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An Investigation into the Current Status of Social Support for the Rehabilitation of Children with Disabilities in Chongqing

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Abstract: This study employed the self-developed 'Chongqing Children with Disabilities Rehabilitation Social Support Questionnaire' to assess the current state of social support received by families with children with disabilities during their rehabilitation in Chongqing, yielding valid responses from a total of 1,394 families. The findings indicate that the types of social support accessed by these families-ranked by average score-include instrumental support, emotional support, and informational support, with an overall tendency towards 'occasional' assistance. Furthermore, regarding sources of support, formal social assistance was rated higher than informal options; however, both were categorized between 'not at all' and 'some assistance'. Additionally, significant differences were observed in relation to factors influencing support levels such as the primary caregiver's characteristics (including educational attainment and employment status), as well as the child's age, type and severity of disability.

Keywords: Children with Disabilities; Rehabilitation Training; Social Support.

1. Introduction

The Law and Regulations on Persons with disabilities in China defines individuals with disabilities as those with mental, physical, or structural impairments, as well as functional losses or abnormalities in certain organs. These impairments result in the partial or total inability to engage in everyday activities. This definition encompasses individuals with visual, hearing, speech, physical, intellectual, mental, multiple disabilities, and other forms of disability [1]. Rehabilitation for individuals with disabilities involves the comprehensive application of medical, educational, vocational, social, psychological interventions, and assistive devices to help restore or compensate for lost functions, reduce functional impairments, and improve their capacity for self-care and societal participation [2]. Children with disabilities, often referred to as special children in a narrower sense [3], are the focus of specific rehabilitation efforts. According to relevant policy documents, rehabilitation for children with disabilities primarily involves providing medical, educational, and social rehabilitation services to children with visual, hearing, speech, physical, intellectual disabilities, as well as autism [4].

Research indicates that rehabilitation training for children with disabilities plays a crucial role in maximizing the recovery of their physical and mental capacities and developing their potential. This process provides a solid foundation for their future integration into society. The family serves as a critical support system in this rehabilitation, with parents playing an essential role in the physical and mental recovery of their children [5] [6]. By offering resources and services to families of children with disabilities, family support not only facilitates improvements in the overall functional abilities of these children but also contributes significantly to enhancing family quality of life and fostering self-reliance within these families [7]. For parents of children with disabilities to effectively engage in their children's rehabilitation, it is essential to acknowledge the unique needs of these families, thereby enabling the provision of more targeted and effective services [8].

According to the Federation for Persons with disabilities in Chongqing, as of October 2021, the city has 173 designated service institutions providing rehabilitation assistance, with a total of 7,100 children receiving training and support for disabilities such as intellectual disabilities, cerebral palsy, hearing impairments, and autism [9]. However, research on the degree of social support and the factors influencing families of these children in Chongqing remains scarce. This study aims to address this gap by focusing on the social support available for the rehabilitation of children with disabilities, particularly through the lens of family support. The research seeks to elucidate the current state of social support received by families of children with disabilities in Chongqing, including the types and levels of support, the sources of support, and the specific support needs of these families. The findings are expected to serve as a basis for enhancing and developing more precise rehabilitation support programs for children with disabilities.

2. Research Methods

2.1. Research Participants

The primary participants of this study were families of children with intellectual disabilities, autism, hearing impairments, physical disabilities, and other forms of disabilities. These children were undergoing rehabilitation training at service institutions for disabled children, as designated by the Chongqing Disabled Persons' Federation (CQDPF).

2.2. Research Instruments

The research utilized an adapted version of the Social Support Scale, originally revised by Meiyun Zhang (2007) [10]. The adaptation involved revising and supplementing the types of social support based on the specific needs of children

with disabilities undergoing rehabilitation, while the sources of social support remained unchanged from the original version. The revised types of social support include emotional support (items 1–5), instrumental support (items 6–12), and informational support (items 13–18). The scale categorizes social support levels into four degrees: "none," "occasional," "frequent," and "very frequent," scored on a scale from 1 to 4, respectively. Social support sources are classified as informal support (items 1–13) and formal support (items 14–19), with degrees of support ranging from ”not at all,” “Some assistance,” ”moderate,” “significant assistance,” to “Extremely helpful” scored on a scale from 1 to 5. Reliability and validity testing revealed an internal consistency of 0.934 for the modified scale, with Cronbach’s α coefficients of 0.915 for types of social support and 0.896 for sources of social support, indicating good reliability and validity of the revised questionnaire.

2.3. Statistical Analysis

The data collected from the questionnaires were analyzed by the SPSS 25.0 statistical software package.

3. Research Results

In this study, a total of 1,430 questionnaires were collected, of which 36 were deemed invalid and excluded. Consequently, 1,394 valid questionnaires were analyzed, including 423 from families with children who have intellectual disabilities, 413 from families with autistic children, 114 from families with cerebral palsy children, and 66 from families with hearing impairments. Additionally, data were gathered from 378 families with children experiencing multiple or other types of disabilities (Table 1), resulting in an effective response rate of 97.5%.

Table 1. Basic situation of Children with Disabilities and their families (N=1394)

Items		Number (people)	Percentage (%)	Items		Number (people)	Percentage (%)
Gender	Male	1036	74.3	Primary caregiver	Mother	918	65.9
	Female	358	25.7		Father	63	4.5
Age	0-3 years old	314	22.5		Paternal grandfather	25	1.8
	4-6 years old	774	55.5		Paternal grandmother	254	18.2
	7-14 years old	282	20.2		Maternal grandfather	9	0.6
	Over 14 years old	24	1.7		Maternal grandmother	105	7.5
Whether the child is the only child	Yes	640	45.9		Others	20	1.4
	No	754	54.1	Residence	Urban	743	53.3
Type of Disability	Intellectual disability	423	30.3		Rural	651	46.7
	Hearing impairment	66	4.7	Father's level of education	Graduate and above	23	1.6
	Cerebral palsy	114	8.2		Bachelor's degree	246	17.6
	Autism	413	29.6		Associate degree	233	16.7
	Multiple disability	239	17.1		High school / Vocational school	396	28.4
	Others	139	10		Junior high school and below	496	35.6
Whether holding a disability certificate	Yes	733	52.6	Employment status of fathers	Employed	105	7.5
	No	661	47.4		Unemployed	1289	93.5
Degree of Disability	Mild	240	17.2	Mother's level of education	Graduate and above	22	1.6
	Moderate	411	29.5		Bachelor's degree	206	14.8
	Severe	409	29.3		Associate degree	255	18.3
	Extremely severe	114	8.2		High school / Vocational school	402	28.8
	Indeterminacy	220	15.8		Junior high school and below	509	36.5
Whether enrolled in school	Kindergarten	347	24.9	Employment status of mothers	Employed	605	43.4
	Primary school	48	3.4		Unemployed	789	56.6
	Special school	481	34.5	Parents' marital status	Married	1224	87.8
	No	518	37.2		Divorced	100	7.2
Average monthly expenditure for rehabilitation training or special education(RMB)	< 2000	342	24.5		Widowed	8	0.6
	2000-3999	580	41.6		Separated	62	4.4
	4000-5999	270	19.4	Parents' total monthly income (RMB)	< 7000	960	68.9
	6000-7999	95	6.8		7000-8999	200	14.3
	8000-9999	36	2.6		9000-14999	179	12.8
	≥ 10000	71	5.1		≥15000	55	3.9

3.1. Basic Information Analysis of Children with Disabilities and Their Families

As shown in Table 1, boys constituted 74.3% of the children with disabilities who participated in this survey, a figure approximately 2.9 times higher than that of girls. Regarding age distribution, 78% of the children were under 7 years old, while 22% were aged 7 years and above. In terms of school enrollment, 62.8% of the children were attending various educational institutions, whereas 37.2% were not enrolled in any school. The types of schools attended by children with disabilities, in descending order of proportion, were special schools (34.5%), kindergartens (24.9%), and primary schools (3.4%).

With respect to primary caregivers, 91.6% of the families were headed by female caregivers, predominantly mothers

(65.9%), grandmothers, and maternal grandmothers, who played central roles in the children's rehabilitation. Moreover, 92.2% of the parents of children with disabilities were in legally recognized marriages, with 87.8% in stable relationships and 4.4% experiencing separation. Regarding educational attainment, 35.3% of the parents had a college degree or higher, while 36.1% had completed junior high school or lower levels of education.

Employment data revealed that 43.4% of mothers and 7.5% of fathers of children with disabilities were unemployed and seeking work, a pattern linked to the predominance of mothers as primary caregivers. Freelance work was the most common employment type among parents, with 42% of fathers and 19.7% of mothers engaged in such roles. However, less than 10% of parents held relatively stable jobs in enterprises or public institutions, traditionally seen as "iron rice bowl" in Chinese society, with 9.5% of fathers and 8.2% of mothers employed in these sectors.

In terms of family income, 90.2% of families reported a total monthly income of less than 11,000 yuan, meaning that over 90% of the parents of children with disabilities earned an average monthly income below 5,500 yuan. A comparison of average monthly income and the costs of rehabilitation training showed that approximately 70% of families had less than 4,000 yuan remaining for other living expenses after covering their children's rehabilitation costs. This suggests that many families must rely on savings, financial support from other relatives, or debt to meet rehabilitation expenses.

3.2. Analysis of Types of Social Support for the Rehabilitation of Children with Disabilities

3.2.1. Overall Situation of Social Support for the Rehabilitation of Children with Disabilities

The data presented in Table 2 indicates that families with children with disabilities in Chongqing receive an average level of social support for their children's rehabilitation ranging from 1.61 to 2.23. This suggests that the level of support is perceived between "none" and "occasional" reflecting an overall low level of assistance.

Table 2. Types of social support for the rehabilitation of children with disabilities (N=1394)

Dimension	M	SD	Minimum value	Maximum value
Emotional support	2.23	0.6	1	4
Instrumental support	1.74	0.52	1	4
Informational support	1.61	0.54	1	4
Overall	1.83	0.47	1.06	3.94
Note: M is the mean, SD is the standard deviation.				

3.2.2. Scores of Various Questions on Types of Social Support for the Rehabilitation of Children with Disabilities

Table 3. The scores for different types of social support in the rehabilitation of children with disabilities (N=1394)

Dimension	Items	M	SD
Emotional support	1. There are people who understand and accept me and my child.	2.44	0.76
	2. When I encounter setbacks in my child's rehabilitation process, there is someone I can talk to.	2.03	0.73
	3. When I face challenges during my child's recovery, there are people who encourage me.	2.32	0.76
	4. There are individuals who acknowledge my efforts in my child's rehabilitation.	2.38	0.80
	5. Someone pays attention to the pressures I face during my child's recovery process.	1.95	0.80
Instrumental support	6. At home, there is someone who assists with my child's rehabilitation training.	1.90	0.80
	7. When unexpected situations arise or I need to go out, there is someone who can take over for me.	1.80	0.77
	8. There are individuals who provide training and guidance on rehabilitation techniques and methods.	2.19	0.82
	9. Someone teaches me how to identify suitable rehabilitation methods and institutions.	2.02	0.82
	10. There are people who offer support in terms of equipment and literature needed for rehabilitation training.	1.68	0.81
	11. In addition to personal funds and government assistance, there are individuals who provide financial aid for rehabilitation training.	1.13	0.45
	12. Someone teaches me techniques to alleviate psychological stress.	1.45	0.65
Informational support	13. There are individuals who provide information about doctors and hospitals that offer diagnostic services.	1.52	0.68
	14. Someone provides information about rehabilitation service organizations.	1.80	0.71
	15. There are individuals who share information about parent support organizations, such as family associations and rehabilitation exchanges.	1.55	0.71
	16. Someone provides information about government policies related to support for children's rehabilitation.	1.74	0.70
	17. There are individuals who offer information about school enrollment (kindergarten, primary school, special schools).	1.56	0.66
	18. Someone provides information about social assistance related to children's rehabilitation.	1.51	0.66

As shown in Table 3, within the dimension of tool support, the question receiving the highest score is "There are individuals who provide training and guidance on rehabilitation techniques and methods" with an average score of 2.19. This indicates a level of support that lies between "occasional" and "frequent". Conversely, the item "In

addition to personal funds and government assistance, there are individuals who provide financial aid for rehabilitation training" received the lowest score, averaging only 1.13, with a sample standard deviation of 0.45. This is significantly lower than the standard deviations of other items in the tool support dimension, indicating a tendency towards "none". Overall, scores for tool support items ranged from 1.13 to 2.19, with only one item exceeding a score of 2, suggesting that tool support is primarily received "occasional".

In the emotion support dimension, the highest-scoring question was "There are people who understand and accept me and my child" with an average score of 2.44. The lowest score was for "Someone pays attention to the pressures I face during my child's recovery process" averaging 1.95. The scores for emotional support questions ranged from 1.95 to 2.44, indicating a preference for "frequent" emotional support.

For the informational support dimension, the highest score was attributed to "Someone provides information about rehabilitation service organizations" averaging 1.80, while the lowest score was for "Someone provides information about social assistance related to children's rehabilitation" which averaged 1.51. Notably, information regarding school enrollment—an area of significant concern for families—received an average score of only 1.56. Overall, the scores for informational support questions ranged from 1.51 to 1.80, reflecting a bias towards "occasional" support. This suggests that while information about rehabilitation institutions is somewhat accessible to parents, critical details directly related to children's rehabilitation, such as diagnosis, enrollment, and policy support, are less readily available.

3.3. Analysis of the Sources of Social Support for the Rehabilitation of Children with Disabilities

3.3.1. Overall Sources of Social Support for the Rehabilitation of Children with Disabilities

Table 4. The sources social support for the rehabilitation of children with disabilities (N=1394)

Dimension	M	SD	Minimum value	Maximum value
Informal support	1.73	0.61	1	4.69
Formal support	2.43	0.91	1	5
Overall	1.95	0.63	1	4.79

Based on the data analysis in Table 4, the average score for social support sources received by families of children with disabilities in Chongqing ranges from 1.73 to 2.43, indicating a level of support that falls between "none" and "some". This suggests that the overall level of social support is relatively low.

3.3.2. Specific Scores of Social Support Sources for the Rehabilitation of Children with Disabilities

Table 5. The scores for social support sources for the rehabilitation of children with disabilities (N=1394)

Dimension	Items	M	SD
Informal support	1.Spouse or partner	2.58	1.23
	2. Siblings of children with disabilities	1.85	1.06
	3. Your parents	2.36	1.31
	4. Parents of your spouse or partner	2.07	1.22
	5. Your siblings	1.71	0.97
	6. Siblings of your spouse or partner	1.56	0.90
	7. Other relatives (e.g., aunts, uncles, etc.)	1.46	0.77
	8. Friends	1.57	0.81
	9. Neighbors	1.41	0.72
	10. Colleagues	1.38	0.74
	11. Parents of other children with disabilities	1.88	0.90
	12. Community workers	1.43	0.78
	13. Members of religious organizations	1.19	0.58
Formal support	14. Staff from nurseries, kindergartens, or schools	2.06	1.19
	15. Doctors	2.05	1.15
	16. Therapists (e.g., speech therapists, physical therapists, etc.)	2.72	1.42
	17. Nursing staff	1.99	1.23
	18. Early intervention personnel (e.g., directors of rehabilitation centers, special education teachers, rehabilitation specialists, etc.)	3.23	1.29
	19. Staff from public service departments (e.g., disability services, civil affairs, etc.)	2.55	1.28

In the realm of formal social support, scores range from 1.99 to 3.23. The highest level of support is attributed to early intervention personnel (such as directors of rehabilitation institutions, special education teachers, and rehabilitation therapists), with an average score of 3.23. This is followed by therapists, who have an average score of 2.72, while nursing staff receive the lowest average score of 1.99. These findings indicate that early intervention personnel and therapists represent the primary sources of social support for families of children with disabilities in Chongqing during their rehabilitation process. Additionally, staff from public service departments, such as those from the CQDPF, also provide

significant support, with an average score of 2.55.

In the dimension of informal social support, scores range from 1.19 to 2.58. Members of religious groups report the lowest levels of support, averaging just 1.19, while spouses or partners offer the highest level of support, with an average score of 2.58. It is evident that, apart from spouses or partners and both parents, all other forms of informal social support tend to be perceived as "not at all". Furthermore, "Parents of other children with disabilities" emerge as the most significant source of informal support after spouses or partners, with an average score of 1.88. This data illustrates the social phenomenon where parents of children with disabilities often come together to provide mutual support, sharing experiences and assistance. Overall, the analysis of the types and sources of social support for families of disabled children undergoing rehabilitation in Chongqing reveals a low level of support that requires improvement.

3.4. Influencing Factors of Social Support for the Rehabilitation of Children with Disabilities

This study examined the types and sources of social support as dependent variables, relating them to various factors such as the child's gender, age, type and degree of disability, whether the child is an only child, whether holding a disability certificate, whether enrolled in school, primary caregiver, and family location. Independent variables included parental education, employment status, marital status, total monthly income, and monthly expenditure on rehabilitation training or special education. Univariate analyses and post hoc tests were conducted. The data revealed significant differences in social support levels based on children's age, type of disability, level of disability, primary caregivers, and parents' educational backgrounds and employment statuses, while other factors showed no significant influence.

3.4.1. Educational Level of Parents

As illustrated in Table 6 and 7, parents with a college education or higher reported receiving significantly more emotional and informal support compared to those with a high school education or lower. Additionally, mothers of disabled children with a college education or above received more instrumental support than those with lower educational levels.

Table 6. Examination of the differences in social support for rehabilitation of children with disabilities based on fathers' educational Levels

Dimension	Associate degree or above (n=502) (M±SD)	High school / Vocational school and below (n=892) (M±SD)	t	p
Emotional support	2.31±0.59	2.18±0.61	3.87	0.000
Informal support	1.79±0.63	1.69±0.60	3.03	0.003

Table 7. Examination of the differences in social support for rehabilitation of children with disabilities based on mothers' educational Levels

Dimension	Associate degree or above (n=483) (M±SD)	High school / Vocational school and below (n=911) (M±SD)	t	p
Emotional support	2.34±0.59	2.16±0.60	5.23	0.000
Instrumental support	1.8±0.50	1.70±0.52	3.75	0.000
Informal support	2.47±0.90	2.41±0.92	3.55	0.000

3.4.2. Parental Employment Status

Data analysis indicated no significant differences between the employment status of fathers and the level of social support received by families of children with disabilities. However, as shown in Table 8, there is a significant difference regarding the mothers' employment status and the level of social support received by the family during the child's rehabilitation. Employed mothers reported higher levels of emotional, instrumental, and informational support compared to unemployed mothers and received more formal support from organizations such as DPF. However, there was no significant difference in the levels of informal support received from spouses, relatives, friends, and colleagues between employed and unemployed mothers.

Table 8. Examination of the differences in social support for rehabilitation of children with disabilities based on mothers' employment status

Dimension	Unemployed (n=605) (M±SD)	Employed (n=789) (M±SD)	t	p
Emotional support	2.15±0.59	2.28±0.61	-4.07	0.000
Instrumental support	1.63±0.48	1.82±0.53	-6.99	0.000
Informational support	1.56±0.52	1.65±0.55	-3.08	0.000
Formal support	1.62±0.55	1.81±0.65	-5.53	0.000

3.4.3. Primary Caregiver

One-way ANOVA results revealed significant differences in emotional and instrumental support received by families of children with disabilities in rehabilitation, based on the identity of the primary caregiver, while there were no significant differences in informational, informal, or formal support. Post hoc analyses indicated that families with mothers as the primary caregivers experienced the lowest levels of emotional and instrumental support. Specifically, the emotional support received was significantly lower in families with mothers as the primary caregivers compared to those with fathers or grandmothers in that role. In terms of instrumental support, households with mothers as the primary caregivers had significantly less access to support than those

with grandmothers as primary caregivers (Table 9).

Table 9. Examination of differences in social support for the rehabilitation of children with disabilities based on different primary caregivers（N=1394)

Dimension	M	SD	F	P	LSD			
					I	J	IJ	P
Emotional support	2.23	0.6	3.69	0.001	Mother	Father	-0.24**	0.002
						Maternal grandmother	-0.21**	0.001
Instrumental support	1.74	0.52	5.56	0.0001	Mother	Father	-0.16*	0.018
						Paternal grandmother	-0.14**	0.001
						Maternal grandfather	-0.40*	0.021
						Maternal grandmother	-0.19***	0.000
Informational support	1.73	0.61	2.76	0.011	Mother	Paternal grandmother	-0.14***	0.000
						Maternal grandmother	-0.14*	0.023
Formal support	2.43	0.91	2.38	0.027	Paternal grandfather	Father	-0.53*	0.014
						Paternal grandmother	-0.57*	0.04
						Maternal grandmother	-0.55*	0.07
Note: * p<0.05 ** p<0.01 *** p<0.001								

3.4.4. Types of Disability

Regarding the types of disabilities, one-way ANOVA results indicated significant differences in emotion support, instrument support, informal support, and formal support received by families with children with disabilities during rehabilitation, while there were no significant differences in informational support. Post hoc analyses showed that families of children with intellectual disabilities received lower levels of support compared to those with hearing disabilities, physical disabilities, and autism. Except for emotion support, families of children with physical disabilities received the highest levels of support across all three dimensions (Table 10).

Table 10. Examination of differences in social support for the rehabilitation of children with disabilities based on different types of disabilities（N=1394)

Dimension	M	SD	F	P	LSD			
					I	J	IJ	P
Emotional support	2.23	0.6	7.34	0.000	Intellectual disability	Hearing impairment	-0.24**	0.002
						Cerebral palsy	-0.21**	0.001
						Autism	-0.16*	0.018
					Hearing impairment	Cerebral palsy	0.19*	0.04
						Autism	-0.14**	0.001
						Multiple disability	-0.40*	0.021
						Others	-0.19***	0.000
					Multiple disability	Cerebral palsy	-0.14***	0.000
						Autism	-0.14*	0.023
Instrumental support	1.74	0.52	4.24	0.001	Intellectual disability	Hearing impairment	-0.14*	0.036
						Cerebral palsy	-0.21***	0.000
					Hearing impairment	Multiple disability	0.15*	0.04
						Others	0.16*	0.036
					Cerebral palsy	Autism	0.15**	0.007
						Multiple disability	0.21***	0.000
						Others	0.22**	0.001
Informal support	1.73	0.61	3.42	0.004	Intellectual disability	Hearing impairment	-0.17*	0.035
						Cerebral palsy	-0.17**	0.006
					Hearing impairment	Multiple disability	0.20*	0.02
						Others	0.21*	0.019
					Cerebral palsy	Multiple disability	0.21**	0.003
						Others	0.22**	0.004
					Autism	Multiple disability	0.10*	0.049
Formal support	2.43	0.91	6.27	0.000	Intellectual disability	Cerebral palsy	-0.39***	0.000
						Autism	-0.21**	0.001
					Cerebral palsy	Others	0.31**	0.006
					Multiple disability	Hearing impairment	-0.26*	0.037
						Cerebral palsy	-0.44***	0.000
						Autism	-0.26***	0.000

3.4.5. Degree of Disability

Regarding the degree of disability among children, the results of the one-way ANOVA indicate significant differences in the types and levels of support received by families with children with disabilities undergoing rehabilitation in Chongqing, based on varying degrees of disability. Post-hoc analysis revealed that, across the three dimensions of support sources, the level of access to support ranked from highest to lowest as follows: mild, extremely severe, moderate, and severe. In both dimensions of support sources, the less severe the disability, the higher the level of support received (Table 11).

Table 11. Examination of differences in social support for the rehabilitation of children with disabilities based on varying level of disability（N=1394)

Dimension	M	SD	F	P	LSD			
					I	J	IJ	P
Emotional support	2.23	0.6	14.89	0.0001	Mild	Moderate	0.30***	0.000
						Severe	0.35***	0.000
						Extremely severe	0.18**	0.007
						Indeterminacy	0.26***	0.000
					Severe	Extremely severe	-0.17**	0.007
Instrumental support	1.74	0.52	4.7	0.001	Mild	Moderate	0.13**	0.003
						Severe	0.16***	0.000
						Indeterminacy	0.18***	0.000
Informational support	1.61	0.54	4.53	0.001	Mild	Moderate	0.12**	0.008
						Severe	0.13**	0.004
						Indeterminacy	0.21***	0.000
					Moderate	Indeterminacy	0.93*	0.038
Informal support	1.73	0.61	5.19	0.0001	Mild	Moderate	0.13*	0.10
						Severe	0.20***	0.000
						Extremely severe	0.24**	0.001
						Indeterminacy	0.18**	0.002
Formal support	2.43	0.91	5.12	0.0001	Mild	Moderate	0.23**	0.002
						Severe	0.30***	0.000
						Extremely severe	0.36***	0.000
						Indeterminacy	0.21*	0.012

Table 12. Examination of differences in social support for the rehabilitation of children with disabilities based on different age groups（N=1394)

Dimension	M	SD	F	P	LSD			
					I	J	IJ	P
Emotional support	2.23	0.6	12.78	0.000	0-3 years old	4-6 years old	0.18***	0.000
						7-14 years old	0.30***	0.000
					4-6 years old	7-14 years old	0.12**	0.005
Instrumental support	1.74	0.52	2.91	0.033	0-3 years old	7-14 years old	0.12**	0.004
Formal support	2.43	0.91	16.99	0.000	7-14 years old	0-3 years old	-0.46***	0.000
						4-6 years old	-0.35***	0.000
					Over 14 years old	0-3 years old	-0.64**	0.001
						4-6 years old	-0.53**	0.004

3.4.6. Age

The one-way analysis of variance results show significant differences in emotional and formal support received by families of children with disabilities in rehabilitation across different age groups. However, the differences in informational support, informal support, and formal support were not statistically significant. The post-hoc test showed that families with children aged 7-14 years received the lowest levels of emotional support. In the formal support dimension, as the child's age increases, the family receives progressively less support from formal groups, such as government organizations (see Table 12).

3.5. Family Support Needs for Rehabilitation of Children with Disabilities

3.5.1. Rehabilitation Assistance and Support Needs for Children with Disabilities

Regarding the need for rehabilitation assistance and support for children with disabilities, 792 responses were recorded from 1,394 valid questionnaires. After excluding

responses like “not yet,” “not expecting at the moment,” “relatively satisfied,” and those with unclear or irrelevant content, 553 valid answers remained. The parents’ responses mainly focused on the implementation of the CQDPF’s rehabilitation policy, services provided by rehabilitation institutions, family guidance, and school integration.

In terms of rehabilitation assistance policy implementation, the support needs of families of children with disabilities were expressed in four main areas: (1) Families urgently hope that the government will increase the standard of rehabilitation training assistance, expand the age range of eligible children, and extend the duration of assistance to 11-12 months; (2) They advocate for more flexible subsidy policies, suggesting that the subsidy funds be allocated directly to families instead of to rehabilitation institutions; (3) Parents hope for a simplified process for applying for children’s rehabilitation assistance, such as eliminating the requirement for disability certificates in certain districts, introducing online application options, and improving the overall efficiency of the application process; (4) Families also request an increase or improvement in living allowances and transportation subsidies.

Support needs related to rehabilitation institutions were primarily reflected in three aspects: (1) Extending the duration of daily rehabilitation training, especially for individual sessions; (2) Increasing professional training for rehabilitation technicians to improve their skills and offer more targeted training for children; (3) Reducing staff turnover and improving the stability of rehabilitation professionals.

Support needs in family guidance were reflected in three main aspects: (1) Expanding the form and content of parental training courses, providing more knowledge and skills related to children’s rehabilitation, and increasing funding for parent training; (2) Enhancing guidance for family rehabilitation training; (3) Providing more information about rehabilitation institutions, schools, and policies.

Support needs for integration mainly centered on three aspects: (1) More institutions should establish or expand integration courses; (2) Society should provide greater attention, understanding, and acceptance of children with disabilities; (3) Families request more integration support, school integration opportunities, and information, along with improved quality in integrated education.

3.5.2. Other Support Needs

There were 763 responses to the question about other support needs, and 609 valid answers remained after excluding answers like “no opinion” or those that overlapped with the previous question. A review of these responses shows that many parents continued to emphasize financial strain and the urgent need for economic support. Other identified needs include psychological counseling, subsidies for medications and home medical devices, respite care services, recommendations for professional books or learning resources, earlier access to subsistence allowances, broader coverage of rehabilitation services by medical insurance, priority access to public housing for families of children with disabilities, and more flexible employment opportunities.

4. Discussion of Research Results

4.1. Basic Information About Children with Disabilities and Their Families

The survey data revealed that 37.2% of the 1,394 families surveyed had children with disabilities who were not attending school or receiving any formal education. This finding is consistent with research by Xinyin Huang and Rui Zhang, which noted that "a significant number of children can only attend 'non-governmental institutions' for education."[11]

In terms of caregiving, 91.6% of families of children with disabilities had women (mothers, grandmothers, or maternal caregivers) as the primary caregivers during the rehabilitation process. Among these caregivers, mothers accounted for 65.9%, emphasizing the critical role of mothers as the primary caregivers. Furthermore, the unemployment rate among mothers of children with disabilities were 43.4%, with 19.7% engaged in freelance work. Notably, 65.3% of these mothers had an education level of high school or below. This data suggests that mothers of children with disabilities are likely to sacrifice career opportunities, face difficulties in securing stable employment, and often accept lower-paying jobs.

The economic data reveals that 90.2% of families of children with disabilities have a total monthly income below 11,000 yuan, with the majority earning less than 5,500 yuan per month. In comparison, the average monthly salary in Chongqing in 2021 was 6,165 yuan [12]. This indicates that over 90% of these families earn below the average income level. Additionally, 75.5% of families spend over 2,000 yuan per month on rehabilitation training, while 33.9% spend over 4,000 yuan. The comparison of family income and expenses shows that the cost of rehabilitation imposes a substantial economic burden on these families. As a result, many families are forced to rely on savings, borrow money, or depend heavily on rehabilitation programs to cover the costs of their children's treatment.

This conclusion aligns with findings from studies by Jing He, Zhuonni Cai, and others, which indicated that many families with disabled children fall within the low- to middle-income bracket [13]. In some cases, over 50% of a family's total income is allocated to the child’s rehabilitation expenses [14], highlighting the significant financial strain these families face [15]. Therefore, future support programs should emphasize increasing financial assistance for the rehabilitation of children with disabilities.

4.2. Social Support for the Rehabilitation of Children with Disabilities

The study found that the level of social support for families of children with disabilities in Chongqing was low in both the types and sources of support, a finding consistent with the research of Xiaoyi Hu [16], Jie Jing [17], and Shulan Zeng [18].

In the dimension of social support types, the average scores ranked as follows: emotional support, instrumental support, and informational support. For emotional support, the data revealed that parents of children with disabilities scored lowest on the question, "Someone pays attention to the pressures I face during my child's recovery process" with an average score of 1.95, indicating they only "occasionally" receive support. This reflects a clear deficiency, particularly when compared to the long-term stress faced by these parents. Therefore, addressing and alleviating the pressures faced by families of disabled children during rehabilitation should be a key focus of precision rehabilitation efforts.

Regarding instrumental support, the data showed that parents received particularly low levels of support in the area of "methods and skills to relieve psychological pressure," with an average score of only 1.45, leaning toward "no

support." This finding highlights the pressing psychological counseling needs of families with disabled children, particularly mothers, who often face compounded economic and emotional stress. Effective monitoring and timely provision of the necessary support are urgent issues that require further research and solutions.

For informational support, the average score across questions ranged from 1.51 to 1.80, with none reaching the "occasionally" mark, and an overall average of 1.61, suggesting only marginally "occasional" support. This indicates a significant lack of informational support for parents of children with disabilities in Chongqing. The limited access to information hinders their ability to secure effective support or seek higher-quality services in a timely manner, leaving them reliant on insufficient guidance.

In terms of social support sources, families of children with disabilities in Chongqing generally receive low levels of support, with most support rated as "some help." The results indicate that formal social support—such as that provided by rehabilitation institutions, federations for disabled persons, kindergartens, therapists, and doctors—is the primary source of assistance. This finding contrasts with the results of previous studies by Xuehui Li [19], Xiuqu Qin [20], Jing Jie, and Shulan Zeng. According to the data, three of the top five sources of support with the highest average scores were formal sources, with the top two being informal sources.

In terms of formal social support, the average score for assistance provided by rehabilitation institutions, federations for disabled persons, kindergartens, therapists, and doctors in the rehabilitation process was 2.43, falling between “Some assistance” and ”moderate". This suggests that formal support systems, such as rehabilitation institutions and federations, play a stronger role in the current rehabilitation system for disabled children compared to informal sources, such as siblings and relatives. Notably, the average support score from rehabilitation institutions alone exceeded 3 points. This may be attributed to the uniformity of the types of support offered by these formal sources, as well as their less frequent engagement.

For informal social support, spouses, parents, and other parents of disabled children ranked as the top three sources by average score. However, in the existing ecosystem of rehabilitation support for disabled children, community workers and colleagues-who are typically considered more directly related sources of support-scored lower. The score for "colleagues" was just 1.38, barely higher than the lowest score for "religious group members." Similarly, community staff scored an average of only 1.43. These results suggest that colleagues and community workers are not providing as much support as expected. This outcome is likely influenced by traditional societal views in China, where having a disabled family member is often seen as a source of "loss of face," negatively impacting the family as a whole [21].

4.3. Factors Influencing Social Support for Rehabilitation of Children with Disabilities

4.3.1. Educational Level of Parents

This study found that parents with a college education or above received significantly higher levels of emotional and informal support compared to those with a high school education or below. Additionally, mothers with a college education or higher received more instrumental support than mothers with lower educational backgrounds. The reasons for this may include: (1) Educational attainment affects family income [22], which in turn influences the range and intensity of social support parents can access [23]; (2) Higher education levels are often associated with better financial conditions, providing families with greater access to resources and information channels, enabling them to fully utilize available support [24].

4.3.2. Parents' Employment Status

The study revealed a significant correlation between the employment status of mothers of children with disabilities and the level of social support their families received for the children's rehabilitation. Employed mothers experienced higher levels of emotional, instrumental, informational, and formal support than unemployed mothers. One possible explanation is that employed mothers have opportunities to shift their attention away from caregiving while at work, allowing them to be less consumed by anxiety about their children's rehabilitation. This enables them to seek help and access necessary social support more effectively, unlike unemployed mothers who may be entirely immersed in caregiving responsibilities.

4.3.3. Main Caregiver

The study found that families in which the mother is the primary caregiver reported the lowest levels of emotional and instrumental support compared to other family structures. This finding aligns with the study's conclusion that informal support primarily comes from spouses, extended family, and other parents of children with disabilities. Possible reasons include: (1) Mothers, as the main caregivers and central family figures, often feel obligated to bear the full burden of their children's rehabilitation, avoiding reliance on others for support; (2) Traditional social norms, such as "family issues should not be aired publicly" may discourage mothers from seeking social support due to concerns about revealing their children's disabilities.

4.3.4. Types and Degrees of Children's Disabilities

The study found that among the four disability categories-intellectual disability, hearing disability, physical disability, and autism-families of children with intellectual disabilities received the lowest levels of emotional, instrumental, formal, and informal support for rehabilitation. Potential reasons include: (1) Rehabilitation for children with intellectual disabilities is generally more challenging, and parents may have lower confidence and expectations for their children's development compared to other disabilities; (2) In Chinese society, intellectual disability is often stigmatized with derogatory labels, such as "fool" prompting parents to conceal or avoid addressing the issue, which in turn limits their access to social support.

Regarding the degree of disability, the study found that the less severe the child’s disability, the higher the level of support the family received, whether emotional, instrumental, informational, formal, or informal. This may be explained by: (1) Families with children who have more severe disabilities require greater social support, but due to limited resources, the same level of support may not meet their heightened needs, leading to gaps; (2) Severe disabilities place a greater strain on the family's financial and human resources, reducing opportunities to seek social support; (3) Parents of children with severe disabilities may lose confidence in rehabilitation and future outcomes, diminishing their motivation to seek social support.

4.3.5. Age of the Child

The results indicate that older children with disabilities receive lower levels of formal support. Reasons for this may include: (1) Current rehabilitation policies and programs in Chongqing, and across China, focus primarily on children aged 0–6; (2) As a result, organizations providing formal social support, such as the Disabled Persons' Federation (DPF), hospitals, and rehabilitation centers, prioritize younger children in terms of personnel, equipment, and technological resources; (3) As children with disabilities grow older, parents' expectations and confidence in rehabilitation tend to decline, which reduces their motivation to seek further social support.

4.4. Family Support Needs for Rehabilitation of Children with Disabilities

In terms of family support needs, the findings suggest that families with disabled children place greater emphasis on the need for social support related to rehabilitation training—particularly the cost, content, duration, quality, technical guidance, and school support. Emotional and informational support, while important, were not expressed as urgent needs. However, the survey revealed expressions of anxiety, such as "feeling hopeless," "overwhelmed," "too difficult," "unable to cope," and "no hope for the future," indicating high emotional strain. This suggests that the overall level of social support for families with disabled children remains low. In the absence of timely and comprehensive support to address urgent needs, these families prioritize direct support for their children's rehabilitation, often sacrificing their own emotional and informational support needs.

5. Recommendations

5.1. Strengthen the Integration of Diagnosis, Rehabilitation Training, and School Support

Establish a seamless coordination mechanism between diagnosis, rehabilitation, and school enrollment by improving information sharing, service integration, and funding mechanisms.

5.2. Enhance Flexibility in Rehabilitation Assistance

Raise assistance standards, expand the age range of beneficiaries, and increase the flexibility of rehabilitation programs to meet the diverse needs of children. A standardized approach to rehabilitation training may limit opportunities for broader social integration.

5.3. Improve the Quality of Rehabilitation Services

Introduce service standards, improve quality monitoring for rehabilitation institutions, and implement training and certification for rehabilitation professionals to ensure the quality of services.

Additionally, more attention should be given to the emotional and informational needs of families. Establishing a mental health monitoring and intervention system for parents and providing timely updates on available resources would address these gaps effectively.

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