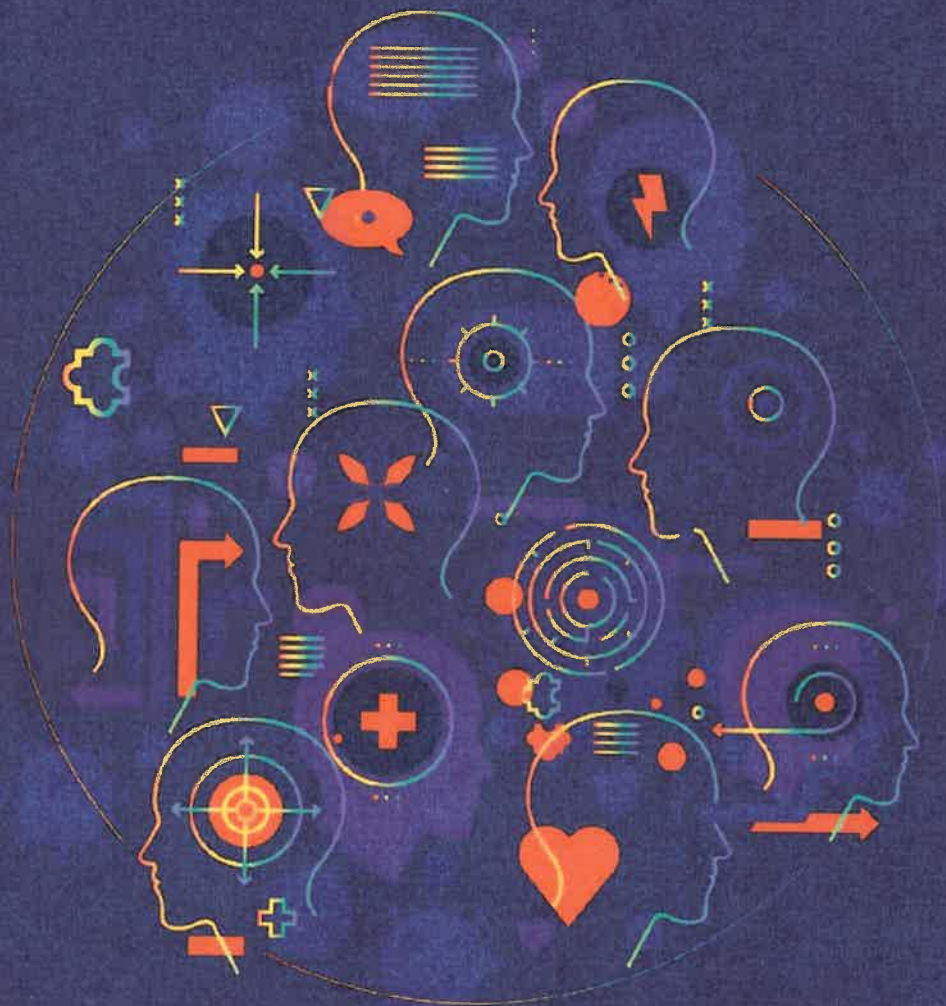


# Disability Welfare Policy in Europe

Cognitive Disability and the  
Impact of the Covid-19 Pandemic



Edited by

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# **Disability Welfare Policy in Europe: Cognitive Disability and the Impact of the Covid-19 Pandemic**

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## Chapter 3

# The Effects of COVID-19 on the Mental Health Condition of Children With Cognitive Disabilities and Their Families in Hungarian Case Study

*Tímea Galacné Kaló, Dóra Katalin Prievara, Veronika Mátó and Klára Tarkó*

### Abstract

The outbreak of the COVID-19 virus has been declared a public health emergency which has caused unexpected and enormous changes all over the world. Everywhere, as well as in Hungary, it has led to disease control measures being put in place, including strict lockdown restrictions, which have affected people's daily activities and routines (DPMK, 2020). The partial or regular closure of educational institutions have been administered, resulting in a shift to online education. It has been extremely difficult for the population to handle this new situation and the emerging challenges, not to mention certain social minority groups such as people with cognitive disabilities, for whom and for whose families the current situation has implicated an even bigger burden. The aim of this chapter is to investigate the impact of the COVID-19 pandemic induced lockdown on children with cognitive disabilities through the point of view of their parents and of the special needs educators/teachers in Hungary. The lockdown measures have affected the perspective of parents and special needs educators/teachers of children with cognitive disabilities with regards to the access and the quality of education for disabled people.

*Keywords:* Cognitive disability; welfare disability policy; mental health; COVID-19; Hungary; special needs educators

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## 1. Introduction

The outbreak of the COVID-19 virus has been declared a public health emergency which has caused unexpected and enormous changes all over the world. Everywhere, as well as in Hungary, it has led to disease control measures being put in place, including strict lockdown restrictions, which have affected people's daily activities and routines (shopping, exercising, relying on therapies, or maintaining social contacts, travelling and so on) (DPMK, 2020). The partial or regular closure of educational institutions have been administered, resulting in a shift to online education. It has been extremely difficult for the population to handle this new situation and the emerging challenges, not to mention certain social minority groups such as people with cognitive disabilities, for whom and for whose families the current situation has implicated an even bigger burden.

Cognitive disability is a complex phenomenon. Individuals with cognitive disability show considerable variations not only in the level of their cognitive functioning, but also in their abilities to cope with everyday life, to succeed at school and work, and to handle the accompanying emotional, physical, or medical conditions (Csákvári & Mészáros, 2012).

The personal relationship between the child and the educators is essential in the education of children with cognitive disabilities. Great care must be taken to involve all the senses in the learning process. Daily routines are important. Cognitive disability is in most cases associated with other disabilities, which may cover sensory, communication, mobility, and behavioural problems. This is compounded by the fact that certain disabilities and syndromes may be associated with secondary conditions such as cardiovascular diseases, diabetes, or obesity.

These conditions require regular medical attention and monitoring. The condition of children can be improved, and risk factors can be significantly reduced through daily physical exercise for instance. In addition, social contacts contribute significantly to the development of social and communication skills, to a sense of competence, self-confidence and self-esteem, which also have a significant impact on the mental health of the population concerned (Mile, 2016).

Special mention should be made of children with cognitive disability accompanied by autism spectrum. For such children, the lockdown and online education has meant a complete disruption to their daily routine which was the most difficult part of the changes. Parents have also had to bear a heavy burden. Many were unable to manage working from home and might have lost their jobs. Whether they could provide the necessary developments for their child depended largely on their financial situation, the place they lived in and professional help available to them (DPMK, 2020).

The pandemic-induced social distance and social isolation resulted in a change of disabled people's and children's daily routines. Maintaining and managing a set daily routine requires strict discipline and offers security for children, which are indispensable in terms of their psychological and emotional development (DPMK, 2020). Taking care of children with cognitive disabilities represents a major challenge and needs exceptional management skills, and it requires the cooperation of professionals and the family even in 'normal' circumstances.



In this pandemic situation, these difficulties have multiplied. Certain developmental activities or therapies, such as physiotherapy or developmental therapies, were difficult or impossible to access. Depending on the extent to which teachers, special needs educators and various professionals had previously used available digital technology in their activities, they had to take other specific aspects into account as well (DPMK, 2020).

As a first step, the schools had to assess the situation of pupils and their families in terms of the digital tools and internet access available to families raising Special Educational Needs (SEN) children, and the forms of continuous contact and cooperation that are possible (DPMK, 2020). The free online platforms and systems can be widely used in the instruction of children with SEN. The extent to which parents and caretakers can participate as supporters in the home schooling of children with SEN had to be considered. Finally, it was also important to consider the difficulties the cooperation of all those involved in education, development, rehabilitation, and the organising of this cooperation, would entail in the work of professionals (DPMK, 2020).

The aim of this chapter is to investigate the impact of the COVID-19 pandemic induced lockdown on children with cognitive disabilities through the point of view of their parents and of the special needs educators/teachers in Hungary.

The main hypotheses are that the lockdown has affected the perspective of parents and special needs educators/teachers of children with cognitive disabilities with regards to the access and the quality of education for disabled people.

The chapter is organised into four main parts, in which the first part concerns the welfare disability policy in Hungary. First, we give a short description of the disability laws and advocacy organisations in Hungary, then outline the laws and guidelines related to children with Special Educational Needs. After introducing the education system addressing children with SEN and outlining the relevant regulations, we highlight the difficulties arising in Hungary, and finally we show the steps and measures taken during the pandemic concerning children with cognitive disabilities.

The second part of the present paper is concerned with our empirical research carried out among parents and special needs educators of children with cognitive disabilities. After describing the research aims and methodology, we introduce our data and discuss the key findings, as well as mentioning the difficulties we came across during the research.

Finally, we discuss the implication of our findings for future research, such as giving more importance to the implementation of digital solutions to enable a more effective social integration of children with cognitive disabilities.

## **2. Welfare Disability Policy in Hungary**

### ***2.1 Disability Laws and Advocacy Organisations in Hungary***

People with disabilities are equal members of society with equal dignity, who are able to live with their rights and opportunities but encounter numerous challenges along the way. To alleviate their disadvantages, establish their equal opportunities

and shape the attitude of society, the Parliament established decree No. XXVI in 1998 on the rights of people with disabilities thus ensuring their equal opportunities in Hungary.

This law is the first explicit disability law in Hungary. The general aim is to promote equal opportunities for people with disabilities in the areas of health, education, employment, housing, private life, culture, sport, as well as to improve their living conditions, self-determination, respect for human dignity, social inclusion, and equal access to legal, support and care services. The Act provides for the establishment of the National Disability Council and the National Disability Programme. It stresses the importance of disabled people being active participants in the benefits provided by the state.

The National Disability Programme 2015-2025 focuses on the definition of measures, equal opportunities, and self-determination for the sake of independent living. The *Action Plan* for 2020-2022 highlights, among other things, that educational and medical training should focus on knowledge about people with disabilities and how to deal with them. The UN Convention on the Rights of Persons with Disabilities adopted in 2006, was ratified by Hungary in 2007. Hungary has also acceded to international conventions, established the National Disability Program, and several non-profit and advocacy organizations are working to achieve equal opportunities for people with disabilities to change society's attitudes toward social inclusion, and empower stakeholders to represent their own interests.

Moreover, the civil sector has a prominent role in supporting, assisting and advocating for people with disabilities, both internationally and domestically (Kálmán & Könczsi, 2002). One of the most significant organisations, the only one to have gained national coverage over the years, is the National Association of People with Cognitive Disabilities and their Helpers (Értelmi Fogytékossággal Élők és Segítőik Országos Érdekvédelmi Szövetsége – ÉFOÉSZ). The organisation was founded in 1981 by parents. The target groups of the organisation include, in addition to people with cognitive disabilities, family members, professionals, individuals, companies and businesses who are sensitive and committed to people with disabilities. The main activities of the organisation are advocacy (strategic partnership with the government, membership of the National Disability Council, organising conferences, producing publications, disseminating information, etc.) and providing various services (e.g. early intervention centres, residential care homes, support services, legal aid, parenting services, clubs, equipment hire, Youth Advocacy Groups, etc.).

## ***2.2 Laws and Guidelines Related to Children With Special Educational Needs***

Children with differing developments have the right to obtain early intervention, care, and/or institutional education depending on their status and age. This is ensured by Act CXC on National Public Education (2011). The regulation of Hungarian public education is both central and local. The central regulators include the National Core Curriculum (NCC), which also regulates the pre-school

and school education of pupils with cognitive disabilities. Since the literacy areas and requirements of the NCC cannot be applied to children with cognitive disabilities, the *Guidelines for the Pre-School Education of Children and Students with Special Educational Needs* were prepared for the application of the NCC in special education. This applies to all pupils with special educational needs, whether they are integrated or not in a special educational needs setting. Another central regulator is the framework curriculum, which breaks down the knowledge to be imparted by grade and subject. The pedagogical programme, the syllabus, the draft curriculum and the individual development plan are drawn up locally, institution by institution. The main aim in the education of children with cognitive disabilities is to promote their social inclusion.

### ***2.3 The Situation of Children With Special Educational Needs and With Disabilities in Hungary***

The expert committees of the County Pedagogical Services decide whether a child with special needs can be educated together with mainstream children in a participatory manner or require special school care, and which additional services they can use. Children with differing developments can participate in schools or institutions which include inclusive education in their pedagogical program. Today, 94% of state-maintained public education institutions in Hungary accommodate children and pupils with special educational needs in integrated or special needs groups (Mile, 2016). 65% of children are co-educated, while 35% are educated in specialised institutions. Almost 80% of the specialised institutions have been transformed into a Unified Methodological Institute for Special Needs Education (Egységes Gyógypedagógiai Módszertani Intézmény – EGYMI) or have taken up such tasks also. Special needs education assistance is provided either by the institutions' own special needs educator or by a visiting special needs educator from the EGYMI. (The visiting special needs educator is a professional employed by EGYMI who visits four to five schools to deal with SEN pupils or in special cases in case the SEN child is home-bound, goes to their home and performs the relevant tasks there.) One third of special needs educators are employed by a special needs education institutions and 66% by the mainstream institutions (Mile, 2016).

Special needs educators in mainstream institutions derive small benefit from the supportive professional background available to travelling special needs educators. The profession also faces a significant shortage in the workforce. This is borne out by figures on the employment of hourly-paid teachers, which show that they account for one third of the total number of employees. The shortage of professionals is underlined also by the fact that 4.21% of children with special educational needs are underserved nationally. This data shows significant variations between counties (Mile, 2016).

The Public Education Act stipulates the development of pre-school children as a priority task of public education. It also stipulates the specific needs of children and pupils with special educational needs and integration, taking into



consideration learning and behavioural difficulties, the promotion of their most effective development corresponding to their individual needs and the establishment of the fullest possible social integration opportunities (Act 2011. CXG.). It is also worth mentioning that, despite the legislation, the situation is not very favourable concerning the opportunities for social inclusion and the availability of the different skills development activities with teachers of special needs children and other professionals.

Few but well-trained professionals (special needs educators, developers, physiotherapists, therapists, psychologists) deal with children and adults with disabilities, but it should be mentioned that most of the necessary services are available only in larger settlements and larger cities (Mile, 2016). Another problem is that these children and their parents are often in a vulnerable position in which they are unable to exercise their rights properly. In many cases, this is due to a lack of information, as neither children, pupils, or their parents, nor the people and bodies involved in the related tasks have sufficient legal information (Mile, 2016).

In Hungary today, people with disabilities are entitled to a wide range of benefits in cash and in kind, such as home care allowance, family support benefits (increased family allowance, education allowance, schooling allowance), childcare allowances, maternity allowance, and other benefits related to childcare such as family allowance, family contribution allowance, regular child protection allowance, kindergarten allowance, meal allowance, and free schoolbooks. Moreover, physical accessibility, although legally mandatory for institutions, has many shortcomings. Despite the great efforts of advocacy organisations, there are still huge gaps in communication accessibility, which makes it very difficult for people to exercise their right to self-determination or social integration (for instance, comprehensible forms in offices).

#### ***2.4 Measures Devoted to Children With Disabilities Taken During the Pandemic***

After the outbreak of the pandemic several measures were put in place to contain it. On 11 March 2020, a national state emergency was declared, which led to the introduction of a special legal regime, including a ban on visits to social institutions providing specialised care, border closures and the introduction of digital education in public and higher education. On 25 March 2020, the Ministry of Human Resources published an *Action Plan to support people with disabilities living at home and their families during the new coronavirus pandemic*. The aim was to protect one of the most vulnerable groups concerning coronavirus infection, which in their case can have very serious and potentially fatal consequences. Experts estimate that 10% of the population has a disability, which means that the number of people with a disability in Hungary could reach 1 million (EMMI, 2020).

According to the Government, the way to protect them during the pandemic was isolation, i.e., to minimise interactions. Emphasis was also placed on ensuring

safe living conditions and social relationships without direct contact in the new situation. To do this, municipalities had to assess how many disabled people live in their area and need support during the period of emergency. They also had to assess whether the persons concerned had appropriate info-communication equipment. They had to contact the heads of family and child welfare services in their area, local advocacy organisations, social food and care organisations and health service providers. In addition, a notice was to be published on social networking sites asking residents to be aware of the need of neighbours and other people in the community. On the other hand, local authorities were responsible for encouraging persons with disabilities and their families to contact the local authority (EMMI, 2020).

As part of the *Action Plan*, the Ministry of the Interior's website ([www.koronavirus.gov.hu](http://www.koronavirus.gov.hu)) was to provide access to the websites and information materials of advocacy organisations for people with disabilities, and through them to disability advisers. In addition, local radio, television, and newspapers have been used to provide information on an ongoing basis, so that relevant information is also available on the communication tools used by people with disabilities (EMMI, 2020).

An important task was to ensure that they have access to public services without having to be there in person. This involved reviewing the options available and ensuring that people with disabilities who do not have access to an appropriate ICT tool adapted to their disability also have access to an appropriate tool (EMMI, 2020).

For persons with disabilities and their families, the provision of a free Wi-Fi network and the installation of appropriate applications on the available modern ICT devices were of paramount importance. The Ministry's call for applications, entitled 'Development of a remote ICT-based service for people with disabilities', was open to advocacy organisations that helped people in need and provided training on the tools also (EMMI, 2020).

The *Action Plan* also included that the staff of temporarily closed public institutions (e.g. nursery schools, kindergartens, drivers, etc.) should preferably be involved in the implementation of tasks concerning persons with disabilities (EMMI, 2020).

In this new situation, with the temporary closure of educational institutions and the transition to digital education, teachers, children, and parents have been faced with a myriad of more or less useable solutions, tools and content offered by digital technology and pedagogy. Depending on the extent to which they had previously used digital tools in the teaching-learning and development process, institutions, teachers, and special needs educators had to consider other specific aspects that made the transition to digital education more difficult. It was very helpful when the educational institution or advocacy organisation was able to lend tools to pupils and families (DPMK, 2020).

Firstly, the situation of pupils and families had to be assessed in terms of which free online learning support systems the school could use to reach the most pupils. It had to be assessed whether the selected platforms and applications could be made accessible depending on the type of disability and whether they could be

used according to individual needs. In particular, assessment had to be made as to whether families have the appropriate equipment, internet access and the form of ongoing collaboration. A very important aspect was the extent to which parents and guardians could play a supportive role in the home during the learning process of a child with special educational needs, as most children with cognitive disabilities have limited mobility and fine motor skills, and need help using computers (DPMK, 2020).

There were also many specific situations, bearing in mind that there can be huge economic and financial differences between regions, municipalities and even institutions, when it was not possible to expect all actors to be proficient in the daily use of digital tools in the teaching-learning process, but it was necessary to focus on the given opportunities and to provide the most help in the given situation, and professionals had to build on the basic situation available in the digital work schedule (DPMK, 2020).

In the education of pupils with Special Educational Needs, personal role models and contact with the teacher are very important (DPMK, 2020). This is lacking in distance education. Therefore, it is important to avoid teaching-learning situations that cause failure and frustration. Not everyone can be expected to use digital tools at the same level and with the same efficiency, and assistance at home is not the same for each learner, so there are no universally applicable solutions (DPMK, 2020). What is very important is constant contact and communication, which means security and stability. By turning the home environment, the personal living space, into a learning space, established routines have been disrupted. The situation becomes even more difficult if the supportive role of the family and social background is limited or absent (DPMK, 2020).

Online education has allowed children to spend more time than usual in the online space, increasing the potential for online risks. Children with special educational needs are also more vulnerable to the dangers of the online world due to their atypical developmental, behavioural, social, communicative and emotional characteristics, and therefore increased attention should be paid to data protection and safe use of the internet (DPMK, 2020).

An important step taken by some of the advocacy organisations was to publish guidance on how to communicate with the people concerned, what to expect and what risks are possible when dealing with them, to ensure that each group of people with disabilities receives appropriate care. For example, the Civil Interest Network has published a guide on 'health assessment and care in hospital for people with autism and cognitive disabilities' (Autisták Országos Szövetsége, 2020).

Advocacy organisations have also succeeded in raising awareness and achieving results on several other small but important issues, including the removal of the requirement for people with autism to wear masks on public transport. Furthermore, the National Centre for Disability and Social Policy has launched a call for proposals entitled 'Creative Quarantine', aiming to help people affected by the pandemic and the associated quarantine to cope with the increased sense of uncertainty and fear, and the heightened sense of loneliness, which is



already being exacerbated by the change in daily routine, social relationships and may be associated with a deterioration in the mental health of individuals.

### **3. The Research Design and Methodological Choices**

This chapter examines the effect of the lockdown on persons with disabilities, through the points of view of their parents and of their teachers. The focus is on the impact of lack of social connections and online education for persons with disabilities, as well as on the mental health of their parents during lockdown. The study was led by the following research questions:

- (1) What is the perspective of the parents of children with disabilities about the impact of lockdown on persons with disabilities regarding social connections and online education?
- (2) What is the perspective of the parents of children with disabilities about the impact of lockdown on the mental health of their children?
- (3) What is the perspective of educators on the impact of lockdown on persons with disabilities?

The primary research method was an online questionnaire, given the remaining restrictive COVID-19 measures, and to reach out to stakeholders in other regions. The study covered the past years, from the closure of kindergartens and schools in March 2020 to the present, involving a comparison of experiences had in the pre-pandemic period. The questionnaire was available from December 2021 to February 2022. Its dissemination was assisted not only by online forums, but also paper-and-pencil questionnaires were sent out to special education institutions. The research design plan foresaw about 50-60 respondents.

The first part of the questionnaire asked for socio-demographic information about the parents and the family, such as the family's income and living conditions, and then we asked the respondent to complete the Mental Health Questionnaire developed by the professionals of the Institute of Applied Health Sciences and Environmental Education at the Juhász Gyula Faculty of Education, University of Szeged.

The Mental Health Questionnaire (MHQ) can be a cost-effective way to identify the states of mental health, mental vulnerability, and mentally endangered conditions. It can help to provide an informative, rapid assessment of a community's mental health and thus form the basis for the development of a simple mental health screening protocol (Lippai & Erdei, 2014). Respondents could choose from a three-point scale of 'not at all', 'rarely' and 'often' options for each listed complaint. Respondents were classified using a simple procedure based on the frequency of complaints. Respondents who did not report any symptoms as occurring rarely to them as well as those who reported up to six complaints as occurring rarely to them were classified as mentally healthy. The vulnerable category included those who reported seven or more complaints or symptoms as rarely occurring, as well as those who reported that the symptom occurred

frequently in their case for up to three complaints (regardless of the frequency of the other complaints). Respondents who reported four or more symptoms as frequent (again, regardless of the frequency of other complaints) were placed in the endangered category (Lippai & Erdei, 2014).

The second part of the questionnaire referred to children with cognitive disabilities. In addition to indicating the diagnosis and associated illnesses, we asked about the skills developments the child had received before the pandemic and the child's mental/emotional state before the outbreak. This was followed by questions asking about the changes that have taken place since the pandemic outbreak and the introduction of closures and online education.

Moreover, online interviews with three special education teachers have been conducted to investigate their point of view concerning the impact of educational services offered to persons with disabilities during lockdown.

## 4. Case Description

### 4.1 Results of the Questionnaire Survey

#### 4.1.1 Characteristics of Respondents

Instead of the originally planned number of 50-60 respondents, a total of 27 parents undertook to participate in our research. The questionnaire asked parents to report on the diagnosis of the child in line with the WHO's International Classification of Diseases. The participating families were raising: one child with mild cognitive disability, six children with moderate cognitive disability, three children with severe and profound multiple cognitive disability, one child with Down's syndrome, nine children with autism and four children with other motor disabilities.

The majority of the parents who completed the questionnaire were women, with only one male respondent. The average age of the respondents was 45.15 years ( $SD = 8.37$  years). The youngest respondent was 25 and the oldest was 66 years old. The mean age of the other parent was 48.56 years ( $SD = 9.96$  years), the youngest was 31 and the oldest was 74 years old. The child was usually raised jointly by both parents, with a total of five being single parents. Many respondents ( $n = 11$ ) lived with one minor child in the same household, seven parents had no minor children in their household, while five parents lived with two minor children in the same household. Other single responses included four, five and 15 minors in the same household.

The majority of the family's financial situation was satisfactory ( $n = 15$ ) or good ( $n = 6$ ), while 2-2 families had a poor, very good and missing data frequency. Parents' educational attainment was almost perfectly balanced, with 13 of both father and mother having a vocational certificate and six having a high school diploma, six of the fathers having a college or university degree, while in case of mothers, degree was possessed in five cases. Most fathers ( $n = 24$ ) worked regularly, usually as employees ( $n = 22$ ). For mothers, the picture was more varied, with 14 not working, 17 receiving childcare allowances, nine working regularly and four being casual workers.

Most respondents lived in a county city ( $n = 16$ ) the rest of them lived in village ( $n = 7$ ) or town ( $n = 3$ ).

Most of the respondents ( $n = 23$ ) lived with one child having cognitive disabilities in the same household, while two had two children with cognitive disabilities in the same household and two no longer lived with a child with cognitive disabilities. The mean age of the children was 15.04 years ( $SD = 6.60$  years). The children with Special Educational Needs typically required a lot of help ( $n = 10$ ) or full care ( $n = 8$ ) in their daily activities. Seven children required little help, while only two were self-sufficient. Children's fine motor development was balanced, with almost equal proportions of children requiring independent, little help, a lot of help or full care.

#### ***4.2 How Lockdown Has Affected Daily Activities of Persons With Disabilities in Their Parents' Perspective***

Prior to the closures/restrictions, almost half ( $n = 13$ ) of children's daily physical activity exceeded two hours, eight was between one and two hours per day, while four was between 30 minutes and one hour per day and two was less than 30 minutes per day. This daily amount of activity did not change during the closures/restrictions for 15 respondents, but decreased for 10 of them and only 2 reported an increase in daily physical activity during this period (see Table 1).

Children spent most of their time going to school/kindergarten/day care before the closures ( $n = 17$ ). The most popular leisure activity was outdoor activities (e.g., walking or using the playground), with a total six children concerned. This was followed by watching television or using a computer ( $n = 5$ ), participating in development activities or learning ( $n = 2$ ), and spending time with friends also appeared as an individual response. Learning remained the main activity of children during the closures ( $n = 15$ ), followed by playing ( $n = 12$ ), using a

Table 1. Daily Amount of Physical Activity of the Children Before and During the Restrictions.

Daily Physical Activity	Number of Children
<i>Before the restrictions</i>	
more than 2 hours	13
1–2 hours	8
30 minutes–1 hour	4
less than 30 minutes	2
<i>During the restrictions</i>	
did not change	15
decreased	10
increased	2

computer, television, or telephone ( $n = 9$ ), outdoor exercise ( $n = 8$ ) and helping with housework ( $n = 3$ ) (see [Table 2](#)).

Many children had received skills development activities in the school and therapeutic development activities before the closures ( $n = 9$ ), physical activities were also present ( $n = 7$ ), while four children had no skills development before the closures either. However, after the closures, almost half of the developments were completely omitted ( $n = 13$ ), some of the school developments were attempted or retained online ( $n = 4$ ), and three children received all developments in the same way. Again, the activities most missed were attendance, in-person instruction ( $n = 10$ ) and in-class, individual development ( $n = 5$ ). This was followed by an equal number ( $n = 4$ ) of those who missed physical therapy, community programs, and the same percentage characterised those who missed nothing. Three parents mentioned the lack of physical activity programmes (mainly horse riding) and two mentioned the lack of outdoor activities. The main reasons given were lack of community and the disruption of daily routine, which is a particularly difficult circumstance for an autistic person. Most families did not receive any support or assistance during the restrictions ( $n = 12$ ). Most of the help, if it was received, came from teachers or educators ( $n = 7$ ) or from the family ( $n = 3$ ). In one case, a parent reported receiving help from the mayor's office and in one case, a parent reported receiving technical support from the ÉFOÉSZ to participate in online education.

According to parents, the needs of many children ( $n = 12$ ) had not changed during the period of restrictions. Generally, the lack of outdoor activities ( $n = 5$ ) was mentioned. One of the respondents also mentioned the lack of community, the need for more home-based skills development, the change in daily routine or that the child no longer wanted to go back to school. In terms of behaviour, almost half of the parents ( $n = 13$ ) reported that their child's behaviour had not changed. Those who reported a change as a result of the closures said that their

Table 2. Daily Activities of the Children Before and During the Restrictions.

Daily Activities	Number of Children
<i>Before the restrictions</i>	
school/kindergarten/day care	17
outdoor activities	6
watching television or using a computer	5
skills development activity or learning	2
<i>During the restrictions</i>	
learning	15
playing	12
using a computer/television/phone	9
outdoor exercise	8
helping with the housework	3



child had become more aggressive ( $n = 4$ ), more restless ( $n = 3$ ) and not engaged or bored too much ( $n = 3$ ). Some became more impatient and hysterical, and more withdrawn ( $n = 2$ ).

#### 4.3 How Lockdown Has Affected the Mental Health of Persons With Disabilities in the Parents' Perspective

According to parents' descriptions, 14 children's mental health before the closures/restrictions was rated as good, seven children as average, four children as very good, while one child was rated as poor and very poor. Regarding their behaviour with peers, 12 children were found to be friendly and socially active before the closures/restrictions, nine children were already not seeking the company of others before, five were indifferent, while two were aggressive towards peers (see Table 3). According to parents' perception, in 11 cases the social restrictions imposed had a negative impact on children's social behaviour, while 15 parents could not judge the answer to this question. Only one parent believed that the pandemic restrictions had had a positive effect on her child's social behaviour.

Comparing the under-limitations period status with the mental health before the epidemic, the majority of parents ( $n = 11$ ) felt that the mental health of their children had not changed, seven felt that their mental health had got slightly worse, four felt that their mental health had got much worse, and two felt that their mental health had improved slightly compared to before the epidemic. Regarding the child's mood, the majority of parents thought that it had not

Table 3. Mental Health Status and Social Behaviour of the Children Before and During the Restrictions.

Mental Health Status and Social Behaviour	Number of Children
<i>Mental health status before the restrictions</i>	
very poor	1
poor	1
average	7
good	14
very good	4
<i>Social behaviour before the restrictions</i>	
friendly and socially active	12
not seeking the company of others	9
indifferent	5
aggressive	2
<i>During the restrictions</i>	
negative impact on children's social behaviour	11
no answer	15



changed compared to before the epidemic ( $n = 12$ ). The children's mood had become slightly worse ( $n = 10$ ) and much worse ( $n = 1$ ). Also one child's mood was slightly better or better than before the epidemic. Most parents ( $n = 18$ ) said that the closures and restrictions had no positive effect on their child. Aspects such as the family being able to spend more time together were mentioned as positive effects of the pandemic situation ( $n = 4$ ).

#### ***4.4 Digital Education and Therapeutic Activities Under the Restrictions in the Parents' Perspective of Persons With Disabilities***

Digital education was not received in case of three of the respondents' children (see [Table 4](#)). Although in 23 cases families received online education, nine noted that the parent helped the child. One parent also noted that she completed the school tasks for her child because her child with a moderate cognitive disability couldn't use the keyboard or write sentences. In only one or two cases the teacher sent the homework by post or the parents received help at home from a professional. 12 parents thought that digital education had not affected their child's progress, while eight thought that their child's progress had slowed down during this period. 2 parents thought that this period had a positive impact on their child's development, while 1-1 thought that their child's development had been slowed down or negatively affected by digital education. Almost all the responding parents ( $n = 24$ ) reported that there were no innovative initiatives offered by the special needs educator or therapists during the lockdown. In one case, the parent received a weekly schedule in advance to address the child's development or was given a lot of new ideas for handcrafts.

A wide range of responses were given to the question about the measures which would have helped families with children of Special Educational Needs. Most respondents (6) indicated that keeping on going to school would have been of great help, as well as continuing the individual therapeutic activities (3) and providing psychological support for parents (2). Other individual responses

Table 4. The Effect of Digital Education on the Children's Development.

Digital Education	Number of Children
Online education	23
No online education	3
Parental help during the online learning	9
The effect of digital education on the child's development	
No impact	23
Positive impact	3
Negative impact	1
The development slowed down	1
The development halted	8

included the need for leisure activities, community participation, therapeutic support, psychological support for the child, prompt information and financial support.

#### ***4.5 Digital Education for Persons With Disabilities in the Special Needs Educators' Perspective***

##### **4.5.1 Changes in the Working Routines**

The special needs education teachers interviewed, working in different parts of the country, were working before the pandemic mainly with children with cognitive disabilities and pupils with autism spectrum disorder as class teachers, or as developers with children in lower grades or kindergarten. The working hours covered the school hours, usually between 7:30 a.m. and 3 p.m.

With the onset of the pandemic, their work has changed considerably, but not exactly in the same way. The extent of the change depended mainly on the condition of the children. They had to take care of the education and development of their pupils in the same way, but they had to use completely different methods, for which they were not really prepared. They had to switch to digital education in a weekend, while assisting the parents to use it at the same time. This significantly increased the workload, because not only did the material have to be personalised for the children, but they had to prepare related descriptions for the parents also and, if necessary, a series of questions. There were also some training sessions offered for parents for the benefit of the children.

In case of some institutions, not only the condition of the children (non-speaking autistic children with cognitive disabilities) was a problem, but also the fact that those who could speak did not have a computer and internet at home. This asked for a complete differentiation not only in terms of the curriculum and development but also regarding the methods available, and they had to keep searching for and trying out new options, as each child required a different solution. In the meantime, they still had to carry on doing the previous administrative tasks and they sent parents assignments separately. Nobody informed the special needs educators about the available options and online solutions, they had to work everything out for themselves, teach the parents, organise the assistants' work, in addition to creating and preparing the tasks. They had a lot of new duties, which required research work as well, while everyone left them to their own devices.

##### **4.5.2 The Change in the Needs and Difficulties of Children**

According to the special needs educators who were interviewed, one of the advantages of digital education was that it did not require face-to-face presence, but this was also one of its disadvantages. The number of social contacts and peer interactions significantly diminished for pupils/children, in many cases adversely affecting the development of social skills, flexible behaviour management, communication skills, speech and language. Another difficulty was that it was almost impossible to set up and implement appropriate motivation and rewards for pupils.

This was compounded in some areas by the fact that a significant proportion of pupils lived in poor social and financial circumstances or lived away from their families in residential care or foster care. Most of them were disadvantaged or multiply disadvantaged. The availability of tools and information for appropriate digital literacy varied from family to family. Before introducing the digital schedule, class teachers collected information from the parents about their home facilities, and about the availability of the necessary tools and internet services for learning. For those pupils whose families did not have the conditions for digital learning, the school sent the assignments by post. Otherwise, the assignments and support materials were sent to the children primarily online. The class teachers in each class created an e-mail list to establish ongoing contact with the children and their parents in this way. Textbooks were an important source of information for pupils, so if any pupil did not have them, they had to be provided by the school library or parents were told of sites to download textbooks from. One of the special needs educators interviewed gave a very thorough description of the situation they encountered:

It became evident from the daily activities and practices of special needs educators that life has turned completely upside down. Most of the day was spent in front of the computer, looking for new opportunities. We tried out the different communication platforms, who could handle what, what tools we had at home, what we could do. The days became endless, with the phone ringing all day with reports from parents, and meetings and discussions were regular in the afternoons and evenings also. Parents had to be supported, encouraged, and trained. They worked hard, even though the development of children with disabilities could not be done online. It was observed that the behavioural control of pupils experienced at school had completely disappeared at home. (A special-needs educator)

#### **4.5.3 The Change in the Families**

It was a very new situation for the special needs educators, not only for them as educators, but also being parents and mothers themselves. The new situation brought more tension than usual in the families. The whole family life was reorganised, which could lead to frictions and conflicts. This required even more attention from the special needs educators. For parents who may have been working, the thought of the possible loss of their job and the need to manage their child's stay at home caused even more anxiety. The tools and information needed for home education were available to varying degrees from family to family, and even if they had access to the internet, for many families this meant having one or two mobile phones in poor condition and mobile internet connected to them. The home environment was also not necessarily conducive to quiet, uninterrupted learning for all learners, and there was no culture of learning how to work

through the material on their own at home without it being explained to them even once. This left families totally unprepared.

#### **4.5.4 Innovations and Creative Solutions**

When asked whether they used innovative and creative solutions and who supported them, we received similar answers from all of them. The special needs educators were left entirely to their own imagination, relying on colleagues and some Facebook groups.

The cost of postage was covered by the school, as well as printing - but if someone lived out of town and had, say, two children of their own at home, they obviously couldn't get into the office to print, so they had to use their own devices at their own expense. (A special-needs educator)

Some educators have created screen-friendly (size and colour) tools, visual aids. Many objects were also used during the lessons. Some of them were later given official link collections. The suggested apps, online systems and development games were regularly studied, giving them many good ideas for working out their own tasks. Most of the sites were unknown to them, so one of the positive aspects of home learning was that they became familiar with them and now they use them daily in their work. Several special needs educators indicated that they were keen on unleashing their creativity, but they knew that they had to focus on the digital capabilities, competences and individual needs of the pupils and their parents. For the most part, they only used sites and set up activities that were tried and tested, that students were familiar with and that parents had no difficulty using. It was important not to cause extra stress and anxiety for pupils and parents. At the same time, it was worth looking at selecting and gathering ideas from the apps.

Regarding the impact of the changes and solutions on the rights of children with disabilities, the most common response was that they did not know what impact they have had, but that the lack of developments was visible, but they did not think that their right to learn would have come before risking their health. They were trying to integrate innovative, digital solutions more into everyday life for those cases where this was possible. Several people pointed out that it was not primarily a question of rights being violated, but rather that in many cases these children were NOT suited to digital education, it was not feasible, it did not offer the same developmental opportunities as face-to-face education/development. However, for some pupils, digital materials can continue to be used successfully in developmental settings. Furthermore, it was felt that this period has also placed a heavy burden on parents. Parents, especially mothers, became isolated with their child, and in many cases, this had a negative impact on the mother's mood.

There was general agreement that during this difficult period, special needs educators could only rely on themselves, colleagues, and some free-of-charge service providers, as no 'official' help was provided. The special needs

educators themselves created public or closed Facebook groups where they collected their own self-created tasks to help one another.

#### **4.5.5 Help From Governmental Level**

When asked: 'Do you think the needs of children with disabilities were adequately considered by the government during the closures/restrictions?', we received a mixed response. There were special needs educators who said *yes* and *no* at the same time. The health of the children was more important, with regards to those with multiple vulnerabilities, because any therapist could have brought the virus into their home and who would have been responsible if the child died. But it would have been very important for the parents to get psychological help or any other information online.

Other interviewees said the government had not properly considered the needs of disabled children at all. This period had also placed an extremely heavy burden on families. Many children did not cooperate with their parents at all, and many parents were unable or unwilling to use the tools and methods the special needs educators gave them. After the restrictions were lifted, some children had to be reintegrated into the institution. Parents could not leave their disabled child alone during the period mentioned above, and many mothers lost their jobs and stayed at home with their child.

They believe that we should not talk about children with disabilities in isolation, but about families, how their lives have been affected by this period and in what ways. The two cannot be separated.

## **5. Discussion**

The primary aim of our research was to reveal the effect of COVID-19 induced lockdowns on children with cognitive disabilities and on their families, whether there were recognisable impacts on their mental health. We were also interested in the effect this period had on the work of special needs educators. However, we were unable to make comparisons by disability types due to the small sample size and because we do not have data gathered before the pandemic at our disposal.

According to our research results almost half of the surveyed children's amount of daily physical activity decreased during the closures/restrictions. Overall, in 11 cases, the restrictions had a negative impact on children's social behaviour and on their mental health and mood. In four cases, the closures and restrictions had a negative impact on the whole family. Following the lockdown measures, most of the families asked did not receive any kind of support or assistance, and almost half of the previously received school and therapeutic development activities were cancelled. Most of all, the change in daily routine and the introduction of online education were a challenge for parents. They also mentioned the lack of outdoor activities and social relationships as huge challenges.

There is no doubt that online education has had its advantages, as some well-established tasks and methods can be used in the future, thus increasing the

digital literacy of the children concerned. Special needs educators who participated in the research (3 people) consider the transition to digitally-aided development as an opportunity and adapted their existing activities to the online space in innovative ways. It can be assumed that this positive attitude also had a beneficial effect on the children's mental health.

When compiling the teaching materials, the special needs educators had to make sure that the relevant tasks could be completed without a computer. The time the child spent on the task had to be considered, and interest and motivation had to be maintained so that the pupils did not lose interest in learning. Special needs educators were the teachers, not the parents, so new material had to be processed mostly online or written down in very small, easy-to-understand steps. In this situation less was more, so a lesson of about 25 minutes had to be planned. When giving homework, it was important to send it out on time because the parents also had to allocate and restructure their time and plan their day.

In summary, this period has been stressful for everyone, but the most vulnerable children, their families and the professionals working with them have been hit the hardest. Persons with disabilities, and in particular children with cognitive disabilities, are a group for whom personal contact is essential and vital for their proper development. Online education is not feasible for many of them due to their condition or circumstances. On the one hand, in a normal situation, almost every child has to be given individual tasks, but in the case of online education this is even more difficult, and the principle of involving as many senses as possible is not fully applied. On the other hand, the administrative burden on the professionals was not reduced, and in fact it was even heavier, and in return they did not receive much help from the official bodies, and therefore they relied upon one another wholly.

Our research has some limitations. The questionnaire survey was originally planned to be completed by 50–60 people but ended up with 27 respondents. One reason for this may be that the questionnaire was available online, and presumably the lower socio-economic status families did not have access to the online forums and could not be included this way. Another criticism could be the length of the questionnaire and the sensitive nature of the topic. Moreover, the parents asked might have been overloaded by the tasks surrounding their children and were not willing to fill in a questionnaire of several pages. Finally, a further reason could be the attitude of specialised institutions we have asked for the distribution of our questionnaires among the related parents. In several cases the institutions denied the authorisation of sending out the questionnaires to the parents and this was unknown to us, as no feedback was provided on our request.

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