014-2351-z>.
- Wong, H. H. L., & Smith, R. G. (2006). Patterns of complementary and alternative medical therapy use in children diagnosed with autism spectrum disorders. *Journal of Autism & Developmental Disorders*, 36(7), 901–909. <https://doi.org/10.1007/s10803-006-0131-0>.
- Woodgate, R. L., Ateah, C., & Secco, L. (2008). Living in a world of our own: The experience of parents who have a child with autism. *Qualitative Health Research*, 18(8), 1075–1083. <https://doi.org/10.1177/1049732308320112>.