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Research Article

Understanding Parent's Experiences in Home-Based Learning for Children with Special Needs: A Phenomenological Inquiry

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ABSTRACT

Home-based programs can be useful in educating and developing children and youth with special needs when specialized educational and therapeutic services are geographically distant, financially burdensome or limited. In Ilocos Sur, families may face challenges in terms of distance, transportation, connectivity and access to specialized services and parents play a major role in supporting learning at home. This qualitative phenomenological study investigated the perceptions of ten parents on home-based learning, their challenges in implementing it and coping mechanisms to address educational, emotional and caregiving demands. The researcher developed a semi-structured interview guide in English, Tagalog and Iloko and the data collected were analyzed using reflexive thematic analysis. Seven themes emerged: (1) home-based learning as a constrained but responsive and child-centered educational alternative, (2) parental attunement and the reframing of progress toward functional development, (3) the convergence of teaching, caregiving, livelihood, and time demands, (4) material, geographic, technological, and service-related inequities, (5) learning negotiated through emotional and behavioral readiness, (6) meaning-focused resilience through acceptance, patience, faith, and recognition of small gains, and (7) distributed and adaptive coping through routines, family cooperation, play-based strategies, peer connection, and professional guidance. Parents valued the comfort, flexibility, close monitoring, individualized pace and opportunities at home for developing communication, self-care and daily living skills. These benefits, however, were coupled with role overload, fatigue, limited learning resources, poor connectivity, distant services, child refusal and uncertainty about suitable teaching strategies. Parents responded with shorter, gamified activities, household items, scheduling rest, sharing responsibilities, seeking advice, praying and celebrating small victories. The findings showed that parental resilience may be a factor in the sustainability of home-based learning, but it should not replace the available special education

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services, professional consultation, material assistance and community-based support that respond to the realities of families in Ilocos Sur.

Keywords: *Children and Youth with Special Needs, Coping Mechanisms, Home-Based Learning, Parental Challenges, Parental Perception*

Introduction

Families of children and youth with special needs in the Philippines may have to rely on home-based learning due to limited access to specialized education, therapy and professional support due to distance, cost, transportation or availability of services. Parents used acceptance, patience, prayer, hope, adjusted expectations, recognition of small achievements, flexible routines, short activities, rest periods, family cooperation, play-based teaching, songs, preferred objects, praise, peer connection, household resource adaptation, online self-learning and consulted with teachers, therapists. In geographically dispersed communities like Ilocos Sur, these challenges are pertinent as some families may need to go outside their immediate municipality for specialized educational or therapeutic help. Parents are often the essential providers of learning at home, while also managing caregiving, household, livelihood and family responsibilities, and community health workers. Their resilience was meaning-focused and relational, often involving changing the learning environment to relieve pressure on the child and caregiver.

Home-based learning for children and youth with special needs goes beyond just watching over schoolwork. They may need to understand instructions, adapt activities to the child's level of development, manage behavior, promote participation, monitor functional development, and communicate with teachers or specialists. This may present challenges for parents who have few instructional materials, limited internet access, no professional guidance or are struggling to access specialized services. Thus, it is important to understand the perceptions, challenges and coping mechanisms of parents to assess the responsiveness, sustainability and equity of home-based programs in the local context.

International research also identifies similar tensions between the benefits and demands of home education. Parents valued more closeness and flexibility, but felt unprepared for teaching roles and worried about the loss of specialist support (Greenway & Eaton-Thomas, 2020). Ludgate et al. (2022) also reported increased educational gains and improved parent-child relationships, but with increased teaching demands for parents. Dobosz et al. (2023) also concluded that the supportive possibilities of the home environment and the disorganization of professional, therapeutic and social services were affecting the experiences of parents.

These international results are an important basis for understanding families' experiences in Ilocos Sur. However, the challenges reported elsewhere may manifest differently in the local context, where geographic distance, transportation costs, uneven connectivity, availability of specialized professionals and household livelihood demands may influence the implementation of home-based learning by parents. Thus, although studies such as Greenway and Eaton-Thomas (2020) and Ludgate et al. (2022) demonstrate common challenges associated with parents taking on educational responsibilities, it is crucial to explore these experiences in Ilocos Sur to understand how local contexts affect parental involvement and support needs.

In particular, access to resources and services is a critical determinant of the feasibility of home-based learning. Kouroupa et al. (2022) found that families of children with neurodevelopmental conditions often did not have printers, special software, equipment, and adequate school support. Sonnenschein et al. (2022) found reductions in special education and related services, and that children often required significant adult support to

participate in virtual learning. Similarly, parents identified benefits and disadvantages across national settings, with the quality of school-family support influencing their assessment of home-based education (Schmidt et al., 2023). These results suggest that the success of home-based learning depends not only on the effort of the parents, but also on access to material resources, professional help and responsive educational systems.

These concerns are especially relevant in Ilocos Sur where families face the challenge of balancing limited local resources with the practicality of travel to access specialized educational, developmental or therapeutic services. Parents living farther away from municipal centers or service providers may have less access to professional support due to travel time and transportation costs. There might also be some problems with communication with teachers, access to digital learning materials and participation in online consultations due to limited or unstable internet connectivity. Therefore home based education has to be understood in the larger material, technological, geographic and service related conditions of families.

Parents are another major problem. Cheng and Lai (2023) in their systematic review identified challenging child behavior, limited financial resources, insufficient professional assistance and social isolation as important contributors to parental stress. Morgül et al. (2025) reported that mothers of children with special educational needs had faced specific challenges in terms of support services, mental health, and adaptive routines. The findings are relevant to the present study because parents can be resilient and experience fatigue, uncertainty, role overload and unmet support needs simultaneously.

Parents may employ coping methods to carry on with these combined educational and caregiving responsibilities. Earlier research has highlighted the value of acceptance, social support, professional guidance, prayer, optimism and family cooperation. For example, prayer, optimistic meaning-making, family assistance and professional guidance were found to be the dominant coping methods among parents of children with a neurodevelopmental condition (Mesfin &

Habtamu, 2024). Similarly, Rodrigues et al. (2024) found that spiritual and religious coping could help parents make sense of difficult experiences and maintain hope. Rakap et al. (2022) showed that perceived social support, parental self-efficacy, and psychological resilience were associated with better family quality of life.

While these international studies are valuable, parental experiences of home-based learning continue to be strongly shaped by local social and geographic circumstances. In Ilocos Sur, parents' understanding and implementation of learning at home may be affected by distance to specialized services, access to transportation, household livelihood responsibilities, language, family support systems, and access to educational resources. The present study therefore put parents' own accounts in the foreground instead of evaluating the program on the basis of academic performance or service indicators.

Problem Statement

More specifically, the study focused on three areas corresponding to Statements of the Problem, including parents' perceptions of home-based learning, the challenges they encountered in implementing home-based learning, and the coping mechanisms they employed to manage the demands of home-based learning. It addressed the following research questions: (1) What are the perceptions of parents toward home-based learning for their children and youth with special needs? (2) What are parents' challenges in implementing home-based learning? and (3) What coping mechanisms do parents use to manage the challenges of home-based learning?

Specifically, the study focused on three areas corresponding to Statements of the Problem 5 to 7: parents' perceptions of home-based learning, the challenges they encountered in implementing it, and the coping mechanisms they employed to manage its demands. It addressed the following research questions: (1) How do parents perceive home-based learning for their children and youth with special needs? (2) What specific challenges do parents experience in implementing home-based learning? and (3)

What coping mechanisms do parents employ to address the demands associated with home-based learning?

Material and Methods

This section presents the research design, participants and sampling technique, research instrument, data gathering and analysis procedure, and ethical considerations be needed in the study.

Research Design

A qualitative phenomenological design was used to explore parents' experience and interpretation of their involvement in a home-based program for children and youth with special needs. The phenomenological approach was appropriate, as the focus of the inquiry was on the meanings parents attributed to their everyday educational, caring, emotional and practical experiences. The study sought to describe the lived experience, negotiation and sustainability of home-based learning within the family context, rather than measuring satisfaction or burden.

Participants and Sampling Technique

Ten parents who were directly responsible for helping a child or youth with special needs in a home-based program were included in the study. Participants were chosen because they had direct experience supporting their children at home with educational, behavioral,

communicative, and functional needs. To protect the identity of the participants and ensure confidentiality, P1 to P10 were used to code the participants throughout the data analysis and the reporting. In compliance with Republic Act No. 10173, otherwise known as the Data Privacy Act of 2012, all personally identifiable information were deleted from the research records and manuscript and only de-identified interview data were used for analysis and reporting.

Each participant completed an individual interview of approximately [insert exact duration, e.g. 30–45 minutes]. The interviews explored participants' experiences with facilitating learning activities, supporting communication and functional skills, managing behavioral concerns and emotional readiness, balancing caregiving duties with household and livelihood duties, accessing educational and therapeutic services, and maintaining their own mental health.

Data collection was continued until data saturation was achieved. By the tenth participant saturation was deemed to have been reached, as interviews no longer produced substantially new themes, categories or relevant information related to the research questions, and the accounts increasingly reflected patterns identified in earlier interviews. Thus, the ten participants provided enough depth and variation of experiences to meet the objectives of the study.

Demographic and Contextual Profile of Participants Caring for Children/Youth with Special Needs

Participant Code	Relationship to Child	Child/Youth Special Need(s)	Community Context
P1	Mother	Specific Language Impairment (SLI)	Rural Community
P2	Mother	Physical Disability	Rural Upland Community
P3	Grandmother	Attention-Deficit/Hyperactivity Disorder (ADHD)	Rural Upland Community
P4	Father	Physical Disability	Rural Mountainous Community
P5	Mother	Attention-Deficit/Hyperactivity Disorder (ADHD)	Rural Mountainous Community
P6	Mother	Specific Language Impairment (SLI)	Rural Mountainous Community
P7	Mother	Autism Spectrum Disorder (ASD)	Rural Upland Community
P8	Grandmother	Physical Disability	Rural Upland Community

Participant Code	Relationship to Child	Child/Youth Special Need(s)	Community Context
P9	Father	Specific Language Impairment (SLI)	Geographically isolated rural community
P10	Grandfather	Intellectual Disability (ID)	Rural Upland Community

Research Instrument

The researcher developed a semi-structured guide for the interviews. It had 21 open-ended main questions that were classified into three domains; parents' perceptions on home-based learning, specific challenges in implementation and coping mechanisms. The guide was available in English, Tagalog and Iloko so that participants could use whichever language they were most comfortable.

Data Gathering Procedure

Prior to the data collection, the researchers sought and obtained ethical clearance from the Mariano Marcos State University Research Ethics Review Board (URERB). Permission was obtained from the relevant offices to ensure proper coordination and adherence to ethical research standards.

The study purposively recruited 10 parents of children and youth with special needs who were members of a home-based program in designated locations of Ilocos Sur. The participants were selected because they were directly involved in the support of their children's learning and daily development at home.

Data were acquired through face-to-face semi-structured interviews utilizing a researcher prepared interview guide. The questions were on parents' perception of home based learning, challenges faced by them and their solutions. The interview guide was delivered in English, Tagalog and Iloko so they can communicate their experiences in a language they are comfortable with.

Prior to the interviews, the participants were informed about the purpose of the study, the procedures to be followed, and their rights as participants. Informed written consent was obtained and confidentiality was maintained throughout the research process.

Data Analysis Procedure

Interview accounts from the ten participants were analyzed using reflexive thematic analysis as described by Braun and Clarke (2021, 2022). The researcher first got acquainted with the data by reading it several times. Semantic codes were assigned to meaningful segments close to the words of the participants, such as comfort at home, repeated practice, lack of time, improvised materials, weak connectivity, child refusal, prayer, family assistance, play-based learning, and professional consultation. Latent or interpretive codes were then developed to capture underlying meanings such as constrained educational choice, parental attunement, role convergence, structural inequity, emotional readiness, meaning-focused coping, and distributed responsibility.

Related codes were collapsed into categories and patterns of shared meaning across the full data corpus were explored. The candidate themes were compared to the coded extracts and the full accounts of the participants. Theme names were revised to reflect interpretive claims rather than simply topic identification. A segment that reflected interconnected dimensions of experience was coded more than one code. For instance, a parent deciding to stop an activity because the child would not engage was both a challenge of emotional readiness and a coping practice of flexible pacing. The final theme focused on parents' views on home-based learning, implementation difficulties and the strategies they adopted to manage their educational and caregiving duties.

Ethical Considerations

Approval for data collection was obtained from the Mariano Marcos State University Research Ethics Review Board (URERB). Permission was given by the concerned local government units including the Office of the

Municipal Mayor and coordination was done with the municipal or city social welfare office.

All participants were informed about the study purpose, procedures, potential risks and benefits, confidentiality, and rights in the study. Written informed consent was obtained prior to interviews. Participation was entirely voluntary and participants were advised that they could refuse to answer any question, could stop the interview at any time and withdraw from the study at any time without penalty.

Because some participants came from economically disadvantaged backgrounds, special care was taken to prevent coercion or undue influence. Interviews were scheduled at convenient times to avoid interfering with participants' work, livelihood, caregiving responsibilities, and daily activities. No pressure, obligation, or excessive incentive was used to encourage participation.

Privacy and confidentiality were strictly maintained. Participants were assigned coded identifiers, and personally identifiable information was removed from the transcripts, reports, and publications. Audio recordings, transcripts, consent forms, and research notes were securely stored and accessed only by the research team, consistent with the Data Privacy Act of 2012. Findings were presented without revealing the identities of the participants, their children, or their communities.

To minimize possible emotional discomfort, the interviewer used respectful and nonjudgmental language. Participants were reminded that they could skip sensitive questions or end the interview whenever they felt uncomfortable. The study provided participants with an opportunity to share and reflect on their experiences, challenges, and coping practices in supporting their children's home-based learning.

The researchers declared no conflict of interest. Data collection, analysis, interpretation, and reporting were conducted transparently and solely for academic purposes and for improving support systems for children and youth with special needs and their families.

The researchers remained cognizant of how their positionality, assumptions, and prior experiences could influence the research process. Reflexivity was maintained by examining potential power dynamics and confirmation bias, ensuring voluntary participation, and assuring participants that their responses would have no academic or professional consequences. During data analysis, codes and emerging themes were repeatedly reviewed against participants' accounts, while reflective discussions among the researchers were used to challenge initial interpretations and maintain a data-grounded representation of participants' experiences.

Result and Discussion

Seven interconnected themes were constructed across the three research questions. The themes capture not only the topics parents discussed but also the meanings that connected their experiences. Home learning developed as a family-centered practice that met needs for comfort, individual pacing, functional development and close parental observation. However, it was limited by time pressure, a scarcity of materials, limited services, child readiness and patchy access to professional guidance. Tables 1-3 contain the topics, subthemes, codes and exemplary verbatim data for each study question.

Table 1. Parents' Perceptions of Home-Based Learning for Children and Youth with Special Needs

Theme	Subthemes	Codes	Illustrative Data (Verbatim)
Home-Based Learning as a Constrained yet Responsive and Child-Centered Educational Alternative	Comfort and emotional safety; individualized attention and pacing; close parental monitoring; simplified instruction; conditional acceptance; constrained educational choice	comfort at home; reduced stress; parental observation; repetition; flexible pacing; simple instructions; child-centered	"Maganda ang pag-aaral sa bahay dahil mas komportable ang anak ko... Pero mahirap din kasi ako mismo ang nagtuturo at minsan hindi ko alam kung tama ang paraan ko." (P2)

Theme	Subthemes	Codes	Illustrative Data (Verbatim)
		environment; instructional uncertainty; distance from SPED services	"Para sa akin, malaking tulong ang home-based learning kasi mas nababantayan ko ang anak ko. Nakikita ko kung saan siya nahihirapan at kung anong paraan ang mas naiintindihan niya. Hindi man siya mabilis matuto tulad ng ibang bata, napapansin ko na kapag inuulit-ulit namin ang gawain sa bahay, unti-unti siyang nagiging mas kampante. Mas maganda rin kasi nasa bahay siya, hindi siya masyadong nai-stress, at mas kilala namin kung paano siya pakalmahin kapag napapagod o naiirita. (P6)" "Ang pananaw ko sa home-based learning ay maganda siya, lalo na para sa batang may special needs, dahil hindi sila napipilit sa isang environment na hindi sila komportable. Sa bahay, mas malaya siyang gumalaw at mas nakakasunod siya kapag simple ang instruction. Pero kailangan talaga ng pasensya kasi hindi palaging madali. May mga araw na gusto niyang makinig, pero may mga araw din na ayaw niya. Kahit ganoon, nakikita ko pa rin na may progress siya kahit paunti-unti. (P7)"
Parental Attunement and the Reframing of Progress Toward Functional Development	Understanding how the child learns; recognition of incremental progress; communication gains; self-care and daily living skills; independence; progress without comparison	learning preferences; areas of difficulty; repeated practice; following directions; answering questions; new words; new actions; eating independently; organizing belongings; functional skills; small gains	"Dahil sa home-based learning, mas nakilala ko kung paano siya natututo. Alam ko na kung ano ang gusto niya at kung saan siya nahihirapan." (P4) "Nakikita ko ang maliit niyang pagbabago... Kahit mabagal, malaking bagay iyon para sa amin." (P5) "Para sa akin, ang home-based learning ay hindi lang tungkol sa pag-aaral ng lessons. Kasama rin dito ang pagtuturo ng basic skills tulad ng pagkain mag-isa, pag-aayos ng gamit, pagsunod sa simpleng utos, at pakikipag-usap. Bilang magulang, natutunan ko na bawat maliit na improvement ay mahalaga. Kapag may natutunan siyang bagong salita o bagong kilos, malaking bagay na iyon sa amin. (P8)"

The first research question focused on parents' views on home-based learning for children and youth with special needs. The interviews highlighted two interconnected themes: (1) Home-Based Learning as a Constrained yet Responsive and Child-Centered Educational Alternative and (2) Parental Attunement and the Reframing of Progress Toward Functional Development. These themes together showed that parents did not see home-based learning as a replacement for formal special education, nor as a temporary response to the lack of services. They also viewed it as a flexible educational model that enabled them to adapt their children's learning experiences to their individual needs. At the same time, they recognized the considerable limitations of assuming instructional responsibilities at home.

Home-Based Learning as a Constrained yet Responsive and Child-Centered Educational Alternative

Parents described home-based learning as a learning environment that provided emotional security, individualized instruction, and continuous parental involvement. As opposed to typical classroom settings, the home environment offered children opportunities to learn in familiar settings where sensory overload, social anxiety and behavioral distress could be reduced. Parents believed this atmosphere allowed them to give straightforward instructions, modify learning activities based on the child's readiness and repeat things until mastery. These traits made home-based learning very adaptable to the different developmental profiles of children with exceptional needs.

But parents also repeatedly pointed out that there were major restrictions to these imagined benefits. They knew their children's behavior, likes and emotional needs better than anyone else, but worried if they had enough pedagogical understanding to be effective teachers. Their confidence as caregivers did not always carry over to confidence as educators. In this case, parents' positive perceptions of

home-based learning were still conditional, which was mainly determined by the lack or unavailability of special education programs, therapy services, and professional guidance in their proximity.

The stories the participants told reflected this duality. P2 liked that the home provided a relaxed environment where the child was less anxious but was not sure if the instructional techniques used were appropriate. P6 also had a positive view of home-based learning because parents were able to continuously observe and identify the child's areas of difficulty, identify effective teaching approaches, and respond immediately when the child was overwhelmed.

Similarly, P7 found it useful to give simplified instructions and to learn at different levels of readiness, as well as to allow the child to move freely, knowing that patience and not necessarily instructional expectations, often lead to meaningful progress. These accounts suggest parents did not conceptualize successful learning as replicating classroom teaching at home, but rather as creating conditions that fostered emotional regulation, individualized pacing, and responsive caregiving.

This is consistent with prior work that found parents value the flexibility and proximity of home-based learning, but feel ill-prepared to handle the instructional responsibilities that accompany it. Greenway and Eaton-Thomas (2020) found that parents of children with special educational needs appreciated personalized support but often felt unsure about teaching strategies. In a similar vein, Ludgate et al. (2022) observed the growth of stronger parent-child relationships along with greater educational responsibilities (Limos and Guiang, 2026), and Schmidt et al. (2023) highlighted that parents' confidence was largely determined by the quality of support offered by schools. Home settings can be conducive to mental health, but they cannot replace the competence of therapists and special educators (Dobosz et al., 2023).

This research adds to this body of knowledge by showing that emotional comfort and familiarity are not only contextual benefits, but rather crucial preconditions for the participation in learning of children and youth

with special needs. The house was considered a surrogate learning environment, but parents perceived this as an environment for tailored instruction that is naturally occurring via ongoing interaction and intimate knowing of the kid. However, the results also show that a responsive home-based learning cannot be founded on parental commitment alone. Sustainability requires a systematic collaboration between families and professionals (e.g., ongoing consultation, practical instructional coaching, accessible learning resources, and community-based support services) so that parents are able to supplement, not replace, specialized expertise.

Parental Attunement and Reframing of Progress Toward Functional Development

Not only educational approaches but home-based learning also impacted parents' views of their children's development. The routine and daily interaction made it possible for them to be more aware of the learning preferences, communication styles, behavioral responses, and developmental needs of their children. This ongoing connection created a more individualized approach to learning and parents were able to spot minor developmental changes that may not be picked up in regular educational situations.

Thus, in addition to academic accomplishment, parents redefined educational development. Instead of using usual metrics of success such as lessons completed or grade level achievement they measured progress by finding significant improvements in functioning in daily life. Equally important indicators of learning were following simple directions, expressing needs, learning new vocabulary, completing self-care routines, organizing personal belongings, and maintaining attention and participation in daily family activities. Educational success was therefore understood as greater independence, communication and participation in everyday life.

This change in perspective was reflected in the stories the participants told. P4 said home-based learning helped the parent better understand how the child learned, including preferred activities and areas of difficulty. P5 saw even small gains, such as answering simple

questions or following directions, as important achievements because they indicated meaningful developmental progress.

Similarly, P6 noticed that through constant practice, the child's confidence and willingness to take part in learning activities gradually increased. P8 also stressed the necessity of teaching daily living skills, communication and independence to be equal to academic instruction; each newly acquired skill was a milestone to be celebrated. In summary, the reports suggested that parents' perceptions of progress were based on individual developmental paths rather than on comparison with usually developing peers.

These findings align with recent studies highlighting the significance of family participation in detecting incremental developmental progress in children. Small incremental adjustments were also valued by parents that were enabled by close participation on a daily basis (Ludgate et al. 2022). Schmidt et al. (2023) found home-based learning increased parents' understanding of their children's strengths and learning needs. Similarly, Rakap et al. (2022) found that increased parental involvement in children's education was often associated with enhanced family relationships, even with substantial caregiving demands.

However, Masondo and Mabaso (2025) argued that parents of learners with severe intellectual disabilities still need clear guidance on their educational roles and increased partnerships with schools. The present findings extend this literature by illustrating that parental attunement is a valuable source of educational information that, when integrated with professional expertise rather than seen as a substitute for it, can enhance individualized planning.

The findings further reveal that assessment in home-based learning should be aimed at functional developmental outcomes apart from academic achievement. Learning is observable when children demonstrate improved skills in communication, emotional regulation, independence in daily routines, attention span and participation in family activities. These are easily observable by parents and easily documented as meaningful evidence of learning. Such observations, when included in

collaborative home-school planning, may facilitate more individualized educational decision-making while maintaining parents as active partners in their children's learning, rather than as sole providers of educational intervention.

Table 2. Parents' Challenges in Implementing Home-Based Learning for Children and Youth with Special Needs

Theme	Subthemes	Codes	Illustrative Data (Verbatim)
The Convergence of Teaching, Caregiving, Livelihood, and Time Demands	Competing household and livelihood duties; continuous supervision; teaching after work; evening practice; parent and child fatigue; time poverty	role overload; lack of time; livelihood conflict; household work; exhaustion; caregiving burden; limited energy; competing schedules	"Mahirap pagsabayin ang pagtuturo, pag-aalaga, at paghahanap ng pang-araw-araw na pangangailangan..." (P1) "Hindi lang siya estudyante na tuturuan. Kailangan din niyang alagaan, bantayan ang kilos, at tulungan sa simpleng gawain." (P2) "Ang pinakamalaking hamon talaga ay oras. Bilang magulang, marami rin akong kailangang gawin sa bahay at minsan kailangan ko ring maghanapbuhay. Kahit gusto kong tutukan ang anak ko, may mga pagkakataon na pagod na ako o kulang na ang oras. Minsan sa gabi na lang kami nakakapag-practice, kaya may pagkakataon na pagod na rin ang bata at hindi na siya masyadong nakikinig. (P6)"
Material, Geographic, Technological, and Service-Related Inequities	Limited visual and therapy materials; inability to purchase resources; improvised household materials; no printer or internet; weak signal; transportation cost; distant school and therapy services	resource scarcity; improvisation; paper and cardboard materials; technology gap; weak connectivity; geographic isolation; transport burden; inaccessible specialized support	"Minsan kulang ang gamit namin. Wala kaming sariling printer o internet..." (P3) "Kapag may kailangan kaming therapy o espesyal na tulong, malayo ang pupuntahan at mahal ang pamasaha." (P4) "Isa rin sa mahirap ay kulang kami sa gamit at materyales. May mga activity na kailangan sana ng visual materials, therapy tools, o learning materials, pero hindi lahat kaya naming bilhin. Kaya minsan gumagawa na lang kami ng sariling gamit mula sa papel, lumang karton, laruan, o kung ano ang meron sa bahay. Mahirap, pero kailangan maging madiskarte para matuloy pa rin ang pag-aaral niya. (P7)"

Theme	Subthemes	Codes	Illustrative Data (Verbatim)
			"Sa aming lugar, isa ring hamon ang layo ng serbisyo. Hindi madaling pumunta sa therapy center o sa school dahil sa pamasaha, oras, at layo ng biyahe. May pagkakataon din na mahina ang signal kaya hindi rin palaging makapanood ng educational videos o makakonsulta online. Dahil dito, kadalasan kami mismo sa bahay ang gumagawa ng paraan para maituloy ang activities. (P9)"
Learning Negotiated Through Emotional and Behavioral Readiness	Loss of interest; refusal to sit or follow; crying; variable attention; fatigue; uncertainty about continuing or pausing; fear of forcing the child; need for teacher or therapist guidance	child refusal; low motivation; emotional dysregulation; variable readiness; instructional self-doubt; fear of coercion; behavior-management uncertainty; professional guidance needed	"Kapag ayaw niyang mag-aral, hindi ko siya pinipilit agad. Pinapahinga ko muna siya at sinusubukan ulit kapag kalmado na siya." (P5) "Nahihirapan din ako kapag nawawalan ng interes ang anak ko. May pagkakataon na ayaw niyang umupo, ayaw niyang sumunod, o umiiyak siya kapag pinapagawa ng activity. Bilang magulang, minsan hindi ko alam kung itutuloy ko ba o pahihingahin muna siya. May takot din ako na baka mali ang ginagawa ko o baka napipilitan ko siya. Kaya kailangan talaga ng gabay mula sa teacher o therapist. (P8)"

The second research question examined the challenges parents experienced in implementing home-based learning for children and youth with special needs. Analysis identified three interrelated themes: (1) the convergence of teaching, caregiving, livelihood, and time demands; (2) material, geographic, technological, and service-related inequities; and (3) learning negotiated through emotional and behavioral readiness. Together these themes demonstrate that issues faced by parents went well beyond those related to instruction. Educational responsibilities in home-based learning were influenced by the dual demands of caregiving, socioeconomic limitations, limited access to specialized services, and the varying emotional and behavioral readiness of children within the framework of family life. These challenges did

not exist in isolation but interacted with each other continually, affecting parents' ability to provide consistent and meaningful learning opportunities.

The Convergence of Teaching, Caregiving, Livelihood, and Time Demands

Parents generally regarded home-based schooling as an additional load intertwined with parenting, household management and earning cash. Parents had to play multiple jobs at the same time, not just one instructional position. They were instructors, caregivers, behavior supporters, homemakers, and providers. The introduction of home-based schooling thus meant juggling several important duties with limited time, energy, and emotional resources. It implies that the problem was not so much a lack of good time

management but rather the buildup of conflicting demands that could not be easily sorted out.

Examples of the regular arrangement of educational activities in the framework of everyday realities of survival were given by participants. P1 said that often teaching was only done after the farm labor was done. This indicates the secondary nature of the teaching duties to the necessities of making a living. P2 also said that assisting learning was much more than providing classes since the child also needed regular supervision, help with activities of daily living and continuing emotional support. These anecdotes show that training was embedded within caregiving rather than being a separate educational endeavor.

These responsibilities were intensified by time pressures. P6 said that domestic tasks and responsibilities for making a living often delayed learning until the late evening when the parent and child were physically fatigued. This condition generated a vicious loop in which parental exhaustion decreased patience and teaching flexibility while kid fatigue decreased attention, motivation and involvement. Learning chances were thus more a product of the serendipitous demands of daily family life than of planned routines.

These results are consistent with prior study that revealed the multidimensional load of parents of children with special needs in the home. In a similar way, Sonnenschein and colleagues (2022) characterized parents who juggled educational support with employment, child care, and domestic chores while also providing considerable support to children receiving special education services. Similarly, Greenway and Eaton-Thomas (2020) found that parents were likely to face role overload when trying to fulfill educational obligations on top of the existing family responsibilities. Schmidt et al. (2023) reported similar obstacles in establishing structured learning at home and Morgül et al. (2025) noted the distinct emotional and practical challenges for moms of children with special educational needs. Cheng and Lai's (2023) systematic review also reported that parental stress is a result of the interaction among caregiving

obligations, socio-economic position, child features, and availability of professional help.

The findings reported here contribute to this literature by giving evidence that educational engagement cannot be understood in isolation from the broader ecosystem of family life. Teaching and care roles were not separated by parents as they were contemporaneous throughout the day. Therefore, home-based learning programs should embrace family patterns as valid educational environments rather than expecting parents to emulate the timetables of formal school settings. Therefore, rather than trying to copy traditional school processes at home, it might be more pragmatic and sustainable to have flexible learning plans, achievable instructional activities, and ideas for how to weave learning into daily routines such as eating, play, self-care, and domestic chores.

Material, Geographic, Technological, and Service-Related Inequities

Parents' capacity to implement home-based learning was also shaped by structural conditions beyond individual commitment or motivation. The availability of printed learning materials, therapy equipment, internet access, transportation, professional consultation and specialized educational services significantly affected the quality and consistency of learning experiences. The findings show that educational participation was mediated through parental effort and inequalities in material resources, geographic location, technological access, and availability of specialized services.

Participants reported repeated adaptations to limited resources. P3 told me that they don't have a printer or reliable internet so they had to find other ways to do the learning activities. These constraints can be exacerbated in rural Philippine communities by unreliable mobile-data signals, limited printing services and the extra cost of traveling to municipal centers to access educational materials or internet services. P4 said that the cost and travel involved in accessing therapy and specialist educational support was considerable over

long distances. For families in geographically isolated, upland, or remote barangays, access to a developmental pediatrician, therapist, special education provider, or rehabilitation facility may involve traveling from the barangay to the municipal center first, and then to a larger town or city where specialized services are available.

In a similar vein, P7 described how they would create improvised instructional materials with cardboard, paper, household items and toys in an effort to create visual resources and therapy materials that were financially out of reach. These adaptations showcased great parental ingenuity, but they also transferred the responsibility for developing educational resources from institutions to families already under economic and caregiving stress. This burden may be particularly heavy for households in low-resource barangays in the Philippine context, where educational supplies, assistive devices, therapy materials and specialized learning tools may not be readily available in the local area.

The structural barriers were even more formidable in the rural context. P9 noted that transportation costs, geographic distance, unreliable Internet access and limited access to schools and therapy centers all combined to limit opportunities for educational support. These experiences are typical of the challenges faced by families living in geographically isolated and disadvantaged areas, particularly upland municipalities and remote barangays with limited availability of public transportation, long travel times, and access to specialized professionals requiring multiple trips outside the community. These challenges could be made worse by bad weather or roads not easily reachable.

At the community level, barangay health workers may be critical first points of contact for families seeking health, developmental or referral services. They tend to work more in the community and in a support role rather than in a specialized role for special education or intensive therapeutic intervention. Thus, parents may still have to negotiate referrals from the barangay level services to the rural health units, to the municipal or provincial facilities, to schools, to therapy centers, or to

specialists further away. When referral pathways are unclear, specialist schedules are limited or transportation is expensive, continuity of educational and therapeutic support may be disrupted. In this way, service inequity is perceived not only in terms of the lack of services, but also in the tangible difficulty to reach and maintain a regular use of those services.

Educational disadvantage was not caused by one barrier, but by the interaction of material scarcity, geographic isolation, technological limitations, and limited professional services. For example, a family that does not have reliable internet may be far from a school or therapy center without affordable transportation. These intersecting barriers may mean that parents become more reliant on their ability to improvise learning activities, communicate with professionals and sustain interventions within the home.

These results are consistent with previous research reporting persistent disparities in access to special education and developmental services. Similarly, Kouroupa et al. (2022) noted that families often did not have specialist equipment, appropriate technology and enough learning environments for children with neurodevelopmental conditions. Sonnenschein et al. (2022) reported that families saw large decreases in the availability of special education and therapy services.

Similarly, Modula and Chipu (2024) found that transportation challenges, limited community resources and limited access to professional services were major barriers for rural caregivers and Međaković et al. (2024) reported widespread issues with accessing developmental and rehabilitation services. The international findings resonate with the experiences shared by participants, especially in the Philippine context, regarding geographic isolation, unequal digital access, transportation constraints, and dependence on referral systems for specialized help.

The present study further demonstrates that scarcity of resources should not be considered a failure of parental commitment but rather an expression of greater structural inequalities. Parents repeatedly filled in the gaps in institutions and services with their own ingenuity and resourcefulness, but these

adaptations are not a substitute for the need for equal access to specialized educational and therapeutic services. Sustainable home-based learning in rural Philippine communities, therefore, requires systemic investment in accessible instructional materials, community-based professional support, improved barangay-to-municipal referral mechanisms, low-technology learning alternatives, outreach and mobile services, transportation-sensitive service delivery, and referral systems that lessen, rather than exacerbate, existing educational inequalities.

Learning Negotiated Through Emotional and Behavioral Readiness

Other challenges were related to the dynamic interplay between children's emotional regulation and learning engagement. Parents kept saying that good teaching was not only a matter of setting tasks for learning but also of getting the children to want to take part. Attention, motivation, emotional regulation, sensory tolerance and behavioral responses were all constantly impacting the possibility to learn. Thus, parents were required to make instructional decisions on an ongoing basis that were informed by children's immediate emotional and behavioral needs.

Participants described learning as a continuous negotiation rather than a fixed implementation. P5 stated that activities were often delayed when the child became overwhelmed, and instruction was only resumed once emotional regulation was regained. Similarly, P8 described instances when the child refused to participate, cried during activities, or got bored quickly, resulting in ambiguity about whether to continue, make activities easier, or discontinue instruction altogether. The parent's request for more professional guidance suggests that the instructional uncertainty was not limited to academic content but also extended to how to appropriately respond to children's behavioral and emotional needs.

Importantly, these experiences showed that emotional and behavioral readiness was

both a challenge and an opportunity for adaptive teaching. Refusal, withdrawal, or distress disrupted planned instruction but also prompted parents to alter activities, reduce expectations, offer breaks, or resume learning at a more suitable time. These adaptations were not seen as failures by parents but as responses that protected children's dignity, mental health, and eagerness to learn.

Our findings are consistent with Cheng and Lai (2023) who found that children's challenging behaviors were contributors to parental stress and highlighted the protective role of behavior-management knowledge and professional support. In the same vein, Modula and Chipu (2024) found there was a need for practical guidance to understand and respond to challenging behavior in caregivers, while Kouroupa et al. (2022) found families of children with autism spectrum disorder and intellectual disabilities had particular difficulty when available educational resources did not cater to individualized behavioral needs. Morgül et al. (2025) similarly emphasized the necessity of adaptive routines and flexible instructional methods during periods of disrupted educational provision.

The findings add to this literature by suggesting that emotional readiness should be viewed as a prerequisite for meaningfully participating rather than a barrier to educational progress. Effective home-based learning, therefore, is not about following planned activities rigidly, but about parents being able to identify signs of fatigue, frustration, sensory overload or disengagement, and responding flexibly to instruction. Therefore, home-based learning programs should equip parents with practical guidance on behavioral support, emotional regulation strategies, visual supports, structured routines, sensory accommodations, and opportunities for ongoing consultation. This support would foster parental confidence and promote learning experiences that are developmentally appropriate and emotionally responsive.

Research Question 3: What Coping Mechanisms Do Parents Employ?**Table 4. Themes, Subthemes, Codes, and Illustrative Data on Parental Coping Mechanisms**

Theme	Subthemes	Codes	Illustrative Data (Verbatim)
Meaning-Focused Resilience Through Acceptance, Patience, Faith, and Recognition of Small Gains	Prayer and spiritual strength; acceptance of individualized needs; hope; avoidance of comparison; patience; recognition of incremental progress; emotional expression	Faith; prayer; acceptance; hope; meaning-making; perseverance; adjusted expectations; small achievements; emotional resilience	"Minsan napapagod ako pero iniisip ko na kailangan ako ng anak ko. Nagdarasal ako at humihingi ng lakas para magpatuloy." (P1) "Tinanggap ko na iba ang pangangailangan ng anak ko. Hindi ko siya ikinukumpara sa ibang bata." (P2) "Sa emosyonal na bahagi, ang nakakatulong sa akin ay panalangin, pagtanggap, at pag-iisip na may pag-asa pa rin. Hindi madali ang araw-araw na pag-aalaga, pero kapag nakikita ko ang maliit na progreso ng anak ko, lumalakas ulit ang loob ko. Minsan nakikipag-usap din ako sa ibang magulang o sa teacher para makahingi ng payo. Nakakatulong na may mapagsabihan ka ng nararamdaman mo. (P9)"
Distributed and Adaptive Coping Through Routines, Family Cooperation, Play-Based Strategies, Peer Connection, and Professional Guidance	Simple schedules; short activities; rest and flexible pacing; shared caregiving; family assistance; play, songs, preferred objects, and praise; peer conversation; teacher, therapist, and health-worker consultation; videos and household materials	Routine; task shortening; breaks; shared responsibility; spouse and relatives; gamification; positive reinforcement; parent network; consultation; self-learning; resourcefulness; continuity of support	"Ang ginagawa ko ay gumagawa ako ng simpleng schedule para hindi sabay-sabay ang gawain. Hinahati ko ang oras para sa pag-aaral, pahinga, pagkain, at laro. Mas gumagana sa anak ko kapag hindi mahaba ang activity. Kapag napapansin kong napapagod na siya, pinapahinga ko muna at binabalikan namin kapag kalmado na siya. Sa ganitong paraan, hindi siya masyadong napipressure at hindi rin ako madaling ma-stress. (P6)" "Kapag nahihirapan ako, humihingi ako ng tulong sa pamilya. Minsan ang asawa ko, magulang ko, o ibang kapamilya ang tumutulong sa pagbabantay o pagpapRACTICE sa bata. Malaking tulong ito kasi hindi ko nararamdaman na mag-isa ako. Kapag may kasama akong tumutulong, mas gumagaan ang responsibilidad at mas natutuloy ang home-based learning kahit may ibang gawain sa bahay. (P7)"

Theme	Subthemes	Codes	Illustrative Data (Verbatim)
			"Ginagawa ko ring parang laro ang mga activity para mas maging interesado ang anak ko. Halimbawa, kapag tinuturuan ko siya ng salita o kulay, ginagamit ko ang laruan, kanta, o pagkain na gusto niya. Mas natututo siya kapag masaya ang approach at hindi niya nararamdaman na pinipilit siya. Natutunan ko rin na mahalaga ang papuri. Kapag may nagawa siyang tama, pinupuri ko siya para ganahan ulit. (P8)" "Kapag may hindi ako alam, nagtatanong ako sa teacher, therapist, o barangay health worker kung may pagkakataon. Minsan nanonood din ako ng videos o naghahanap ng simpleng paraan kung paano ko siya matuturuan sa bahay. Hindi man palaging kumpleto ang gamit namin, sinusubukan kong gamitin kung ano ang meron kami. Para sa akin, ang mahalaga ay tuloy-tuloy ang suporta at hindi sumusuko sa bata. (P10)"

Meaning-Focused Resilience Through Acceptance, Patience, Faith, and Recognition of Small Gains

A part of parents' coping with stress was the construction of meanings that helped them carry on. Their stories did not reject fatigue or doubt. Instead they combined recognition of difficulty with acceptance of the child's individualism, patience, hope, spiritual practice, and awareness of small steps forward. These mechanisms were useful in emotional resilience and protection of the child from constant peer comparison.

P1 admitted that she was feeling tired but reminded herself that her child needed her parental support and she prayed for strength to continue. P2 spoke of accepting the child had different needs and actively not comparing the child to other children. This acceptance was not the same as resignation. It provided a way to change expectations while the parent was still involved in the caring and learning process.

P9 brought these processes together by pointing to prayer, acceptance and continued

hope as emotional supports. Small signs of progress were a source of courage in the difficulty of daily caregiving, the parent said. Talking to another parent or teacher also provided advice and a place to talk about feelings. The report shows that meaning-focused coping was enhanced when emotional experience could be shared, not kept to oneself.

Similar coping methods such as prayer, optimism, family support, and professional help were reported by Mesfin and Habtamu (2024). Similarly, Rodrigues et al. (2024) reported that spiritual and religious coping helped mothers to make sense of hardship, find comfort and maintain caregiving. Positive coping, family and professional support, and knowledge of the child's progress were identified as protective factors by Cheng and Lai (2023). These findings support the interpretation that acceptance is most helpful when combined with information, skills and social support.

The finding cautions too against romanticizing parental sacrifice. Faith,

patience and hope can support caregiving but should not be employed to normalize the lack of services or suggest that families should bear unlimited burden. Programs should respect parents' spiritual resources, offer respite options, provide practical consultation, psychosocial support and reliable educational services.

Distributed and Adaptive Coping Through Routines, Family Cooperation, Play-Based Strategies, Peer Connection, and Professional Guidance

The second coping theme illustrates how resilience was organizational, educational, and relational, rather than an individual personality feature. Parents addressed the demands by rearranging time, abbreviating activities, responding to exhaustion, sharing duties, turning lessons into play, improvising with available materials, and seeking help from individuals with appropriate experience or knowledge.

P3 had alternative study and rest times and relied on a spouse or family when other duties occurred. P6 also made a simple timetable including time for learning, food, play and rest. "Short activities worked better, and when the child got tired, it just stopped, taking the pressure off both child and parent," the parent said. These tactics demonstrate that routine was not a fixed schedule, but a flexible structure to create a balance between predictability and readiness.

P7 tried to ask husband, parents and other relatives for supervision or practice. Shared caregiving eased loneliness and allowed for home-based learning to occur alongside domestic responsibilities. It is crucial to have this diversified responsibility so that all of the educational and emotional labor is not on one caregiver. Also, if family members know the child's goals and adopt similar tactics, it can help with consistency.

P8 was playful in his activity using toys, music, preferred meals and rewards when teaching words or colors. When the approach was pleasant and not forced, the child learned better. This method changed motivation from a prerequisite to a variable that could be nurtured through interest, positive reinforcement, and relevant materials. It also

protected the parent-child relationship by diminishing the child's experience of being pushed.

P4 and P9 spoke with other parents, which lessened isolation and provided emotional validation. P10 interviewed teachers, therapists and a barangay health worker, watched films, looked for basic teaching tactics and used whatever materials were available. This blend of official and informal help seeking is an example of adaptable resourcefulness. But the trustworthiness of internet information and the constraints on community workers' roles imply that parents still demand unambiguous, joined-up professional advice.

Morgül et al. (2025) found that adaptability and new routines were important coping mechanisms for moms of children with unique educational needs. Family support and professional supervision were considered as key external coping methods (Mesfin and Habtamu, 2024). According to Rakap et al. (2022), perceived social support had a considerable ameliorating effect on the adverse impact of disrupted services on family quality of life. Similarly, Modula and Chipu (2024) recommended community support groups, integrated services, and information that is easily accessible.

Programs should be designed to encourage family orientation, parent to parent networks, planned teacher consultations, access to therapists or skilled specialists and practical demonstrations of play based and behavior responsive practices. The materials should be designed in a way that can be customized with common household objects, but families should also have access to ready-made visual aids and helpful resources. Distributed support is not only a coping benefit; it is a condition for sustainable engagement.

Synthesis and Implications

The essential experience across the three research topics might be defined as sustaining individualized learning through adaptive family care in the settings of restriction. Home-based learning was more than just academics. It was also a space for emotional regulation, for repeated practice, for communication, for self-care, for daily living skills and for close

observation of how the kid responded to different forms of support.

Opinions about parenting from real life. They realized home might offer comfort, flexibility to move, simplified instructions, tailored pace and quick soothing support. These benefits were especially crucial for children experiencing stress, fatigue, irritability or overwhelm. At the same time, parents were conscious of their own limits in instruction and the parent vs. professional knowledge gap. Home-based learning was thus appreciated for its flexibility, but not as a satisfactory solution per se.

The results also demonstrated meaningful growth was multi-dimensional. Parents were happy to finish classes, but also new words, new actions, following simple directions, organizing their things, eating by themselves, and getting more comfortable doing things over again. These results imply that educational planning should include functional, communicative, behavioral, and independence goals as well as academic goals. Parents should be able to document observable change in progress monitoring; professionals should help interpret and modify the individualized plan.

Challenges operated across interacting ecological levels. Family barriers to implementation included lack of time, livelihood needs, household duties and fatigue from constant caregiving. At the material and technological level, parents did not have learning resources, therapeutic tools, printers, internet access and reliable signal. Support was restricted by geographic and service level issues of distance, transportation costs, and limited access to schools, therapy centers and specialists. Children's differential readiness and parents' uncertainty about how to manage their children's behavior complicated daily activities at the instructional level. A person deficit interpretation is less appropriate than an ecological interpretation: the problems were the product of an interaction of child needs, family capacity, community conditions, and the delivery of institutions.

Coping mechanisms were multidimensional as well. Parents used inward strategies of acceptance, prayer, hope, patience, and noting small progress and

outward strategies of simple schedules, short activities, breaks, family help, play, songs, treasured objects, praise, peer connection, impromptu materials, videos, and consultation with teachers, therapists, and health workers. Coping often entailed changing the learning process rather than simply enduring stress. The parents reduced the pressure by making the activities shorter, more fun and in accordance with the child's emotional state.

These coping practices can be recognized as strengths, but should not be used to shift institutional responsibilities onto families. The ability to improvise with cardboard, use mobile videos when a connection is available, or rely on extended family does not remove the need for accessible materials, professional guidance, transportation assistance, and community-based services. "Resilient parenting and responsive systems have to work together.

In home-based programs, quality should not be determined only on the distribution of modules or activities. It should also be judged on whether parents understand the goals, are able to safely adapt the tasks, can contact a knowledgeable professional, have access to appropriate materials, and can implement the program without unsustainable sacrifice. And therefore, parent well-being, family capacity, child dignity and access to support should be considered as legitimate dimensions of educational quality.

Conclusion

The ten parents saw home-based learning as an accessible, responsive, child-centered arrangement that provided comfort, flexibility, individualized attention, close monitoring, and opportunities to develop academic, communicative, self-care, and daily living skills. Yet, their perceptions were influenced by the uncertainty of instructions and the realization that home learning could not substitute trained teachers, peer interaction, therapy and specialized school services.

"The biggest challenges were the convergence of education, care-giving, household and livelihood responsibilities; limited time and fatigue; lack of learning and therapy materials; the need to improvise; weak internet or signal; geographic and financial

barriers to schools and specialized services; and the difficulty of matching activities to the child's emotional and behavioral readiness. The parents' expressions of uncertainty as to whether to proceed, pause, simplify or seek assistance, emphasized the need for continued professional guidance.

Parents utilized acceptance, patience, prayer, hope, changed expectations, acknowledgment of small successes, flexible routines, short activities, rest periods, family cooperation, play based learning, songs, favorite items, praise, peer interaction, changes to home resources, self-directed online learning, and worked with teachers, therapists, and community health workers. Their resilience was both meaning-focused and relational, often involving modifications to the learning environment to alleviate pressure on the child and caregiver.

The core of what the participants are experiencing is the ongoing challenge of protecting and extending children's learning in the face of constraints that families cannot solve on their own. Consequently, sustainable home-based programs must regard parents as partners in education who need training, explicit demonstrations of activities, individualized indicators of progress, accessible consultation, ready-to-use and low-technology materials, parent-support networks, outreach or transportation assistance, and reliable links to special education and therapeutic services. Public and institutional responsibility should be supplemented by parental resilience, not replaced by it.

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