Parents` experiences educating their children with a disability enrolled in homeschooling in Kosshy.

Kairat Mukashev

Submitted in partial fulfilment of the requirements for the degree of

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in

Educational Leadership: Inclusive Education

Nazarbayev University Graduate School of Education

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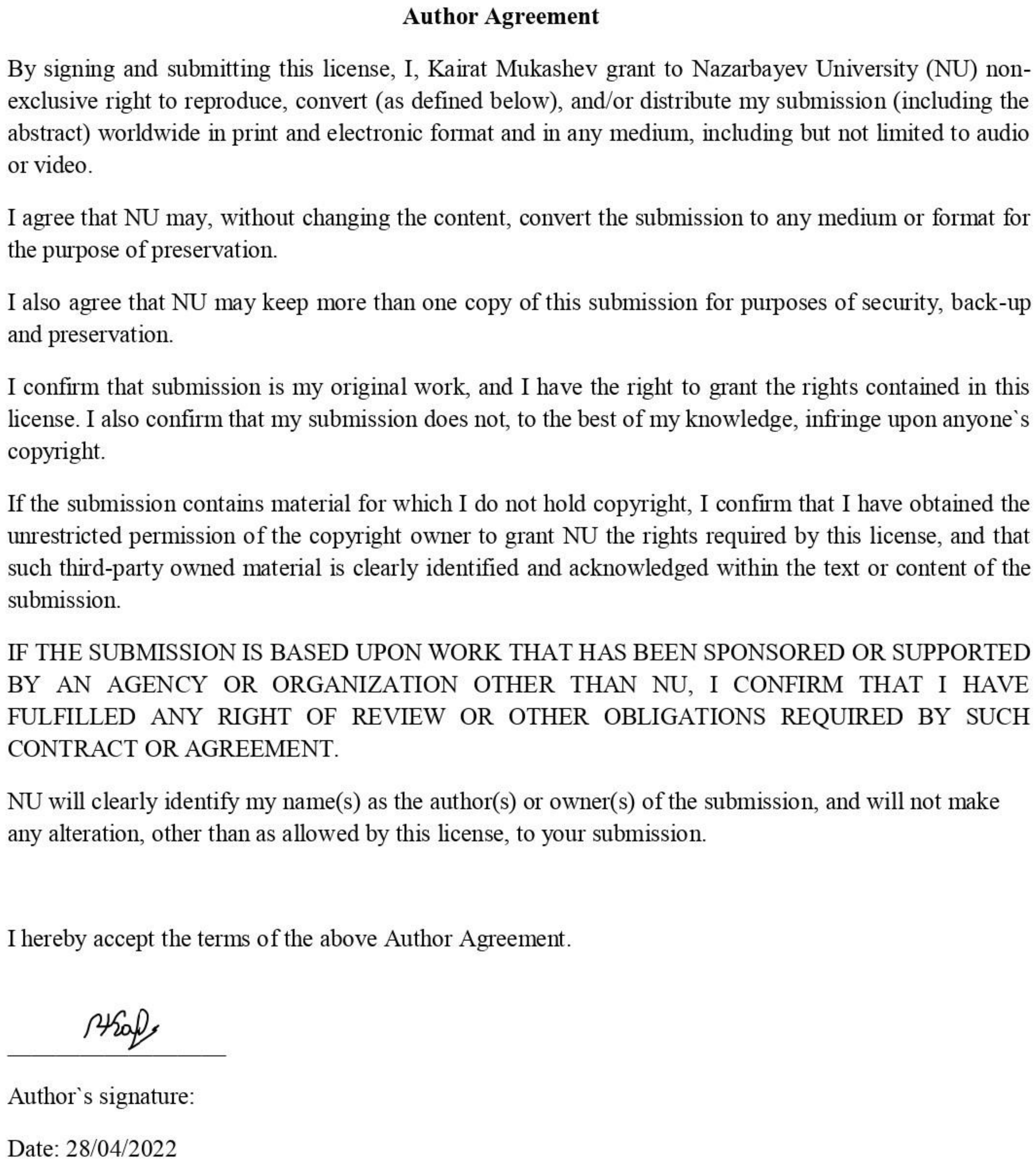

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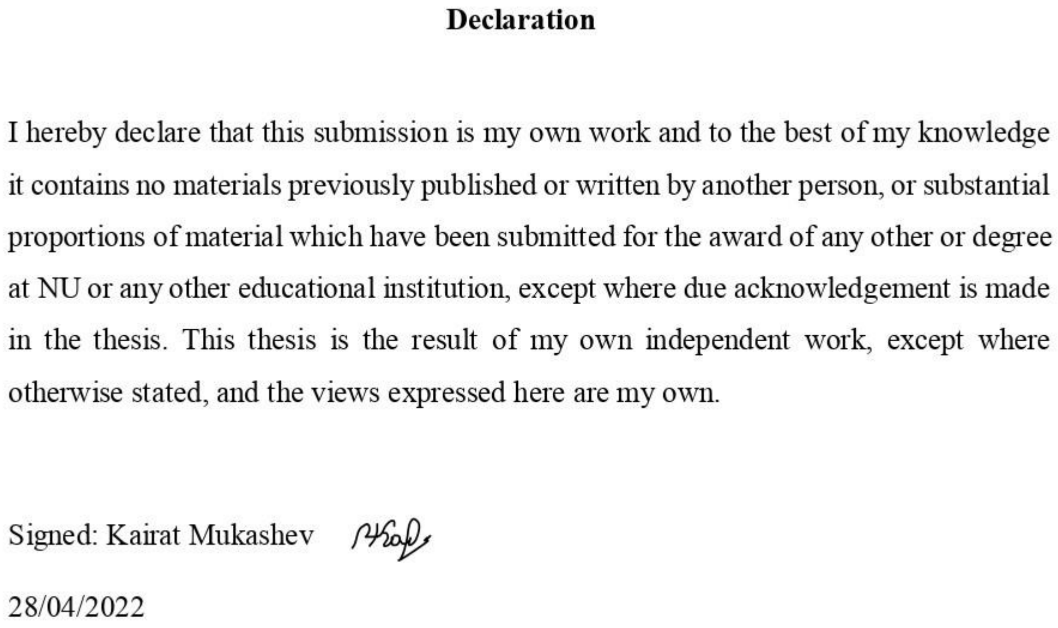

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Ethics Approval

NAZARBAYEV
UNIVERSITY
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53 Kabanbay Batyr Ave.
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18th October 2021

Dear Kairat Mukashev,

This letter now confirms that your research project entitled: Parents` experiences of educating their children with disability enrolled in homeschooling in Kosshy has been approved by the Graduate School of Education Ethics Committee of Nazarbayev University.

You may proceed with contacting your preferred research site and commencing your participant recruitment strategy.

Yours sincerely

Michelle Somerton
On behalf of Zumrad Kataeva
Chair of the GSE Ethics Committee
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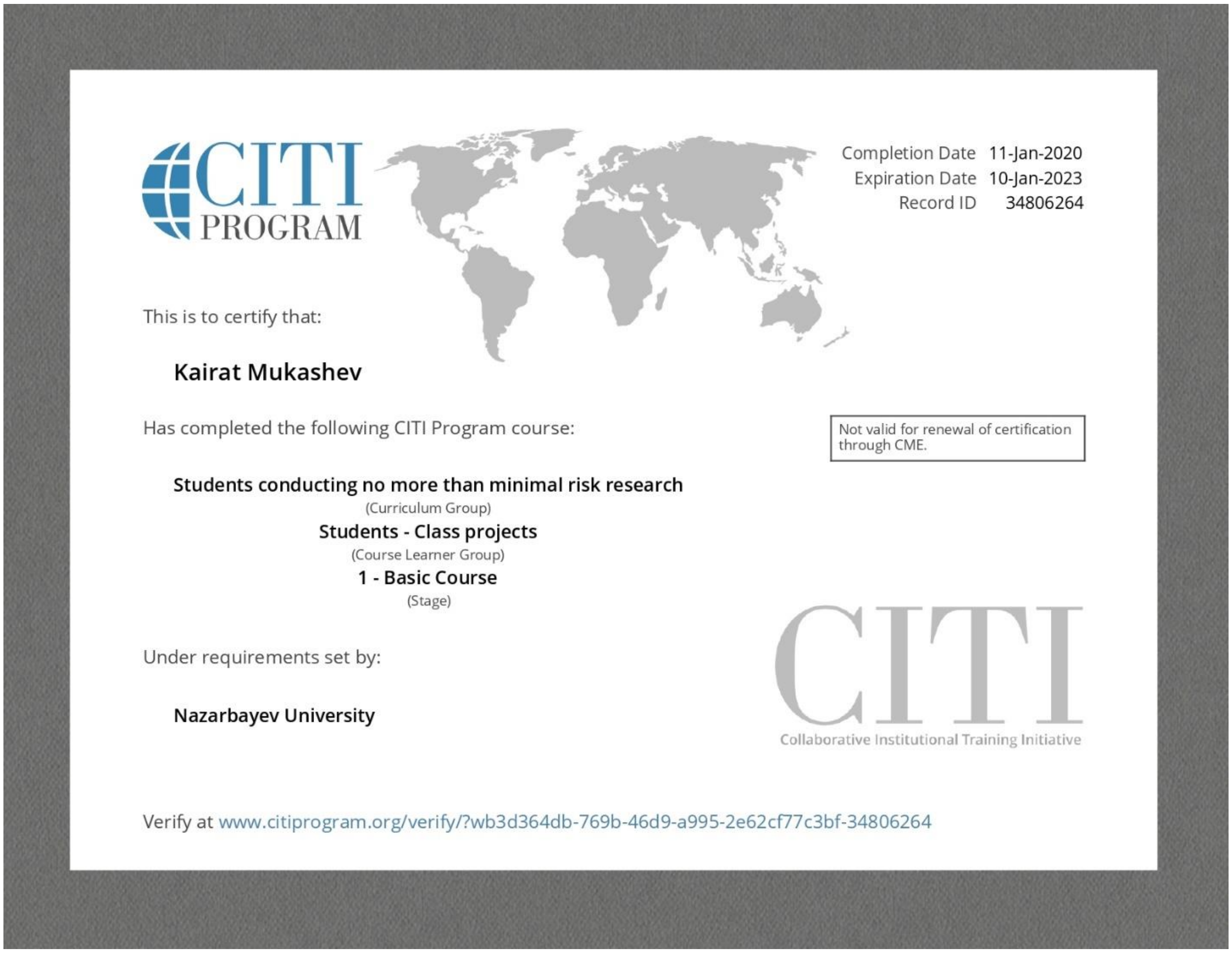

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Parents` experiences educating their children with a disability enrolled in homeschooling in Kosshy.

Abstract

There are several special education provisions for children with disabilities in Kazakhstan, including home education which is characterized as an alternative model of education to mainstream and private educational organizations. Hence, parents become the central figure in managing the home education process as the meeting special needs of children depends on their knowledge and experience. The present study explores parents` experiences in home educating a child with special needs in Kosshy. This case study applied a qualitative approach, the data was collected through face-to-face interviews with six parents about their experiences in home educating a child with disabilities. The findings demonstrate that the diagnosis of a child`s special needs brings negative psychological, social and financial impacts on parents` life. Moreover, the findings of the present study illustrate the problems parents experience in home-educating their children in one region of Kazakhstan including a lack of teachers` skills, issues related to a child's diagnosis, and certain challenges parents face such as providing a separate study room for a child. Furthermore, the support parents receive is limited and scarce and most parents shared that they are not provided with an opportunity to be involved in the decisions related to their child's education and get rare opportunities to visit non-academic activities at school. This indicates that the home education process for children with special needs in Kazakhstan may not be well organized in some regions of the country due to the lack of a clear system, guidelines for schools, teachers, and information for parents. Hence, these findings suggest that parents need adequate support and active involvement in the home education process to meet the needs of a child effectively which may be possible

through a close partnership between parents, school and community with shared goals and responsibilities.

Опыт родителей обучающие своих детей с особыми потребностями на дому в городе Қосшы

Аннотация

В Казахстане существует несколько специальных образовательных программ для детей с особыми потребностями в том числе домашнее обучение, которое характеризуется как альтернативная модель образования по сравнению с обычными и частными образовательными организациями. При домашнем обучении родители становятся центральной фигурой в управлении процессом домашнего образования, поскольку удовлетворение особых потребностей детей зависит от их знаний и опыта. В настоящей работе исследуется опыт родителей в домашнем обучении ребенка с особыми потребностями в городе Қосшы. В этом тематическом исследовании применялся качественный подход и данные были собраны путем личных бесед с шестью родителями об их опыте домашнего обучения ребенка с ограниченными возможностями. Полученные результаты показывают, что диагностика особых потребностей ребенка оказывает негативное психологическое, социальное и финансовое воздействие на жизнь родителей. Более того, результаты настоящего исследования иллюстрируют проблемы, с которыми сталкиваются родители при домашнем обучении своих детей в одном регионе Казахстана, включая нехватку навыков учителей, проблемы, связанные с диагнозом ребенка, и определенные сложности такие как предоставление отдельной учебной комнаты для ребенка. Кроме того, отчет о поддержке родителей ограничен и скуден, и большинство родителей поделились тем, что им не предоставляется возможность участвовать в принятии решений, связанных с образованием их ребенка, и они получают редкие возможности посещать неакадемические мероприятия в школе. Это указывает на то, что процесс домашнего

обучения детей с особыми потребностями в Казахстане может быть плохо организован в некоторых регионах страны из-за отсутствия четкой системы, руководящих принципов для школ, учителей и информации для родителей. Следовательно, существует необходимость в тесном партнерстве между родителями, школой и обществом с общими целями, и обязанностями, которые обеспечат эффективную поддержку родителям в удовлетворении потребностей детей с особыми потребностями, получающих домашнее образование.

Қосшы қаласындағы ерекше қажеттілігі бар балаларын үйде оқытатан ата-аналардың тәжірибесі

Аңдатпа

Қазақстанда ерекше қажеттілігі бар балаларға арналған бірнеше арнайы білім беру бағдарламалары бар, соның бірі үйде оқыту. Аталған оқыту түрі жалпы білім беретін және жеке білім беру ұйымдарының баламасы болып табылады. Бұл ретте, ата-ана үйде оқыту процесін ұйымдастыруда маңызды тұлғаға айналады, өйткені балалардың ерекше қажеттіліктерін қанағаттандыру ата-аналардың білімі мен тәжірибесіне байланысты. Бұл жұмыс Қосшы қаласындағы ерекше қажеттілігі бар балаларды үйде оқытудағы ата-анасының тәжірибесін зерттейді. Бұл кейс-зерттеуде сапалық тәсіл қолданылды және деректер алты ата-ананың ерекше қажеттілігі бар баланы үйде оқыту тәжірибесі туралы жеке әңгімелесу арқылы жиналды. Алынған нәтижелер баланың ерекше қажеттіліктерін диагностикалау ата-аналардың өміріне психологиялық, әлеуметтік және қаржылық жағынан теріс әсер ететіндігін көрсетеді. Осы зерттеудің нәтижелері Қазақстанның бір аймағындағы ата-аналардың балаларын үйде оқыту кезінде мұғалімдердің дағдыларының жоқтығына, баланың диагнозына байланысты және кей жағдайларда балаға жеке оқу бөлмесін ұсынуға қатысты проблемалармен кездесетінін көрсеттію Сонымен қатар, ата-аналарға көрсетілетін қолдау шектеулі және тапшы сондай-ақ ата-аналардың көпшілігі баласының білім алуына байланысты шешім қабылдауға қатысуға мүмкіндік берілмегендігін және мектептегі академиялық емес іс-шараларға қатысудың сирек мүмкіндіктеріне ие екенімен бөлісті. Бұл Қазақстанның кейбір өңірлерінде ерекше қажеттіліктері бар балаларды үйде оқыту процесі мектептер, мұғалімдер үшін нақты жүйенің, басшылық қағидаттардың және ата-аналар үшін ақпараттың болмауына байланысты нашар ұйымдастырылғанын көрсетеді. Демек, бұл нәтижелер ата-аналар, мектеп және қоғам арасында ортақ мақсаттары мен міндеттері бар тығыз серіктестік қажет өйткені бұл үйде білім алатын ерекше қажеттіліктері бар балалардың қажеттіліктерін қанағаттандыру үшін ата-аналарға тиімді қолдау көрсетуге ықпал жасайды.

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Chapter One: Introduction

Inclusive Education globally

In 1948, education was marked as a fundamental right in the Universal Declaration of Human Rights. The Salamanca Statement and Framework for Action on Special Needs Education by the United Nations Educational Scientific and Cultural Organization (UNESCO) in 1994 was the continuation of the idea of ensuring equal access to quality education for all children as a fundamental human right despite individual differences. It declares that “regular schools with an inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system” (UNESCO, 1994, Article 2). Thus, inclusive education is a system which creates an opportunity to attend mainstream schools despite various needs for all children including “disabled and gifted children, street and working children, children from remote or nomadic populations, children from linguistic, ethnic or cultural minorities and children from other disadvantaged or marginalized areas or groups” (UNESCO, 1994, Article 3).

Regardless of becoming a global phenomenon in education, there is no concrete concept of inclusive education that is utilized universally. Therefore, the understanding of inclusive education may vary across regions, nations, and contexts due to the culture, history, and other individual peculiarities (Hernández-Torrano et al., 2020). In some places, inclusive education is perceived as special education with more focus on disability. In contrast, in other communities, the term is applied more broadly concentrating on all individual differences of children, such as socio-economic background, gender, ethnicity, and ability (Hernández-

Torrano et al., 2020). In one regard, the definition of inclusive education was categorized into six by Ainscow (2005); it starts with focusing on the diverse needs of people with disabilities in a mainstream school to create a welcoming society where people are not discriminated against on the basis of their individual differences and needs. On the other hand, Messiou (2016) noticed a danger of marginalization of a particular group of children who do not belong to a specific category. The various interpretations of inclusive education can lead to misunderstandings and a lack of systemic approaches worldwide.

Inclusive Education in Kazakhstan

Kazakhstan is a diverse country that is characterized by various linguistic, ethnic, cultural, and religious groups of people (Bridges, 2014). Therefore, making the education system inclusive without discrimination and barriers was one of the main priorities of the government. The right to education is marked in the Constitution of the Republic of Kazakhstan as a fundamental base. Moreover, after taking independence in 1991, numerous international documents and conventions have been ratified by Kazakhstan's government to provide education for all children. For example, the Convention of Education for All (UNESCO, 2004), the Convention on the Rights of People with Disabilities (UNESCO, 2006), and the Convention on the Rights of the Child (UNESCO, 2014). These ratified documents INDICATE the readiness of the officials to protect the rights of people with special needs for education (Suleimenova, 2012).

In 2009, the Ministry of Education and Science (MoES) identified inclusive education reform as one of the main trajectories for progress and set an ambitious goal to raise the number of inclusive schools to 30% by 2015 and 70% by 2020, which is represented in the

State Program of Education Development in the Republic of Kazakhstan for 2011-2020 (MES, 2010). Furthermore, if parents prefer, children with disabilities are allowed to study in a mainstream school (OECD, 2015). Also, "the proportion of schools with facilities to accommodate children with special needs rose from 10% in 2010 to 55% in 2017. In 2017, 23.3% of students with special educational needs aged 7-18 were covered by inclusive education facilities" (OECD, 2018).

However, despite the willingness of the government to implement inclusive education, several factors make the process of realization complicated. One of the significant factors is the state-driven or top-down approach in the application of inclusive education policies and practices without the active participation of society (Rollan & Somerton, 2019). This approach may hinder the effective implementation of policy because of a little understanding of the local context at the bottom or societal level. Ainscow (2005) has stated that inclusion might be implemented when people with diverse needs, experts, professional practitioners, and all other members live together in an environment that focuses on creating an inclusive value.

As Kazakhstan was a part of the former Soviet Union before taking independence in 1991 it has inherited many of the systems and principles in many spheres including education (Rollan & Somerton, 2019). In a Soviet educational system, children with special needs were educated in a correctional school or at home in isolation from their counterparts and peers which made schools unavailable for all children. As a result, the "correctional" or "special" education approach is still prevalent in teaching children with diverse needs (Rouse & Lapham, 2013). In other words, it is a medical model where children's disabilities and deficits are at the center of the approach, which needs rehabilitation or treatment (Brisenden, 2007). According to OECD (2015), a large number of people in Kazakhstan still perceive inclusive education as special education or only for children with disabilities. Therefore, many children are still educated in correctional institutions or in a segregated group in mainstream schools and also enrolled in home education.

Home Education in Kazakhstan

Despite the measures taken to implement inclusive education, many children with special needs are taught in a segregated environment in Kazakhstan. Children with disabilities in Kazakhstan can possibly be educated in several special education provisions including home education (OECD, 2015). Homeschooling or home education is an alternative model of education to mainstream or private educational organizations, and parents become the central figure in educating the child in this system (Chapman & Donoghue, 2000). In Kazakhstan, the status of home education is uncertain. It is prohibited legally by choice; however, children with special needs and children who live temporarily abroad can be home educated (as cited in Khakim, 2021). According to MES (2020), 139887 people with special educational needs and 12864 school-aged children receive education at home. Children with special needs who are educated in their homes are officially registered at a particular mainstream school and numbered in the list of children who attend the organization. Still, they do not study at school and sometimes may go to school for a short period of time. Mostly, it is teachers who visit the children's homes and provide them with lessons (HRW, 2018).

According to the rules controlling home education in Kazakhstan, there are a fixed number of hours of instruction per week which are provided by teachers. Previously at a primary level, the maximum hours of instruction per week were 8-10, and for an elementary and middle-level child, it was 10 to 12 hours (MES, 2007). In 2018 the home education rules were amended. The maximum number of lessons per week was increased at a primary school to 14, in elementary and secondary levels to 15-20 lessons per week (HRW, 2018). In addition, a specific list of subjects such as mathematics and language are usually taught at a basic level depending on the intellectual and health development of children. After that, science and history may be added based on children's progress in a higher grade. Teachers are allowed to set an individualized education plan following the health conditions of the child and teach children with special needs at home (HRW, 2018). However, this system of home education does not necessarily meet the needs of all children with special needs, especially in terms of socialization which is one of the main trajectories of inclusive education. Thus, children with special needs spend their time in a segregated environment. After visiting Kazakhstan in 2017, The United Nations special representative on the rights of people with disabilities stated that "homeschooling should be an exceptional and temporary measure for children whose health does not allow them to attend school, rather than a practice to further segregate children with disabilities" (HRW, 2018, p. 42).

Assessment and Placement

The assessment and placement of children with diverse needs on a special education provision start from the Medical Advisory Commission (VKK) in a local medical center responsible for assessing children's health conditions. After checking the health condition of a child, the Medical Advisory Commission concludes the state of the child's health, which will be taken into consideration in the next step called Psychological Medical Pedagogical Commission (PMPC) (MES & National Scientific and Practical Center of Correctional Pedagogy [NSPCCP], 2017). The PMPC consists of eight representatives: four medical professionals and four educational experts (OECD, 2009). It starts by assessing the state and the level of a child's psychological development. The conclusions of the Medical Advisory

Commission and the PMPC identify whether the child should study at home or any other special education provisions (MES & NSPCCP, 2017). Although the PMPC has the function of recommendation only on placement in regards to a child's education, it is typically considered the primary directive for school officials regarding the education of children with disabilities. Despite its recommended nature, the PMPC’s conclusion might be seen as a barrier for parents to ensure quality education for their children with special needs (HRW, 2018). However, it is possible that the PMPC has the expertise to provide a full assessment of a child's health conditions, can assist in making an individualized educational plan, and suggest instruments to create a supportive environment for children with special needs. Nevertheless, Human Rights Watch (2018) stated in their recent report that the decisions of PMPC appear to be made only for the placement and entry of children with diverse needs to a particular special education service, including home education.

The role of parents of children with special needs in home education

In Kazakhstan, children with disabilities enrolled in home education are provided with instructions from teachers of mainstream schools where children are registered; however, children spend a tremendous amount of time at home with the parent. In this regard, the role of parents becomes crucial in the development of a child because they undertake broader responsibilities and duties, which include not only parenting but also the organization of the child's education, monitoring their progress, and collaborating with teachers and other school officials (M. Fadare et al., 2021). UNESCO (1994) have explained that in regards to education, “A cooperative, supportive partnership between school administrators, teachers and parents should be developed, and parents are regarded as active partners in decision making.

Parents should be encouraged to participate in educational activities at home and at school and in supervision and support their children's learning”. It is unclear though to what extent parents of children in home education environments have these opportunities in Kazakhstan.

Problem statement and Research questions

Children with special educational needs who are home educated require active parental participation in the educational process and parents who are supported by the school and community are more equipped to contribute to the child`s successful development (Sukys et al., 2015). Moreover, Lines (2011) reported that home educated children receive the primary support and knowledge from parents and the rest of the family. As a result, the effective meeting of the needs of home educated children depends on parents who are equipped with the necessary specialist knowledge and support (Van Kuren, 2000). However, there is no mention of additional methodological support in the form of courses and instructions for parents in the official reports of the Ministry of Education and Science of Kazakhstan. Moreover, the information on the cooperation between parents of children enrolled in home education and school in Kazakhstan is scarce. Subsequently, it is unclear to what degree support is provided to parents of children with disabilities who are enrolled in home-school in Kazakhstan. Therefore, the overarching question of this study is

1. “What are the experiences of parents of children with special needs enrolled in home education in Kosshy?”

    a) How does having a child with SEN who is home-educated impact parents` lives?

    b) How are parents in Kosshy involved in the home education of their child with SEN?

2. What resources or supports are provided by the school or teachers to facilitate their engagement?

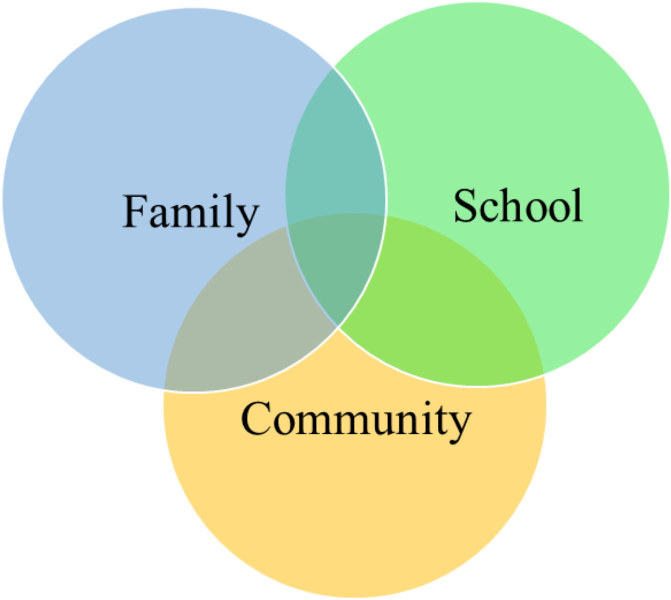
   a) What challenges do parents in Kosshy face with homeschooling a child with SEN?

A theoretical framework for parental involvement in education.

In order to investigate how are parents in Kosshy involved in the education of their children with disabilities who are enrolled in home education, Epstein`s theory of overlapping spheres of influence was selected (see *figure 1*).

Figure 1:

Overlapping spheres of influence (Epstein et al., 2002)



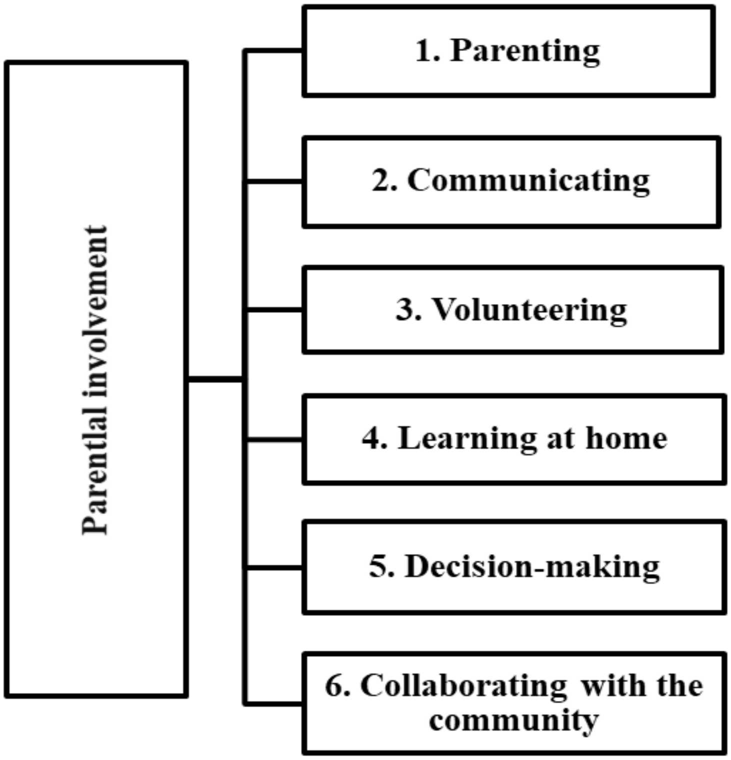
Family, school, and community are chosen as the three spheres of influence that directly impact the child's development. Epstein (2010) believed that multiple sources of knowledge and education lead to better child development. “School, family, and community partnerships cannot simply produce successful students. Rather, partnership activities may be designed to engage, guide, energize, and motivate students to produce their own successes" (Epstein, 2010, p. 82). This means that the child develops well through the activities that are organized with the involvement of multiple sources. The first version of Epstein`s theoretical framework related to parental involvement was published in 1987 and evolved into an updated version in 2002. In general, the role of parents and school representatives is clearly articulated, and it is made clear what lies behind each typology. As stated by Georgiou (1997), the theory of school-family-community partnership by Epstein is the most coherent and comprehensive framework in the field of parental involvement. Moreover, the theoretical framework is based on empirical research (Driessen, 2019). Therefore, the authors can provide various activities, workshops, and guidelines based on the research findings. Also, there is an idea of action teams and school councils with detailed plans and steps to create a welcoming environment. As a result, it is more likely to apply the theory in practice, making the model more valuable and useful.

In addition, Epstein (2002) included new parental engagement concepts in her theoretical model, such as "school-like families", "family-like schools" and "community-minded families". All these concepts can be realized if family, school, and community work together to form a caring environment for children. Also, Epstein mentioned that these concepts might give new insights into parental involvement and suggested that they help researchers "think new" about family-school partnerships.

According to Epstein (2002), there are six typologies of parental involvement (see *figure 2*). The activities and other instructions should be prepared and guided by the school officials (Epstein, 2002).

Figure 2:

Epstein`s (2002) typology of parental involvement.



Parenting. Schools need to assist parents in building a positive home environment for the development of children. Parents are responsible for preparing children for school, navigating them and rear them.

Communicating. Schools need to provide parents with all necessary information about the school program and the child's progress. Also, the educational organization needs to demonstrate guidelines in an understandable way, and parents have to be open to such cooperation.

Volunteering. The assistance and contribution of parents throughout school activities (e.g., reading mothers, organization of activities, and celebrations). Schools need to improve recruiting and training programs to involve parents as an audience.

Learning at home. Activities based on help, support, and monitoring the schooling and the improvement of initiatives at home (e.g., assistance with homework and other curricular-based activities).

Decision-making. The participation of parents in the decision-making process related to school policy and the creation of parental membership (representation in parental, school board, actions teams, and other parent organizations).

Collaborating with the community. The integration and identification of social services and resources with the current school programs, family upbringing practices, and education.

Although Epstein's model was conceptualised for home, school and community partnerships for children who attend mainstream schools, it is still a valuable and relevant lens through which to examine the present research. There is no specific theoretical model or framework for the homeschooling of children with disabilities that were identified by the researcher here. Thus, Epstein's model was chosen as one more closely aligned with the aims and objectives of inclusive education (UNESCO, 1994) such as the development of collaborative school-family partnerships with parents as active participants in the decision-making processes involving their children.

The significance of the research

To date, in Kazakhstan no specific studies have been found regarding the experiences of parents educating their children with disabilities enrolled in home education. Therefore, the present study aims to contribute to enriching the literature and provide a better understanding of the experiences of parents educating their children with disabilities at home in Kazakhstan.

In addition, this research can be potentially beneficial for several stakeholders. The first stakeholder is the parents. Findings from the present study can be used to inform parents who can know more about the experiences of other parents and how they cope with challenges and perceive their child's diagnosis. Moreover, the findings from the present study can benefit the Ministry of Education and Science to inform practical changes and the provision of resources to reform the homeschooling system. Furthermore, this study will provide recent information to educational organizations on how effectively to form cooperative partnerships between teachers and parents in homeschooling. Finally, this study is significant as parents of children with special needs enrolled in home education need special knowledge on managing the process of rearing children at home.

Chapter summary

This chapter presented the focus of the present study, which is exploring parents' experiences in educating their children with a disability enrolled in home education in Kosshy. It has introduced the concept of inclusive education, home education in Kazakhstan, the role of parents in the education of children with a disability enrolled in home education, provided a rationale for the research and explained the theoretical framework chosen to investigate the involvement of parents in the home education process. The problem statement, the research questions, and the purpose of the study has been determined, and the significance of the study has been justified. The following chapter is a review of the literature specific to the topic and research questions related to the experiences of parents of children with disabilities enrolled in home education in Kazakhstan.

Chapter Two: Literature review

This chapter reviews the existing literature on the experiences of parents of children with special needs enrolled in home education framed by Epstein's overlapping spheres of influence. The researcher has chosen the papers that concentrate on parents' experiences of homeschooling their children with disabilities. It is essential to note that home education for parents is not intentional in Kazakhstan. It is recommended or provided as a "last resort". The process of searching the literature indicated some papers related to home education in Kazakhstan. However, there are no complete studies regarding parents` experiences of educating their children with disabilities enrolled in home education. Hence, there is a significant gap in the literature which has made it difficult to source relevant evidence-based information for this literature review. This chapter will present research literature associated with the impact of having a child with special needs on parents and the role of school and community resources in the education of children with special needs enrolled in home education through the lens of family, school, and community. It will finish with a review of the studies conducted in Kazakhstan.

Family

Parent`s reaction to the birth of a child with special needs

Several papers have presented the initial reaction of parents to the diagnosis of disability in their children. However, the majority of studies agree that parents of children with disability tend to experience various negative emotions (Baker et al., 2007; Dobson et al., 2019; Kendal & Merrick, 2003; Özşenol et al., 2003; Patrick-Ott & Ladd, 2010; Vitale & Falco, 2014).

Kendal and Merrick (2003) reviewed the literature related to the birth of a child with a disability and parental reaction. It was not a systematic review; the authors searched the literature using a computerized program the JDC-Brookdale Institute Library and a personal library to collect data for the review. They mentioned that parents' initial reaction could be explained by the Kubler Ross grief theory, consisting of five stages (denial, anger, bargaining, depression, and acceptance). Further research by Kendal and Merrick (2007) added that it is difficult to predict the potential reactions of parents because they can respond in various ways, including attempts to commit suicide. They shared that parental responses might be divided into three. The first is "the crisis of change," which happens from the abrupt change in self-perception and private life. The next is related to significant alteration of personal values due to the inability of their children to accomplish high results. The last is "the crisis of reality," which is connected to the problematic life conditions generated by the necessity of rearing a child with a disability (Kendal & Merrick, 2007, p. 1802).

Özşenol et al., (2003) conducted research in Turkey evaluating the roles of families in the life of children with a disability and stated that parents of children with disability often experience shock, disappointment, and helplessness when they first realize that their child has a disability. Another study conducted by Dobson et al., (2019) found that at the beginning of the diagnosis of disability in their child, parents tend to experience a state similar to sorrow. Parents have a picture of a perfect child in their imagination. It is identical to the "death" of their dreams of an ideal future parent (Dobson et al., 2019). Families of children with disabilities expect to see their children succeeding, reaching achievements, and living a full and happy life like all ordinary families (Baker et al., 2007). However, when parents suddenly become aware of children's disabilities, they feel a profound loss and all expectations and hopes are crushed (Patrick-Ott & Ladd, 2010; Vitale & Falco, 2014;). In this regard, parents go through the distressing process of changing beliefs and predictions about their child's future (Kandel & Merrick, 2007). Finally, they embrace the reality that their life has changed entirely and permanently (Austin, 2000).

Studies in other Asian contexts such as Taiwan have shown similar responses. Huang et al., (2010) described the experiences of Taiwanese mothers in a qualitative study after discovering the diagnosis of cerebral palsy in their children. Fifteen Taiwanese mothers were taken as participants, and the data collection process was in 2005-2006 via face-to-face interviews. The study's findings revealed that mothers of children with cerebral palsy feel guilt and self-blame for not giving birth to a healthy child. Culturally, parents of children with disabilities in Taiwan may experience shame and loss of face for having a child with health issues (Huang et al., 2010). Because Chinese society follows traditional beliefs, often it is seen believed that a child's impairment is a punishment for parents` or other ancestors` wrongdoings in the past. (Huang et al., 2010). Similar beliefs have been reported previously in Kazakhstan from parents (An et al., 2018) and also specialists involved in the diagnosis of children with autism (Somerton et al., 2021). An et al., (2018) investigated the experiences of 17 parents from two major cities in Kazakhstan raising their children with ASD. Parents reported stigmatized attitudes toward disability in the society, educational and healthcare systems. The findings of the study suggest that due to the lack of knowledge on ASD, parents of children with diverse needs experience segregation and humiliation in daily life situations including interactions with people from the neighborhood, communication with parents in school and medical servants. Somerton et al., (2021) explored the knowledge and beliefs of specialists in Kazakhstan including pediatrics neurologists, psychiatrists, general practitioners and other professionals who are diagnosed with children with autism. A sequential mixed method was employed, starting with the survey and continuing with face-to-face interviews.

The study's results confirmed the stigma attached to autism in the Kazakhstani society which is represented by the problems for specialists to distinguish autism from schizophrenia. Moreover, some psychiatrists shared that the diagnosis of developmental disorder or intellectual deficits is preferred rather than autism because of the social stigma. The findings of these studies illustrate that parents of children with special needs experience not only enormous mental pressure associated with the birth of a child with a disability but also suffer from the stigma attached to disability based on cultural beliefs of the society.

Impact on parent`s social life

Several studies have researched the lived experiences of parents of children with special needs focusing on the impact on a parent's social life. These papers indicated that not only stigma can be the reason for social isolation for parents but also the disproportionate burden of caring for a child with disabilities which demands a lot of time, attention, and energy affects a parent`s opportunity to socialize (Beresford et al. 2007; Sen and Yurtsever, 2007; Thwala et al., 2015; Whiting, 2012). For example, Thwala et al., (2015) researched the lived experiences of sixteen parents of children with disabilities from rural areas in Swaziland. The authors investigated the challenges faced by parents of children with disabilities at home, in educational organizations, and in the community. According to Thwala (2015), due to the additional responsibilities of parenting a disabled child, parents often have little time to interact with friends, relatives, and other community members. Almost the same findings related to the social isolation of parents emerged from research conducted by Beresford et al., (2007). In this study parents shared that they feel socially distanced from the community due to the amount of time required for clothing, feeding, and bathing their children, and thus, the number of meeting with friends and relatives decreases (Beresford et al., 2007). Therefore, in some cases, parents break down their relationships with relatives and friends. However, they can find other parents who also have children with disabilities and these relationships assist them in understanding each other well (Beresford et al., 2007).

Whiting (2012) explored the experiences of 33 parents of children with disability, life-limiting or life-threatening illnesses, and children with medical device needs in domains including impact, the necessity for support and help, and sense-making. Mind-map was applied for the first stage, followed by a semi-structured interview for data collection. Whiting (2012) found that parents of children with disabilities tend to take on multiple roles as an expert in caring for disabled children, nurses, and medical workers. Also, one of the study's interesting findings is the problem of parental access to respite care or totally breaking from the care of a child. Thus, parents of children with a disability find it difficult to leave children with someone or, as one of the parents mentioned, "you cannot just book a babysitter when you have got a child with special needs" (Whiting, 2012, p.101). However, Whiting (2012) points out that this is a small-scale study with parents' experiences of one English County and a previously unchecked mind-maps approach. Therefore, there is a need for further extensive research to establish reliable qualitative research findings.

Sen and Yurtsever (2007) researched the challenges experienced by parents of disabled children. The research was conducted in two rehabilitation centers and one public school in Turkey and data was collected through a questionnaire. The findings highlight that the type of disability determines the day-to-day experiences of children with special needs. For example, parents of children with cerebral palsy encounter the most problems in dressing, bathing, feeding, and other assistance in physical movement. In this case, the nature of the disability is the reason for these challenges because cerebral palsy has a significant impact on a child's physical functioning (Sen & Yurtsever, 2007). On the other hand, parents of children with an intellectual disability and autism reported issues in communication with their children more often than the above-mentioned difficulties (Sen & Yurtsever, 2007).

Financial impact

Parents of children with a disability experience various challenges associated with rearing a child, including financial difficulties. (Buckner & Yeandle, 2006; Dobson et al., 2019; Hewitt-Taylor, 2007; Thwala, 2015). Many studies referenced here have determined that parents of children with disabilities encounter financial problems due to often significant expenses combined with decreased earning capacity, and a lack of employment opportunities or career progression. For example, Dobson et al., (2019) described the financial expenditure to rear a child with a profound disability in the United Kingdom (UK). The study aimed to identify the minimum financial standard for bringing up a disabled child. Overall, 182 parents completed a diary for one week detailing everyday expenses for their disabled child. The diary includes the expenses on medical items, school, and out-of-school activities (Dobson et al., 2019). The study's findings illustrated that parents undergo significant financial pressure in rearing a child with a disability. Except for food, approximately parents required an additional 65,51GBP per week, whereas parents of non-disabled children spend, on average half as much money (Dobson et al., 2019). Moreover, according to parents' notes, they spent many portions of their money on day-to-day needs rather than on leisure activities such as birthday parties, holidays, or some other gifts in special events.

Similar findings were made by Thwala (2015), who explored the experiences of parents of children with disability in Swaziland and the results of the interviews with parents showed that raising typically developing children requires less money than children with a disability because rearing a disabled child demands additional costs such as a wheelchair, fees for private education and specialized transport. For instance, one of the respondents said: "due to financial problems, we could not take the child to the hospital for the second operation" (Thwala, 2015, p. 213). On the other hand, Hewitt-Taylor (2007) stated that undoubtedly, parents of children with disability face financial issues; however, again the amount of expense is a closely related type of disability and its severity and the impact of support provided by the government or other community organizations. In some cases, due to the severity of the disability of children, parents receive financial support from the government, which helps them overcome such difficulties (Hewitt-Taylor, 2007). Also, the additional services for children with intellectual and developmental disabilities differ from the needs of children with cerebral palsy (Hewitt-Taylor, 2007). Therefore, a family’s financial needs can be different due to the severity and type of disability. Also, Mutlu et al., (as cited in Arora, 2006) administered a study in Turkey and found families of children with disability do not receive subsidies and the support, they do receive is often inadequate. Moreover, in many cases, parents may not be aware of the kinds of financial support that are available from the government and other organizations (as cited in Arora, 2006).

In relation to the negative financial impact related to loss of employment or career opportunities, Buckner & Yeandle (2006) conducted a statistical analysis of families with children with disabilities, more specifically long-term limiting illnesses in Wales and England. The results of this research showed that parents of disabled children found the loss of job opportunities due to caring responsibilities as the main factor in financial problems. In addition, the flexibility of working hours due to the necessity of care for a child is identified as a primary criteria by parents in a case of searching for job employment which makes it difficult to find a job with a stable income and opportunities to grow in a career ladder for parents of children with disabilities (Buckner & Yeandle, 2006).

Impact on Marital life

The impact of having children with a disability on the marital life of parents has been researched by several authors. However, the findings of studies are sometimes mixed. For example, Kersh et al., (2006) analyzed the data collected from 67 families of children with developmental disabilities who participated in the Early Intervention Collaborative Study in the northeastern United States. The findings suggested that the primary caregivers of disabled children have lower marital satisfaction than the primary caregivers of typically developing children because of parental distress. Kersh et al., (2006) reported that 25% of parents of children with disability in their study described their marital life as "distressed". Also, Glenn (as cited in Kunzman & Gaither, 2020) has argued that the risk of divorce is much higher in couples rearing a disabled child than in couples of children without a disability. She suggests that parenting a child with a disability for couples is like a trap of a never-ending cycle of responsibilities, blaming each other, and increasing conflicts. Hence, it impacts marital life and may lead to the separation of pairs.

However, other studies have found that a child's disability does not impact parental relationships significantly. For example, Mailick Seltzer et al., (2001) conducted a longitudinal study exploring parents' marital status of children with developmental disabilities and without developmental disabilities in Wisconsin. The data were collected when the participants were eighteen, thirty-six, and fifty-three or fifty-four. It suggests that parents who rear a child with a developmental disability and parents who have children without a developmental disability have the same marital status. In addition, Risdal and Singer (2004) examined 13 research studies on divorce and marital satisfaction among parents of children with developmental and without developmental disabilities. The study's findings indicate that a child diagnosis impacts the marital adjustment negatively; however, the impact is not always significant and can be much lower than would typically be expected. Risdal and Singer (2004) stated that the findings do not align with traditional beliefs that disabled children bring a considerable strain to all families.

Opportunities

Although most studies highlight the negative impact of the birth and rearing of a child with a disability, the findings of some studies reveal some opportunities. These studies suggest that parents can reframe the hostile experience of disability into a positive one in various forms (Ferguson, 2001; Gupta & Singhal, 2004; Hastings & Taunt, 2002; Scorgie & Sobsey, 2000). For example, Ferguson (2001) suggested that parents can respond in various ways to a child's disability, including positive adaptation when a child's disability is considered as a tool to strengthen family relationships. A child with a disability is seen as an active member and contributor to family life. Similarly, Gupta and Singhai (2006) reviewed research related to experiences of the parental positive perception of a child`s disability and their relationship to their coping strategies. Gupta and Singhai (2006) concluded that positive perceptions could help to cope with stressful events, increase the quality of life and better meet the needs of children with a disability. However, creating positive adaptation is not an easy process that requires a long time.

Scorgie and Sobsey (2000) and Hastings and Taunt (2002) conducted a qualitative study interviewing parents of children with disabilities and detected that parents can find some positive moments in a traumatic situation related to disability. For example, parents shared that the disability of their children leads to personal growth, improvement in social interactions, networking with other parents of children with disability, and increased sensitivity and tolerance.

Heiman (2002) has explored parents' perspectives of children with physical, intellectual, and learning disabilities. The author interviewed thirty-two parents based on the questions considered the diverse aspects of parenting disabled children. As the interview results showed, all parents were at the stage after accepting the diagnosis of the disability and living with it (Heiman, 2002). Thus, parents mentioned the significance of believing in the child's future despite a disability. In addition, parents who have accepted the situation sustain an optimistic outlook and emphasize the importance of support from other family and community members (Heiman, 2002). The study's findings revealed that it is beneficial to improve the coping strategies of parents that may help meet the needs of disabled children, especially regarding the child's future prosperity. In this regard, 93,5 % of the respondents confirmed receiving support and assistance from various psychological consultations, psychiatric services, educational experts, social workers, and special education advisors that facilitate parenting. Eventually, Heiman (2002) identified the three major factors that assist parents in acting "in a resilient way" and functioning in a regular mood. 1) Transparent discussion and dialogue with family, friends, and experts 2) A productive link between parents that assists and strengthens them 3) Constant and in-depth educational, healing, and mental support for the family members. The findings of the study showed the importance of support from school and community resources to parents of children with disabilities to overcome the difficulties and effectively meet the educational needs of their children.

Parents and the overlap between home and school

There is some debate over the effectiveness of parents as educators in a homeschooling setting for the education of children with disabilities (Duvall et al., 1997; Van Kuren, 2006). Because, in home-based education, parents become influential figure in organizing the educational process of children with disabilities (Thwala, 2015). Hence, teaching children with disabilities at home often requires special training and expertise from parents (Arora, 2006). However, the findings of studies regarding the education of children with disabilities at home and the role of parents as instructors are somewhat controversial and mixed.

Research has found that many parents of children with disabilities who educate their children at home do not have specialized training and preparation (Arora, 2006; Van Kuren, 2000). Thus, Van Kuren (2006) raised the question of whether a parent can assist their child with a disability educationally at home without special knowledge. In addition, some researchers have argued that parents tend to teach and rear a child according to a particular worldview which may affect their education and preparedness for living in the community (Cai, Reeve, & Robinson, 2002).

There are some papers that focus on parents' experiences as educators of their children with disabilities in a homeschooling context but it does not appear to be extensive. In addition, almost all research regarding the experiences of parents teaching their children at home is qualitative in nature with a small sample size (Arora, 2006). For example, Mouzourou et al., (2001) and Kidd & Kaczmarek (2010) explored parents' experiences educating children with autism spectrum disorder (ASD) at home. Kidd and Kaczmarek (2010) focused on the experiences of ten mothers in Australia who homeschooled their children with ASD. A qualitative research design was applied, and the data was collected using semi-structured interviews. Parents reported that it is not easy to perform the role of educator or instructor because there are many other responsibilities. Also, parents shared that it is crucial to find suitable educational materials that help keep the focus of children with ASD and engage children in the learning process for a long time (Kidd & Kaczmarek, 2010). It is one of the features of educating children with ASD, which requires applying atypical or non-standard teaching materials and methods due to the features in cognition (Kidd & Kaczmarek, 2010).

Similarly, another study regarding the experiences of educating children with ASD was conducted by Mouzourou et al. (2001) in Cyprus. The authors examined the family's daily experiences and the role of parents in educating children with ASD. This case study of one Cypriot family included all family members, including siblings, who were interviewed to collect the data. The study's findings revealed that the parents in this case had an active involvement in the education of their child and created a special room with all necessary materials and needs. In addition, the parents shared that visits from a psychologist twice a week to their home was beneficial. According to the findings, specialists usually said, "Yannic was good today, or he made some coloring" (Mouzourou et al., 2001, p. 706). However, the mother of the child reported that she needs assistance working without a specialist for the rest of the day and seeing progress, not judgment like good or bad (Mouzourou et al., 2001). These findings suggest that educating children with disability at home requires particular knowledge and experience, which may also vary according to disability.

On the other hand, two studies have examined the effectiveness of parents as instructors of a child with a disability in a homeschooling context. These two exploratory studies found that parents can effectively educate disabled children at home. Duvall et al. (1997) conducted the first study with the participation of children with Learning Disabilities. Participants were three elementary level students from one middle school paired with homeschooled children with a learning disability of similar demographic variables, age, and capabilities. Students of two domains were observed seven times to collect data about the length of engagement in academic assignments, and also pretest and posttest were also applied to compare both groups` achievements. Duvall et al. (1997) discovered that the average duration of engagement in academic activities of a homeschooled child with a learning disability was two times more than children from a mainstream classroom. Moreover, the comparison of the results of pretest and posttest showed that children with learning disabilities enrolled in homeschooling demonstrated more advancement in writing and reading than peers in a general education setting, also, in math, homeschooled children made more progress. Duvall et al. (1997) explained that the high level of parent-instructor and children interaction and the great extent of individualized guidance are the reasons for progress made by homeschooled children with learning disabilities compared to counterparts in general education settings.

Duvall et al. (2004) initiated the same study several years later. However, the participants were two elementary-level homeschooled children with ADHD and two from mainstream classrooms. One of the research goals was to check whether parents without training and special certificates can teach their children with ADHD effectively in a homeschooling context. The study's findings showed that homeschooled children with ADHD made equal or more progress in academic achievements compared to children from the general classrooms. Duvall et al. (2004) stated that the low children-instructor ratio helped the parents of children with ADHD be more effective in the teaching process despite not knowing teaching methods and techniques. Overall, Duvall et al. (2004) postulate that untrained parents without certificates can help make progress for their children with ADHD at home. On the other hand, children with ADHD were less satisfied with the progress they made, and also parents of homeschooled children were not confident about the teaching methods they applied. In addition, parents of this study demonstrated less satisfaction than the parents of children with learning disabilities. Duvall et al. (2004) concluded that a homeschooling context with a parent-instructor might be advantageous for children with ADHD rather than a public-school setting. However, it is complicated to make a general conclusion regarding the efficiency of homeschooling and general education setting due to the small number of participants, preliminary approach, and limited observations.

School

School support for children with disabilities enrolled in home-schooling

Thwala (2015) described that the close partnership between parents and the school system is crucial for homeschooled children with disabilities to be appropriately educated. However, it usually seems that there is often a disconnect between public education organizations and primary caregivers of children with disabilities (Cook et al., 2013). In most cases, parents of children with disability show their dissatisfaction with the quality of special support provided by the public-school system for children (Kunzman & Gaither, 2020). Furthermore, some parents shared that they do not feel welcomed at school to address some issues and problems regarding their children's education (Cook et al., 2013). On the other hand, Olsen (2008) interviewed Canadian educators concerning the partnership with the parents of homeschooled children. Teachers expressed their disappointment with the reluctance of some parents not to be actively involved in solving the issues with representatives of schools. Moreover, the school administrator mentioned that parents of children with a disability require some unrealistic demands and sometimes can be aggressive towards school representatives instead of jointly resolving the issue and creating a supportive environment.

However, the general education system does not fail in all cases to provide educational support for homeschooled children. For example, the Home Instruction Program provided by Del Moines Public School in the USA is one of the first collaborative homeschool partnership programs for families who home educate their children. According to "Home Instruction" (2019), the program includes home visits of certified teachers, and also children can take part in tests and evaluations of their academic achievements. Moreover, families have an opportunity to check their child's textbooks and other resources available for children at school (Home Education, 2019). A team of certified teachers support over 400 homeschooled children (Home Education, 2019). Another type of support for the education of children with a disability enrolled in homeschooling was the program McKay in Florida (Weidner & Herrington, 2006). The program is an applied vouchers system that supports children with disabilities financially to attend special educational services in private schools. Weidner & Herrington (2006) has described this approach as effective and mentioned the fact that parents have an option to choose the services their children need.

In addition, with the development of new technologies, cyber charter schools have become another tool to support the education of children with a disability (Beck et al., 2014). A Virtual Charter School is an online platform for homeschooled children which provides special education services and support, including an Individual Education Program with various techniques and methods to meet the needs of children (PA Virtual Charter School, n.d.). In addition, Beck et al., (2014) mentioned that parents of children with a disability find an online platform helpful and productive for their children's education. However, Virtual

Charter School cannot apply to all children with disabilities because the approach's effectiveness depends on the nature of the disability, parental involvement, and other factors.

Community

Several studies have discussed the role of community resources in meeting the needs of children with special needs, including those who are home-schooled (Bećirević et al., 2012; Julka, 2015; Markova and Sultanalieva, 2016; Rollan & Somerton, 2019). There are various community resources such as special programs, rehabilitation centers, and parental organizations which provide services for children with diverse educational needs. These studies suggest that the engagement of community resources is one of the fundamental components of forming an inclusive environment for children with special needs, including those who are homeschooled. For example, Julka (2015) explored the Home-Based Education Programme organized by Sarva Shiksha Abhiyan in rural areas of India. The purpose of the initiative was to provide professional educational assistance for severely disabled children at home with the help of resource teachers, volunteers, and caretakers and, if possible, to mainstream them to the general education setting afterwards. Overall, 62 parents were interviewed concerning the issues faced in educating and bringing up children with severe disabilities at home, benefits, and recommendations regarding the initiated program. Parents were satisfied with the interventions and support provided by professionals and volunteers under the program, however, they were pessimistic about their children's educational potential often due to the severity of the disability. Respondents mentioned the program's benefits, and some of them commented that the "child was incurable, and Home-Based Education Programme was a ray of hope for them. These children were described as being bedridden, with no urine control, or had a profound intellectual impairment and were deemed unable to attend regular school" (Julka, 2015, p. 43). Some parents reported less satisfaction with the frequency of the visits by professionals. Despite some advantages of homeschooling children with disabilities, almost 90% of parents shared their willingness to send their children to mainstream classroom. Julka (2015) points out that parents tend to judge not the educational interventions and assistance but the financial provisions, medical support, and other facilities under the program, making the educational interventions` efficacy assessment difficult. As supported families often live in rural and remote areas, it is difficult for parents to meet the most basic of needs of their children before even considering educational support. Thus, parents` assessment is mostly based on supplementary factors, and not on academic opportunities or progress. This is often a space where other community organizations such as non-governmental organizations (NGOs) meet children and family needs.

The parental community has always been the main contributor to a child's development. Often NGOs are initiated by groups of parents of children with disabilities advocate for the rights of children with SEN, and provide greater access to educational and social services for children with special needs. (Rollan & Somerton, 2019). In Romania, parental NGOs have been active in supporting the idea of inclusive education and informing the community about the growth of the number of children with ASD. (Rollan, 2018). Moreover, Cretu (as cited in Rollan, 2018) stated that NGOs in Romania started to work in collaboration with government officials for the betterment of inclusive education policies. Similarly, a study conducted by Bećirević et al., (2012) in Bosnia Herzegovina and Croatia, including 89 interviews of parents of children with special needs, showed parents' satisfaction with the steps taken by parental organizations to promote inclusion. Activism by parents led to changes in the assessment of disability and providing early services for children with special needs. (Bećirević et al., 2012).

Rollan and Somerton (2019) conducted research to investigate the role of civil society in promoting inclusive education reform in Kazakhstan. In non-governmental organizations (NGOs) seven members were interviewed regarding their contribution to the reform of inclusive education in Kazakhstan. The results of the study demonstrate that NGOs are not only helpful in improving and implementing inclusive education policies and practices but also, they are instrumental in providing methodological assistance to schools and specialists, helping to form a non-discriminatory attitude toward people with special needs, and increasing the awareness of parents, the government and the society about the diverse needs of children who need a supportive educational provision. Thus, it is vital for parents, schools and state officials to work in tight cooperation with non-governmental organizations to accommodate the needs of children with special needs. (Rollan & Somerton, 2019).

Markova and Sultanalieva (2016) explored the case of NGO "Ashyk Alem" in Almaty, Kazakhstan. This NGO was initiated by the parents of children with ASD. The NGO, "Ashyk Alem" supports children with ASD in various ways, including reports related to the assistance of children with ASD, making official requests to the government officials to take information, and initiating press conferences and fundraising activities. Moreover, Markova and Sultanalieva (2016) shared an example of a productive partnership between school and NGO, when school teachers were invited to the seminars organized by "Ashyk Alem" that calibrate educators with skills that assist them in creating a supportive environment for a boy with ASD in a mainstream setting. These cases of NGOs illustrate that parental communities can be a powerful tool to promote the rights of children with special needs and ensure the services provided create a supportive environment for children to socialize and develop educationally.

The context of Kazakhstan

It was difficult to find an extensive body of studies on parents' experiences educating children with special needs at home in Kazakhstan. However, Human Rights Watch (2018) initiated field research related to children's education with disability in Kazakhstan. This was conducted in six cities in Kazakhstan, including Nur-Sultan, Almaty, Shymkent, Kostanay Taldykorgan, Kyzylorda, and some villages near Almaty. The Human Rights Watch Report was based on in-person interviews with disabled children and their parents, disability activists, and telephone interviews with education professionals. One of the chapters in the report is devoted to the problems of home education. Three main challenges were identified based on the responses of disabled children and their parents.

The first challenge is the issues of involuntary home education or parents being denied access to a school for their child because of the lack of suitable facilities at school. The second challenge was the poor quality and low quantity of home education lessons. Parents reported that the children receive a minimum of 8 hours of instruction per week, in some cases even less, and also some parents have questioned the professional preparedness of teachers. The third and last challenge was the isolation of children with special needs enrolled in home education. Parents shared that home education leaves children with special needs in isolation and makes it difficult to socialize with peers, which is one of the parents' primary concerns. Despite the previous amendments in the Law of Education related to home education, this report demonstrates issues regarding meeting the needs of children with special needs enrolled in home education. Moreover, the lack of research on the lived experiences of parents of children with special needs enrolled in home education in Kazakhstan is a gap that this study aims to fill.

Another study by An et al., (2018) who explored the experiences of parents of children with autism in Kazakhstan regarding the health, educational and social support services including home education confirmed the limited amount of lessons only 8 hours per week and mentioned the lack of teachers’ skills to accommodate the needs of children with autism. Moreover, the findings suggest that home education isolates children and deprives the opportunity to socialize with peers and friends.

Chapter summary

This chapter has presented the literature on parents' experiences of children with disabilities enrolled in home education. The first step has been made to apply Epstein's theory of overlapping spheres of influence. The existing literature in Kazakhstan and other countries showed the impact of rearing a child with disabilities on a parent's life and the significance of parental involvement in educating children with disabilities enrolled in home education. The following "Methodology" chapter will provide justifications for the choice of research design and data collection instruments and explain the study's data analysis and ethical issues.

Chapter Three: Methodology

This chapter explains the reasons for utilizing the methodology of the present study to collect the data which explores the experiences of parents of children with disabilities enrolled in home-schooling in Kosshy, Kazakhstan. The justification and explanation of choosing a research design, data collection instruments, selection of participants and ethical issues will be explained in this chapter.

Research design

A research design is a part of any study that enables the research questions to be answered and aligns with the aims and purpose of the research (Blanche et al., 2006). Considering the present study explores participants` experiences of home-educating their children with special needs in Kosshy and the values and beliefs they hold concerning disability and education, the study's nature justifies applying a qualitative approach (Creswell, 2014). Many other research studies included in the literature review on this topic also employed a qualitative approach such as (Duvall et al., 1997; Duvall et al., 2004; Kidd & Kaczmarek, 2010; Mouzourou et al., 2001). According to Hoepfl (1997), qualitative research provides more profound and clear insights of a studied phenomenon and seeks a comprehensive understanding of participants' experiences or processes.

A multiple case study research design is applied in this instance to investigate parents' experiences of children with disabilities enrolled in home education in Kosshy. A case study is a research design that defines "the case as a phenomenon of some sort occurring in a bounded context" (Merriam, 1998, p.27). It implies that the boundaries of the phenomenon of the study are clearly framed in time and place to posit it as a case. Also, according to Creswell (2007) case study is a profound investigation of a particular phenomenon, including a program, activity, or individuals, based on detailed data collection. There are multiple and single case study types. A single case study is applied in an in-depth analysis of one case, while a multiple case study is utilized to study more than two cases (Yin, 2014). In terms of its purpose, a case study is divided into types - intrinsic and instrumental. An intrinsic case is characterized by relating to the detailed study of a unique case. In contrast, an instrumental case aims to gain insights and/or find a solution to certain problems represented in specific cases chosen for their relation to the issues (Stake, 1995 as cited in Creswell, 2014). In this study, both categories are essential because, firstly, the case study is intrinsically bounded by the similar shared experiences of a small number of participants. Secondly, the present study focuses on the experiences of parents of children with disabilities enrolled in home education in Kosshy and investigates parents' experiences with the time frame (home education) and space (research site - Kosshy).

Coimbra et al. (2013) stated that the case study design has its advantages and is especially helpful in the research related to educational policy and practice. On the other hand, the case study design does not allow to generalize the findings to the broader population. The results of a case study may include some items of subjectivity. However, in this instance, a case study design is a relevant choice because a thorough description and a better understanding of a phenomenon allow the researcher to reach the aims and purpose of the study.

Participants

A small purposeful sampling is a relevant method for case study design because rich data sources are provided in a limited time frame and place (Cresswell, 2002). The inclusionary criteria for participation in the present study were being the parent who has a child or children with disabilities who are home educated in Kosshy. Other factors such as the child's age or the nature of the disability were not part of the inclusionary criteria as they are not central to the research questions. This is an intentional choice; therefore, it is purposeful sampling involving participants with particular characteristics, experiences, and special knowledge (Etikan et al., 2016).

Six participants were recruited through one of two mainstream schools in Kosshy, a town near the capital city Nur-Sultan. As a teacher in this town, the researcher used his personal connections with school administration and school leadership to recruit participants. The researcher first contacted each of the school administrations and requested a meeting to discuss the research's aims and purpose. At the meeting, the researcher asked the school administration to pass on to parents who met the inclusionary criteria of this research hard copies of information such as the aims and purpose of the study. This information included in an informed consent form explaining the ethical requirements required of the researcher (see Ethical Considerations below). In addition, the researcher's contact details were included in the document so that parents could voluntarily make contact with the researcher to find out more information about the research and indicate their willingness to participate. Six parents contacted the researcher by telephone and were explained the aims and purpose of the study, the voluntary nature of participation, confidentiality, risks and benefits of participation, and arranged a time and location for the data collection process.

Data collection instrument

As the present study has a case study design, the interview was chosen as a relevant instrument for data collection as participants are able to share personal experiences and stories regarding the education of their children with disabilities at home (Jovchelovitch & Bauer, 2000). Therefore, semi-structured interviews were proposed as the research method for the present study. Semi-structured interviews provided the researcher with the opportunity to engage directly with the participants and their experiences, using prompting questions for more information and assisting in navigating the flow of the interview (Creswell, 2014). The researcher also included some unstructured questions, which are characterized by spontaneous questions generated through reflections (Brinkmann, 2014). Moreover, interviews were not restricted like surveys, and participants are able to express their opinions more specifically to their own circumstances.

Generally, open-ended questions are suitable for interviews in a qualitative study because they allow asking additional questions which let participants elaborate and answer in a more detailed way (Creswell, 2014). The interview questions were created to address the purpose of the study and were formed on the grounds of previous research papers. Questions on the protocol such as *“What was your first reaction to the diagnosis of your child`s or children's disability?” and “How has having a child with disability impacted parents` life?”* were drawn from findings of previous research that has been covered in the literature review (Chapter 2). For example, Huang et al. (2010), Kendal and Merrick (2003) and Whiting (2012) explored the lived experiences of parents of children with various types of disabilities. These studies suggested that the birth and rearing of a child with a child disability significantly impacts parents` entire life, including psychological well-being, financial difficulties, and complete changes in social life. Furthermore, Reilly (2004) in Australia investigated the management of the educational process of homeschooled children with disabilities. This study suggested that parents encounter various challenges in educating their children with disabilities at home due to a lack of support and special knowledge. For example, questions such as *"Have you got special knowledge or certificates relating to teaching children with disabilities at home?"* and *"What have you found challenging in educating a child or children with disabilities at home?*

In addition, some questions were drawn from Epstein`s theoretical framework regarding the family-school partnership. Questions such as *"In what way are parents involved in homeschooling their child with SEN?" and "What resources or support are provided by the school or teachers to facilitate their engagement?"* It involved questions concerning the way parents of children with disabilities in Kazakhstan are involved in homeschooling their children, what they think and feel about this experience, and how they are connected to the school and teachers. There were in total ten questions in the interview protocol presented in three languages: Kazakh, Russian and English. The duration of each interview was between 45 and 60 minutes.

Data collection procedures

After receiving approval from the Nazarbayev University Ethics Committee to conduct the present study, the researcher followed the recruitment process detailed in the section above "participants." The responses of participants were recorded on a smartphone`s digital recording with some additional note-takings from the researcher. The researcher arranged a time and location based on the availability of participants who expressed interest in the research. Potential locations such as a local café, workplace, or other suitable places were discussed with respondents. As mentioned by Creswell (2002) it is vital for respondents to be interviewed in a convenient and familiar site to feel secure.

Before beginning the interview, the researcher reintroduced the participant with the informed consent reminding them of the potential risks and benefits of the study, confidentiality, duration of the interview, and the voluntary nature of the participation. The researcher notified the participant that they are allowed to withdraw from the research at any time, and during the interview if they feel uncomfortable with any questions, they are free not to respond. Next, the researcher asked the participant if they provide consent to record the interview on the researcher's smartphone and then if they had any further questions about their participation in the study. After the consent form was signed, the researcher assigned a pseudonym to the participant and record this in a file separate from the consent form. The researcher then provided a copy of the informed consent to the participant and began the interview. After completion of the interview, the participants were thanked for giving up their time to participate in the study and advised that the research findings would be shared with them at the completion of the study in mid-2022.

As soon as the digital recording of the interview was completed it was immediately transferred to a password-protected file on the researcher's password-protected laptop. Once the files were successfully transferred to the laptop, the data was deleted off from the researcher's smartphone. The digital recording and electronic version of the transcribed interview were saved in an encrypted folder on a researcher's personal computer with a password. The six participants were given pseudonyms and assigned C1-C6 to keep the confidentiality of data. This step protected the names of participants in case of misuse or theft of the laptop. All the data related to the study were only available to the researcher and research advisor. Any subsequent publications arising from the research used the codes listed above so as not to breach confidentiality requirements as part of ethical clearance.

Data analysis

A qualitative thematic analysis approach was used to analyze the data. In a case study design, the themes and issues can also be applied in data analysis (Stake, 1995, as cited in Creswell, 2014). The data was systematized following the predefined and emergent themes and analyzed, considering prior studies described in the review of the literature and theoretical framework. A six steps approach was applied to analyze the data: organizing, coding, forming, and categorizing themes, representing findings, interpreting them, and validating their accuracy (Creswell, 2014).

In the process of conducting the interview, the researcher made notes of the topic that frequently emerged to have some insights regarding the topics and themes. Then, after the transcription of the data, it was translated into English. The next step was to read the interviews to highlight the main topics, statements, and relation to the predefined themes. Firstly, the thematic categories related to parental involvement were drawn from Epstein's theory of overlapping spheres of influence which consist of six typologies: parenting, communicating, learning at home, volunteering, decision-making, and community resources (see Table 1). Regarding other emergent data, a list of topics was made, and similar topics were grouped into codes. The codes were marked near the relevant part of the data. The codes that are connected to each other are organized into categories, and the final categories were applied in the analysis.

Ethical Issues

Participation in the research was perceived to be as more than minimal risk as it considers parents of children with SEN to be able to provide informed consent. There was a risk that the participants might recount information of a personal nature that involved negative experiences, however, the researcher made every effort to ensure that if, at any time, the participant appeared to become distressed the interview could be ceased. The participants were notified that they were at liberty not to answer any questions that made them feel uncomfortable, and could withdraw from the study at any time. In order to minimize the possibility of breaching confidentiality, the researcher stored the electronic version of the data transcript and identity in an encrypted folder on the researcher’s password-protected personal computer. The interview transcripts were given pseudonyms and assigned C1-C6 to protect anonymity. Any written information, such as the signed consent forms, was stored in a locked file in the researcher’s home office cabinet. Due to the Covid-19 pandemic, there was a potential risk of participants and researchers getting infected during face-to-face interviews. Therefore, the researcher and participants followed all recommended quarantine measures, including wearing masks, keeping distance, and ensuring that the interview took place in a location that was not crowded and well-ventilated.

Chapter summary

The present chapter has introduced the research approach for gathering and analysis of collected data. The reasons of using qualitative case study has been presented to justify its relevance to current research. Also, it covers the measures of providing confidentiality and participants anonymity. In the next ‘Findings’ chapter, the collected data will be presented.

Chapter four: Results

This chapter presents the results of the data analysis received during six interviews with parents of children with special needs enrolled in home education in Kosshy. The findings are arranged on the research questions and Epstein's theory of overlapping spheres of influence. First, participants were asked questions about the impact of having a special-needs child enrolled in home education. To know more about parents' experiences, they were asked to share the difficulties and opportunities faced in the process of home education. In order to gain an understanding of the collaboration between school and parents, they were asked questions related to the six typologies of Epstein's theory of overlapping spheres of influence which includes parenting, communicating, volunteering, learning at home, decision making, and collaborating with the community.

Case studies.

As outlined in the previous chapter, participants of the study were all parents of children with special needs enrolled in home education in Kosshy. The age range of respondents varies from 31 to 53 years old. Two participants currently work, the rest are housewives. One participant is a single parent. Participants were given pseudonyms below and each case is considered separately with relevant background information.

Case study 1.

Aiida* is a mother of a 13-year-old boy with special needs who is home-educated. She is 53 years old. She works as a teacher in a secondary school. She has five children and the youngest child has special needs. The diagnosis of the child is microcephaly of the brain.

Case study 2.

Dinara* is a mother of a 7-year-old girl with special needs who is home-educated. She is 41 years old and works as a cosmetologist. Her daughter is the second and youngest child in the family. The diagnosis of the child is heart threshold (high risk of stroke).

Case study 3.

Samal* is a mother of a 13-year-old boy with special needs who is home-educated. She is 31 years old. She is a housewife. She has four children and the second child has special needs. The diagnosis of the child is Autism.

Case study 4.

Gulnar* is a mother of a 7-year-old girl with special needs who is home-educated. She is 46 years old. She is a housewife. She has three children and the youngest has special needs. The diagnosis of the child is cerebral palsy.

Case study 5.

Saule* is a mother of a 10-year-old girl with special needs who is home-educated. She is 33 years old. She is a housewife. She has four children. She is a housewife. The diagnosis of the child is epilepsy.

Case study 6.

Elvira* is a mother of a 7-year-old boy with special needs who is home-educated. She is 35 years old. She is a housewife. She has two children and the eldest has special needs. The diagnosis of the child is cerebral palsy.

The impact of having a child with a disability in Kazakhstan on a parent's life

Impact on psychological well-being and health

When participants were asked how having a child with special needs impacts their life? Four respondents out of six mentioned the impact on their psychological well-being and health. Feelings such as rejection, regret, disappointment, and other negative emotions are common among respondents. For example;

> *I have suffered a lot psychologically when I realized that my child has problems with health. I asked: Why, why, why. I do not want to accept it. And I didn't get it until he was over eight years old. When he was five years old, I was told by a psychiatrist, speech therapist, and neuropathologist that my child has some special needs. It was our own fault. We did not believe and thought it is a lie. I said: it is a child`s whim. To be honest, I was under great stress at that time. The fact that my child is not healthy affects me significantly. It seemed to me that everyone is hurting my child.* (C3).

Gulnar (C4) shared: *"Since [my child] was born with special needs I had diabetes. I am feeling fatigued. And also, nervous. We don't have a choice. Our family accepted it. Father, brothers, too. It's a pity, of course."* Also, Saule (C5)* commented: "*We couldn't believe for two years that she could get sick at all. I was very nervous myself and I'm still nervous and worried about her."* Elvira* (C6) explained: "*Definitely, it has affected badly. Our life has changed 180 degrees. It was [a] tough period psychologically. For about 1-2 years, we could not accept the situation. We thought: it is impossible".* Two participants (C1, C2) did not talk more about the psychological impact of the situation. "*It was a mistake of the doctors and [therefore] we have already known in advance at the third month that the child would be with some special needs like this but anyway it wasn't easy"* (C1). *"I accepted the situation"* (C2). However, Aiida (C1) shared that the birth of her child strengthened the family relationship. "*His birth really united our family. When we decide something, first of all, we always take him into account, because, he rallied and mobilized us"*

In summary, it was evident that parents of children with special needs in Kazakhstan have experienced different kinds of negative emotions. Almost all participants mentioned the difficulties with accepting the situation. On the other hand, there is a case where parents found ways to perceive the child's disability positively.

Impact on social life

When participants shared their views on the impact of having a child with special needs enrolled in home education, frequently mentioned points were the impact on social life and job opportunities. Four out of six participants (C3, C4, C5, C6) replied that their social life had changed after the birth of their child with a disability because they need to spend a greater amount of time with that child. Saule* (C5) claimed the following:

> *I couldn't leave without attention at all and meet with friends or some other people. Because she is in such a condition and she behaves well with me, when I leave, she begins to worry. She starts to get sick and she may have cramps at any time, she can walk but fall down, and I don't leave her without attention at all.*

Gulnar* (C4) "*I cannot really go out with this girl. I can't even go to visit relatives. Even when I visit it is difficult. [Also] this girl can't sit on the bus. There will be hysteria. We take a* *taxi to the nearest places. If the place is far, she cannot sit in the car."* Similarly, Elvira* (C6): "*I can't go where I am invited. The weight of the child is getting heavier, it is becoming more difficult to support him, and we sit at home unless my husband comes from work."* Samal* (C3): "*He can't do anything without me. He can't get in or out of the bathroom. I always have to be with him and support him. Therefore, I can not visit the places where I am invited."*

The remainder of the respondents did not speak about the impact on their social life. However, two participants (C3, C4) mentioned issues that were related to the opportunities to work. For example, Gulnar* (C4): "*I can't work, I need to look after her and I can't leave her with someone. I can't leave or hand over this girl to anyone. I have not worked since she was born, I'm just looking after this girl."* Similarly, Samal* (C3) commented: "*Since [my child] was diagnosed with autism when [my child] was five or six years old, I quit the job and after that, I spent my time looking after him and my other children."*

Also, Dinara* (C2) discussed that she can work however with certain requirements and conditions. "*I had not worked before. Now, since spring, I have decided to start to work. But not for the whole day, only by appointment at a certain time. Also, because the father of the children left us last year."*

It is important to mention the participant Aiida* (C1) who was the only participant who worked in a full-time regime. Besides, she was the eldest participant. Aiida* (C1) mentioned: "*My husband is at home and looking after the child. We have an agreement and decided together that he would be with him. There were certain reasons for that decision."* (Personal conversation not included here to protect confidentiality)

Financial impact

Some participants mentioned a negative impact on the family budget. It is necessary to bring a child with special needs to different types of medical procedures. Apart from that, they need to take daily medications which are not cheap. For example, Saule* (C5) claimed:

> *Yes, it affects financially. We pay 4500 tenge per day for physical therapy. If you invite from the city, it is 5000 tenge. We have to visit physical therapy for 10 days. The state financial support is about 100,000. In addition to physical therapy, it is necessary to visit a speech therapist, [a] speech pathologist. Also, there is a need to receive vitamins and some other medicine. All in all, it is expensive*.

In particular, Dinara* (C2) a single parent reported that it was not easy for her to provide for two children (one of them with special needs) with all necessary needs. "*The father of the children left us last year, now I have decided to find a second job and start from spring. Because I have to provide for them and I need financial input."*

Parental involvement with education and Epstein`s theory of overlapping influence

The partnership model by Epstein was chosen as the theoretical framework for the present study as it was relevant to the research questions. Here, pre-defined categories were identified according to the typologies of the theory. There are six typologies of Epstein`s theory of parent-school-community partnership. They are parenting, communicating, volunteering, learning at home, decision-making and collaborating with the community. The data collected in this study was analyzed through the typologies of Epstein`s theory of overlapping spheres of influence.

Table 1:

Assigned categories in transcript

	Parenting	**Communicating**	**Volunteering**
Categories	Lessons by school teachers Frequency of visits	Lack of guidelines Necessity for pedagogical support Social worker advice	Prohibition Invitation
	Learning at home	**Decision-making**	**Collaborating with community**
	Involvement Parent-instructor	Non-Participation	Positive influence Socialization

Parenting

In Epstein's theory, the school needs to assist parents in creating an educational environment at home for the progress of a child. When they asked the question, what kind of support do you receive from the school, all participants mentioned the lessons which are provided by teachers. Elvira* (C6) stated:

> *Teachers come three times a week for an hour. This hour includes two lessons, for example, mathematics and the alphabet. Alphabet, mathematics, Russian language, correction, Natural Science. Teachers say that we come depending on the condition of your child, if you want, we come three times, if not one time a week. Depends on his health condition.*

Dinara* (C2) explained: "*Teachers are supposed to come five times per week. Every day for an hour. Usually, three teachers: teachers of primary school, Kazakh language, English come.*" Likewise, Saule* (C5) commented: "*We have a schedule and teachers come, every lesson lasts 15 or 20 minutes and according to the progress of children. For example, today there are two lessons for half an hour. If she has time, the teacher takes the third lesson.*"

When participants were asked: Are you satisfied with the frequency of visits? For example, Dinara* answered: "*I do not want more, because the child can't withstand physically. She can`t sit for long. The frequency suits me basically.*" However, Saule* (C5) explained, *"Ordinary children study at school for five days, and I would like teachers to come for five days too. I would like to come more often. Now the children of the school are finishing the alphabet, and we have not reached the middle of the alphabet yet."*

It was evident in these results to note that the health conditions and the level of intellectual and physical development of the child with special needs was important in the frequency of lessons.

Communicating

This section implies providing the necessary information and guidelines in a comprehensive way. Participants were asked whether they received some sort of instructions or guidelines from school representatives on how to better organize home education for children with special needs. Mostly, parents shortly said: Yes or No. For example, Dinara* (C2): "*No, there was no such thing*.", Samal* (C3): "*There was no such instruction.",* Saule* (C5): "*No, I was not instructed."*

Aiida* (C1) noticed the importance of guidelines for parents,

> *I didn't have this because I am a teacher myself. And somehow it was organized by myself. If these are parents, not teachers or educators, [parents] definitely need it, it is hard in the sense that parents themselves do not know what to do and how to do, [parents] need instructions.*

One participant mentioned the consultations with social workers at school which make the process more understandable. Elvira* (C6) shared:

> *I went to school with the position that my child would receive education at school. However, the social worker explained the situation and said that the child is still lagging behind his classmates academically and does not know even how to write the letter A. She said that [my child`s] speech is not clear, and it will be difficult for him to communicate with others, especially with a teacher. Therefore, it would be better for him to study at home.*

Volunteering

This typology includes the assistance and contribution of parents throughout school activities. However, taking into consideration the research is related to the home-education of children with special needs, parents were asked about the possibility of children attending non-academic activities at school. Legally, they are registered at school and have an opportunity to visit the school. However, some participants claimed that they cannot attend activities at school, some others shared that they were invited and attend certain non-academic activities at school. For example, Samal* (C3) commented:

> *[School officials] said there is no possibility, it is difficult. I want to take my son somewhere to help him socialize. [School officials] said: We can`t. Now it's hard. I think I'm going to take them to the development centres in the city. Only for the sake of socialization, it is pity, to be honest, [my child] does not know his peers, does not have friends. I think there are some lessons at school, and ask probability of participation in such lessons. But [school officials] said: no.*

Aiida* (C1) replied: *"[my child] has not attended such events yet at the school. To be honest, I would like our school to somehow socialize them more, arrange some special events for them, for example, New Year or some other holidays, these children do not go anywhere at all*." Gulnar (C4): "*I would like her to attend school, of course, if [my child] will follow instructions and be interested*."

The remainder of the participants reported that the children were invited and some of them attended activities but it was not systemic and sometimes due to various reasons children did not take part in the events. For example, Elvira* (C6) shared:

> *Yes, But I need to notify the school officials. [School officials] said that once a week, once a month, [my child] could come and socialize with the children. But I can't take a child to school. I do not have a person now who can look after my second child. For example: recently we have been invited to the matinee of the New Year.*

Saule* (C5) explained "*We don't have an opportunity because the classes are crowded. She only has to be homeschooled. But we were invited before, I guess it was a New year. Also, we attended such an event on March 8 when she was in the 1st, 2nd, and 3rd grades. We ask them not to forget about our child.*"

Dinara* (C2) has a different situation in comparison with others. Her child is fully adapted to society and she has a heart threshold. Therefore, the child is permitted to be at school for a certain time.

> *She came on the 1st of September. I said that we can. I saw that there would be a Fall formal, but we didn't have any preparation for the day. We went unprepared. Well, there was a Fall formal, but no one invited us, although there is no need for her to be in isolation, we only have a high risk of stroke, so she can't stay there all day. No one will keep track if there is something that happens. We attend matinees, we have been going for a long time.*

Learning at home.

This section of the theory covers parental assistance in doing homework and other assignments. The participants asked questions regarding their role and involvement in the education process of a child. All participants answered that they help their children with special needs to complete assignments. For example,

Aiida* (C1) replied that due to the intellectual abilities of a child she needs to take some unusual way of teaching. It is important to mention again that this parent works as a teacher and has professional preparedness.

> *We take Biology outside, Natural Science. It is what really will help him in everyday life. But such measures as going to a tutor, it's not for him. For example, when we learned colours, the red colour, everything was red at home. Then everything is blue, then when we study the letter A, it was written everywhere. It is the specifics of the brain I would say. It is the child's ability that it needs to be repeated 1,000,000 times and he will remember in 1000030 times probably.*

Elvira* (C6) shared:

> *At the beginning of this year we were enrolled in home education. In the 1st quarter, I helped him to write a lot, assisting him. He could not hold a spoon, he could not drink food himself, we fed him with hands. It was hard to hold a pen, a pencil, and now he is somehow adopted. 1st quarter we helped him a lot, in the 2nd quarter he started to perform a lot of activities by himself after a lot of hand training.*

Also, the participants (C2, C3) commented about their involvement in learning the alphabet and helping with homework. Samal* (C3): "*I taught the whole alphabet, working every day with my child. The child knows the letters from what I taught. How long does a child go to school, he didn't learn anything from school*." Dinara* (C2): *I help with homework, but I try as much as possible not to do it for her, of course, so that she does it all on her own.*

The other two participants (C4, C5) explained that mostly their children like modeling with plasticine, gluing something and drawing. Saule* (C5):

> *Mostly, we just draw with her because she doesn't want to read, we try, of course, mainly drawing, working with plasticine. It seems to me that she gets tired of the teacher and we are not given homework. Homework is not given only glueing something and drawing. I would like to help her. But I don't have such an experience. I don't know how to approach it professionally*.

Gulnar* (C4): "*We play games, we model different figures with the plasticine. She plays with knocking them with fingers."*

Decision making.

Decision-making is the fifth typology of Epstein`s theory of overlapping spheres of influence. It suggests including parents in the decision-making process regarding the education program. Therefore, participants were asked about their involvement in making decisions relating to the program that is taught. Participants (C1, C2, C4, C5, C6) claimed that they were not involved in the process of making decisions. However, some participants mentioned the opportunity to make requests. For example, Aiida* (C1) discussed:

> *To make a program?? there is no such thing. But in September, when he went to the fifth grade so that we would be left with teachers who knew his abilities, I asked not to have so many subjects, for example, he would not remember them, so that we would be left with elementary school program because it is more convenient for us to learn to read and write that we still do not know how. But the social worker and psychologists picked up a more or less appropriate program in my opinion. Well, the child is ok now.*

Similarly, Elvira* (C6) shared:

> *I didn't participate in the decision-making process. In the 1st quarter, they said you need some activities to strengthen his hands to hold the pen and pencil. I went to school with the position that my child would receive an education at school. However, the social worker explained the situation and said that your child is still lagging behind his classmates and does not know how to write the letter A. She said that if his speech is not clear, it will be difficult for him to communicate with others. Therefore, it would be better for him to study at home.*

Gulnar* (C4) replied that she made a request to the vice principal to change the subjects. "*Basically, they appointed teachers. There were Kazakh language, English and other subjects. Then I went to vice-principal. I said: We don't need them yet. At least, we need psychologists, speech therapists, speech pathologists. I expect we will start with new teachers from December.*"

Collaborating with the community.

This section includes the involvement of community resources in the development of a child. Participants were asked if they visit a state or private educational organization apart from schools to accommodate the educational needs of their child. Also, participants were asked to provide an opinion about the effectiveness of special services. All participants found those organizations beneficial. For example, Aiida* (C1) commented:

> *We went to Steam Robotics in Astana just opened and we were invited there. We went there for free, they took us as a social project. He went there and he really liked it there. Then we went to chess. Well, we went just for socialization. Because none of us was going to make him a chess player. For at least a year, he learned how to build them. But he really liked Robotics in terms of the fact that his hands were still not working well at that time. It helped him.*

Samal* (C3) replied:

> *Yes. We went to the Autism Center. He likes to go with me only, and come back with me. But he does not yet realize that he is not in good health. When he saw the children, who cried, he was afraid. He asked why they are screaming. When we come back home, he is speaking surprisingly about their behavior. Why did they scream? So, we'll come back. It is like a party for him, he felt great after. One time every week we went out together and it makes him happy.*

Similarly, Saule* (C5) shared:

> *We visit the correctional centre. I can say the administration of the correctional centre does not leave us alone, no matter what holidays they congratulate, they invite us to all the events. A defectolgist and a psychologist, know their job. Generally good. I am happy with the Correctional Center.*

Challenges and opportunities faced by parents of children with special needs in the process of home education.

Participants were asked what challenges they encountered in the process of home education. The focus was on the challenges regarding the education of the children. The frequently mentioned challenge by participants (C2, C3) was related to the teacher`s competence. It includes poor work ethic and lack of special knowledge. For example, Dinara* (C2) explained:

> *When I'm at work, my eldest son is at home after his lessons and when teachers come and go, he is at home. And the hopeless situation. He was waiting for the teachers to come. I have certain agreements with him. And then the teacher of the Kazakh Language writes to me, "I'm going from the city, I'm going to be late". According to the schedule, [the teacher] has to come at 5 o'clock. But at 6 p.m. she writes to me that*

> *she will be late. Then closer to 6, she writes, "I'm still driving, traffic jams, I'll come tomorrow at 4". I said: No, Tomorrow at 4 o'clock, another teacher in the schedule. I said: it won't work for us. And I have a conflict with my son, [my son] was sitting waiting to go out. Another child is sitting waiting for a lesson. She's set up. It is not the first time that teachers do not respect my time.*

Also, she added;

> *Teacher can't engage [my child]. I'll explain why now. My daughter grew up on fairy tales, do you know how she greets guests? Hello, dear guests... She grew up on fairy tales. [my child] waits for every teacher every day with gifts. She carves there, sculpts cool. Draws. The teacher said after 3 weeks, "don't give me gifts." She devalued everything, cut it off and the child ended up. I admit that my daughter's character is not a sugar. Also, sometimes, I hear a note of irritation in the teacher's voice. I don't like it either. [The teacher] teachers one child, it's not with a class. This is generally not pedagogical, in any way at all.*

Similarly, Samal* (C3) explained;

> *I talked to the vice-principal and agreed about home education. But now the teachers do not come,for the last month, from the 16th of October he has been enrolled to homeschooling, it is already November now. But only one teacher visited us.*

Moreover, Samal* (C3) said;

> *One teacher came, and She said: I am afraid that I would not see such a child, so she left. It is strange for me why they appointed a teacher who cannot work with children with special needs and is afraid of them. I felt disappointed because she is afraid of my child.*

Two out of six participants (C4, C5) replied that children do not follow the instructions of teachers and may behave in an unacceptable way. For example, Gulnar* (C4) shared:

> *The main difficulty is that she does not follow the teacher's instructions most of the time. If it's not interesting, she gets angry, gets bored, she throws everything away. If something is interesting, for example, when teachers bring a laptop and watch a cartoon, only watch something interesting.*

Saule* (C5) commented;

> *Home is home for her and it is a place to play not for studying. She doesn't obey teachers. She can`t focus on studying at home. No difference does she study or not? From Monday to Friday at home, it's not educational for her, because she doesn't even have a desire to study. The teacher comes, she's still lying on the couch. I have to push her and say: Come on, get up. It's hard for me. Although the teachers are trying their best, they try to organize her time in a better way.*

Aiida* (C1) answered that due to the specifics of the diagnosis the educational process becomes challenging. It makes the whole process of acquiring new knowledge difficult.

> *He forgets everything that was literally studied or learned. It refers to the specifics of the diagnosis. For example, he reads the letters but in five minutes he has forgotten everything. Therefore, we do not take such activities like learning by heart, it is useless and when teachers come, I say to teachers not to focus on the fact that he will remember everything now. Moreover, it's hard for him to adapt to different teachers at all. He doesn't remember who came. Therefore, the main problem is expectations because every teacher and my son expects to see the result of work, but we have such a diagnosis that he does not see the result.*

Saule* (C5) raised the issue regarding the separate room for a child to study.

> *The difficulty is with the room or apartment. My problem is that she doesn't have a private room to study. We have a one-room apartment and it is uncomfortable for me in general. Usually, I try to leave her with a teacher at least for an hour, because when I'm at home she doesn't obey at all.*

On the other hand, Elvira (C6) found that it is comfortable to study at home due to the necessity of looking after other children. "*Home education is also an opportunity to stay at home, which is comfortable in terms of time. It is not necessary to take and bring the child to class early in the morning. Also, in my case, my second child is a little. Now it is comfortable that he studies at home.*"

Chapter summary

This chapter presented the results drawn from the interviews with six parents of children with special needs regarding the experiences in home educating their children with special needs. The study findings reveal that rearing a child with special needs in Kazakhstan has a psychological, social, and financial impact on parents. Parents are all involved in their children's education at home and assist in completing homework and other assignments; however, the collaboration between family and the school remains for the most part ineffective, creating difficulties for parents. Apart from that, parents experience challenges related to the child's behavior, the negative influence of diagnosis, and providing a separate room for a child to study. Also, the participants noted the essential role of special centers not only in the education of children but also in the socialization process.

Chapter Five: Discussion

This chapter presents a discussion of the findings illustrated in the previous chapter. It aims to answer the overarching research question: what are the experiences of parents of children with special needs enrolled in home education in Kosshy. In addition, the findings will be discussed concerning the existing research literature on the experiences of parents of children with disabilities enrolled in home education. This chapter is structured based on Epstein's theory of overlapping spheres of influence. Three spheres of influence: family, school, and community.

Family

The results of the present study indicate that the birth of a child with special needs has a psychological and emotional impact on parents. They experience different negative emotions, which start with rejection and disbelief. This supports the position of Kendal and Merrick (2003), who mentioned the Kubler-Ross grief theory consisting of five stages of potential parental reaction (denial, anger, bargaining, depression, and acceptance). On the other hand, some respondents did not mention the psychological and emotional impact of having a child with a disability. Parents who noticed the negative psychological impact were younger than the respondents who did not share their feelings. Due to their age and life experience, they might have already accepted the situation, while some others are still in the stage of bargaining and depression (Kendal & Merrick, 2003). Furthermore, it is beyond the scope of the study to claim that fathers of the children also experience the same level of psychological and emotional pressure of having a child with special needs because all participants are mothers of children with special needs enrolled in home education.

Another finding illustrates that having a child with special needs enrolled in home education in Kazakhstan significantly changes a parent's social life. Rearing a child with special needs requires constant attention from parents. The diagnosis of a child creates difficulties in moving from one place to another in a transport, followed by hysteria and nervousness. Therefore, it isn't effortless to visit some places and interact with relatives and friends. These findings align with the results of the previous studies (Beresford et al., 2007; Thwala et al., 2015; Whiting, 2012). It is almost impossible to leave a child with special needs with other family members or a babysitter for a long time. This supports the findings of a study by Whiting (2012), who raised the issue of parental access to respite care or totally breaking from the care of a child with special needs. Additionally, it can be explained by the parent's fear of leaving the child in the care of someone else.

While most parents mentioned the influence on their social life, there were parents who did not talk about the changes in social life. In one case, the participant’s child has a heart threshold (high risk of stroke) which means that a child develops intellectually and psychologically like a typical child. Hence, parents can leave this child in the care of someone else, allowing greater opportunities for social activity. Similarly, another case involved the mother of a child who has microcephaly of the brain, which is not characterized by the necessity for constant care. Therefore, there is no shortage of social interaction in this instance with other community members. It is evident that the type of disability affects the parents` opportunity to socialize and stay active which is similar to the findings of Sen and Yurtsever (2007) who suggest that the day-to-day needs of children with special needs vary according to the child`s disability.

As all parents in the present study need to spend a significant amount of time with their children, the challenge of employment opportunities and careers was another area that emerged from these data. Several parents mentioned this issue. It is represented in the findings of the study by Buckner & Yeandle (2006), who suggest that parents of children with disabilities need flexible working hours due to the caring responsibilities which negatively affect their chances to be employed and build a career. It is also evidenced in the participants' profiles because four out of six participants are homemakers. Interestingly, the two parents mentioned above who have not indicated social impact are employed. This is because they have an opportunity to dedicate time to work due to the reasons explained above.

The negative impact on the family budget was highlighted by some participants. These findings are corroborated with the results of the studies by Buckner & Yeandle, (2006), Dobson et al., (2019), Hewitt-Taylor (2007), and Thwala (2015). One of the reasons marked by participants is that children with special needs require medications and some other additional special services that are expensive are in line with findings of the study by Dobson et al. (2019), Thwala (2015), who found that rearing a child with special needs demand a significant amount of finance. It is worth noting that the financial expenses of parents are directly influenced by the type of disability and its severity which is stated by Hewitt-Taylor (2007). On the other hand, there was no correlation evident between the loss of job opportunities and the impact on the family budget. As none of the participants who were housewives reported financial problems, these results contradict the findings of the study by Buckner & Yeandle (2006), who found that families with disabled children in Wales and England indicated the loss of job opportunities as a primary factor in financial problems because in the process of searching for job employment because the flexibility of working hours is a primary criterion by parents which cannot suit the requirements of an employer. However, it is essential to note that the study was conducted in the UK, where parents have different attitudes towards a child's disability and views on sharing their weaknesses compared to parents in Kazakhstan. Hence, it is complicated to conclude that the loss of job opportunities does not affect the family budget negatively. Also, participants did not mention the impact on marital life. Only one participant identified as a single parent; nevertheless, she did not make it clear that the child's diagnosis was the main reason for divorce. The results of the respondents can be explained by the strong relationships between couples and their attitudes towards family values. The findings of the previous papers were also controversial. While some authors found a correlation between divorce and child diagnosis, others did not document the link. Moreover, the following paragraph can also partially explain the parent's responses.

In one case in the present study, a participant shared that the diagnosis of a child's disability consolidated family members and strengthened their togetherness. This is corroborated by the findings of Ferguson (2001) who claimed that parents could positively adapt to the situation by considering the child's diagnosis as an opportunity to make the family more united. However, it is the only case when parents find a way to reframe the negative event and strengthen family relationships. This can be explained by the stigma of having a child with a disability which is aligned with the findings of studies conducted in Asian contexts by Huang et al., (2010) in Taiwan and An et al., (2018) in Kazakhstan. These studies suggest that due to the traditional beliefs in society, parents experience the shame of having a child with a disability and stigmatizing attitude in everyday life situations which hinder reevaluating the situation and changing the attitude towards the child's disability.

Parent's role in home education

The findings suggest that all parents are engaged in the process of home education, however, they have different experiences in terms of involvement as an instructor in the education of their children. The child's diagnosis and level of intellectual, psychological, and physical development determine the nature of the parent's involvement. For example, a child with microcephaly of the brain needed a nonstandard teaching approach because of an inability to retain information. It is essential here to note the impact of having a mother who is a trained teacher and has professional experience in teaching and learning. This supports the findings of Kidd and Kaczmarek (2010) who investigated the experiences of mothers' home educating their child with an autism spectrum disorder in Australia and detected that educating a child with ASD demands special teaching materials and techniques because of the cognition features. Additionally, there were children with cerebral palsy whose parents assist them in holding a pen and articulating sounds because of the specifics of their disability. In the case of a child with a heart threshold, a mother is involved in completing the home tasks and other assignments as typical children do. In other cases, parents were engaged only in the process of playing, drawing, glueing, and modeling due to the level of development and severity of the diagnosis. There is a clear correlation between parents' experience as educators and the child's diagnosis. These cases demonstrate that parents need special knowledge and methodological support in the home education of a child with special needs (Arora, 2006).

The results suggest that parents may face various difficulties in the process of home education including problems with the child's behavior and the issues with providing separate space for a child to study. Some participants mentioned that children do not follow teachers' instructions and may show antisocial behavior, which can be related to intellectual development. Also, home education requires a separate space or room for children, which one parent mentioned as a difficulty. Mouzourou et al., (2001) explored the role of parents in educating a child with an autism spectrum disorder. The study's findings suggest the significance and necessity of creating a special room or space for a child educated at home with ASD to increase the effectiveness of provided lessons. Hence, there was a recommendation from a parent to provide an auditory at school where children can study and participate in non-academic activities which need to be taken into consideration by local schools.

Similarly, another study regarding the experiences of educating children with ASD was conducted by Mouzourou et al. (2001) in Cyprus. The authors examined the family's daily experiences and the role of parents in educating children with ASD. This case study of one Cypriot family included all family members, including siblings, who were interviewed to collect the data. The study's findings revealed that the parents in this case had an active involvement in the education of their child and created a special room with all necessary materials and needs. In addition, the parents shared that visits from a psychologist twice a week to their home were beneficial. According to the findings, specialists usually said, "Yannic was good today, or he made some coloring" (Mouzourou et al. 2001). However, the mother of the child reported that she needs assistance in working without a specialist for the rest of the day and seeing progress, not judgment like good or bad (Mouzourou et al. 2001). These findings suggest that educating children with disability at home requires particular knowledge and experience, which may also vary according to disability.

Findings suggest that family members, mainly parents, are influenced psychologically, socially, and financially by the diagnosis of a child's disability in similar ways to parents in other countries and contexts. Moreover, the role of parents becomes even more significant when a child is enrolled in home education (Duvall et al., 1997) which requires providing adequate educational interventions and facilities according to the specific characteristics of a child's diagnosis (Kidd & Kaczmarek, 2010). Hence, the school and community support are vital for parents, which will be discussed in the next sections.

School

The collaboration between parents and school plays an essential role in meeting the educational needs of children with disabilities enrolled in home education. However, these results indicate that parents have experienced many problems collaborating with school teachers. The inability of teachers to meet the needs of children and poor work ethic was mentioned by several parents. These are corroborated with the results of the report made by Human Rights Watch (2018) regarding the education of children with disabilities in Kazakhstan, where school teachers' low quality of lessons was indicated as one of the problems of home education. In the interviews, parents complained that educators who came to teach their children could not address their needs. Although some parents positively commented on the lessons conducted by teachers, it is difficult to assess the progress made by children and the effectiveness of lessons because children are registered in the same electronic system as ordinary children and educators apply the standard grading system for children with disabilities enrolled in home education even though children are taught at home in different circumstances. Also, parents may assess lessons provided by teachers to homeschooled children not by effectiveness of educational interventions and academic progress but based on the child's attitude to the teacher and visual observation (Julka, 2015). This raises two important issues in the Kazakhstani home education system: first is the lack of professional preparation and special knowledge of school teachers assigned to teach children with disabilities and second is the necessity of a special assessment system for children with special needs enrolled in home education based on the educational needs of children.

In addition, teachers' incompetence is represented in poor work ethic when teachers do not come to teach according to the schedule or sometimes do not come at all. It can be explained as a neglected attitude of teachers which is the representation of social stigma existing in the Kazakhstani context. This is in line with the findings of Somerton et al., (2021) who explored the knowledge and beliefs of specialists in Kazakhstan who are involved in the diagnosis of autism and confirmed the stigmatizing attitude towards disability in the Kazakhstani society. Thus, teachers` poor work ethic can be partially reasoned by the lack of control and communication between school officials and parents.

It was expected that all parents would mention the lessons provided by school teachers as support because it is a legal and mandatory part of home education. Nevertheless, it was interesting that most parents were not for increasing the frequency of lessons because of their children's health conditions. Moreover, the results of the previous papers by Julka (2015), who investigated the Home-Based Education Programme organized by Sarva Shiksha Abhiyan in rural areas of India, the study by An et al., (2018) and the report made by Human Rights Watch (2018) which is based on the parent interviews of children with disabilities in Kazakhstan found that parents are less satisfied with the frequency of visits. However, the program organized by Sarva Shiksha Abhiyan in India was for children with severe disabilities and was considered a "ray of hope" for parents. Therefore, there was an expressed desire for more lessons. Furthermore, the last two studies related to the Kazakhstani context were conducted in 2018. Interestingly, the amendments in the Law of Education were also made in 2018 increasing the number of lessons for home-educated children. Therefore, the data may be collected before the changes in the law or slow implementation of new amendments can be the reason for parents` dissatisfaction. On the other hand, the frequency of lessons should be identified according to a child's educational needs and health conditions.

In relation to the schools’ communication with parents, the findings here suggest that parents of children with special needs have not received comprehensive guidelines from the school regarding the effective organization of the home education process. The finding could be partially explained by the absence of special guidelines as a needed requirement for the school to organize the home education process for children with disabilities. Moreover, the lack of school officials' expertise regarding the organization of the home education process and partnership model between school and family, which may hinder productive communication between stakeholders, can also be the reason for the absence of support and guidelines. In addition, one participant who works as a teacher emphasized the importance of such guidelines for parents without pedagogical knowledge and experience. This comment supports the results of the study by Van Kuren (2000) and Mouzourou et al., (2001), who raised the question of whether parents without special knowledge can properly assist children at home and suggest that the home education process of a child with a disability demands specific expertise and experience from parents. It might be necessary for the government, policymakers, schools, or PMPCs in Kazakhstan to consider the resources that parents of children with disabilities enrolled in home-schooling require. In this way, the avenues of communication can be improved to strengthen or more specifically in this instance create more of a partnership model between home and school. This is in line with UNESCO's (1994) recommendations regarding the involvement of parents in inclusive education.

An unexpected finding from the present study was the mixed results regarding children’s participation in non-academic activities at school. There are cases when children were not invited to the non-academic and have not participated in any events at all. This is in line with the findings of the Human Rights Watch report in 2018 and the study by An et al., (2018) when isolation was found as one of the problems of home education for children. On the other hand, the data from the present study suggest that some children were invited to participate in non-academic events. There appears to be no consistency in the process. If we look at the cases, the only child who attended events at school was a child who has a high risk of stroke. In this instance, it appears that it may be based on the kind of diagnosis of the child. The child who did attend events at school was diagnosed with a disability characterized by normal development intellectually, psychologically, and without problems in movement. The contradiction between the cases can be explained firstly by the characteristics of the diagnosis of a child, which affect the movement and behavior of a child. The second is the lack of facilities at school and the special knowledge of educators, which influence the decisions of school officials not to invite children with disabilities to participate in non-academic activities.

Importantly, the results indicate that no parents in this study were involved in decision-making regarding the process of home education. However, there are cases when parents request to change the subjects that suit their children's needs. For example, there was a positive answer to the case of a child with cerebral palsy who hardly performed basic actions such as asking for water, and the psychologists and defectologist were approved to work with the child instead of Kazakh and English teachers by the school administration. This is only one instance, however, which does not support the statement of Cook et al., (2013) who claim that parents do not feel welcomed at school to address some issues and problems regarding their children's education. This case highlights that making a shared decision is vital to meeting a child's educational needs and something that should be raised with schools and policymakers when considering provisions for parents of children with disabilities to be involved with their child’s education.

Overall, the results of the study related to the partnership between parents and school suggest that teachers lack the skills to meet the needs of children (HRW, 2018; An et al., 2018) and tend to demonstrate a poor work ethic that can be rooted in the stigma attached to disability (Somerton et al., 2021). The collaboration process between two stakeholders remains unsystematic because parents do not obtain assistance and instructions from school officials related to home education which is essential for parents to successfully manage the home education process (Van Kuren, 2000; Mouzourou et al., 2001). Moreover, parents lack the opportunity to participate in decision-making regarding child`s educational provisons (Cook et al.,) and also not all children can visit non-academic activities at school to get the opportunity to socialize (HRW, 2018; An et al, 2018). It is evident that family and school need close collaboration to create an environment for the benefit of children (Epstein, 2010).

Community resources

The findings of the present study suggest that all parents find additional services provided by defectologists, psychologists, and other professionals in correctional institutions and other special centres beneficial for their children. Primarily, they have selected those organizations for the opportunity for their children to socialize. This supports the idea of the importance of community resources because" the problems of educational achievement and academic success demand resources beyond the scope of the school and most families." (Heath & McLaughlin, 1987, as cited in Epstein et al., 2002, p. 43). However, none of the participants mentioned NGOs or other parental organizations and communities as was expected, which can be a potential source of support and knowledge. This might be explained by the fact that parental organizations in Kazakhstan are in the beginning stages of their development and there might not be the current resources available in the form of community groups or NGOs at the research site.

Many parents in this study tended to see the solution to their child's challenges through only medical treatments and therapies, which leads to neglect of such social opportunities.

Thus, it is vital to involve not only the centers with additional services but also a wide range of community resources, including parental NGOs and communities, and business representatives to support parents of children with disabilities effectively.

In relation to this study, we can say that rearing a child with special needs in Kazakhstan impacts a parent's life significantly. It includes as in other contexts researched issues that impact a parent psychologically, socially, and financially. In-home regards to home-schooling parents face many challenges and perhaps more than in other developed countries relating to the teacher's competence, difficulties referring to the child's diagnosis in the education, and issues with providing a room for studying. Although parents participate in the education of their children at home, their involvement is under-resourced, often unsupported, very basic in nature, and have little input or involvement in the subjects or curriculum that might be appropriate for their child. The findings of the present study indicate that the process of home-schooling in some parts of Kazakhstan can be described as unsystematic and unsatisfactory due to the lack of special knowledge and implementation of a clear model of partnership between parents, school, and community.

Chapter summary

Overall, the findings support the results of previous papers demonstrating a negative impact of a child's diagnosis in wide range of parent`s life. Moreover, the results show that parents face various challenges regarding meeting the needs of children at home. Furthermore, it is evident that the support provided by school is limited to effectively meet the needs of home educated children which illustrates the absence of system with comprehensive guidelines for schools, teachers, and parents. Also, it has been detected that parents find additional services provided by defectologists, psychologists, and other professionals in correctional institutions and other special centres helpful for their children that shows essentiality of close cooperation with community resources.

Chapter six: Conclusion and Recommendations

This thesis explored the experiences of parents of children with disabilities enrolled in home education in Kosshy and answers the overarching research question: *"what are the experiences of parents of children with disabilities enrolled in home education in Kosshy?"* The present study examined the impact of disability and a child's diagnosis on a parent's life, how parents are involved in their children's education, and what resources or supports are provided by schools to facilitate parents' engagement in their child's education. The findings of this thesis support the results of previous research showing a predominantly negative impact of a child's diagnosis on a range of dimensions of parental life (Beresford et al., 2007; Buckner & Yeandle, 2006; Dobson et al., 2019; Thwala et al., 2015; Whiting, 2012).

Parents play a crucial role in creating a supportive environment for children with special needs enrolled in home education (Kidd & Kaczmarek, 2010; Mouzourou et al., 2001). The findings of the present study illustrate the problems parents experience in home-educating their children in one region of Kazakhstan including a lack of teachers` skills, issues related to a child's diagnosis, and certain challenges parents face such as providing a separate study room for a child. Furthermore, the support parents report is limited and scarce and most parents explain they are not provided with an opportunity to be involved in the decisions related to their child's education. This indicates that the home education process for children with special needs in Kazakhstan may not be well organized in some regions of the country due to the lack of a clear system, guidelines for schools, teachers, and information for parents. Based on the findings of this research, the author recommends that a formalised parent and school partnership model involving family, school and community should be conceptualised and implemented. Such a model would explicitly support all stakeholders in the process of homeschooling, particularly for those students with disabilities who for various reasons cannot be currently accommodated in inclusive schools.

Despite the claim from some studies (Duvall et al., 1997; Duvall et al., 2004) that parents can be effective as educators at home educating a child with special needs without special knowledge and preparation, based on the findings of the present study, the author argues that parents need specialized support and guidance in managing home education. Hence, there is a necessity for a close partnership between parents, school and community with shared goals and responsibilities which provide effective provisional support for parents to meet the needs of home educated children with special needs. Home education in Kazakhstan will most likely continue in its existing form for some time into the future, however, implementing clear protocols based on a parent-school partnership model may better support children with disabilities and their parents in their education with a closer involvement in community and school activities.

Recommendations

The study`s findings demonstrate the importance of close cooperation between family, school and community in meeting the needs of homeschooled children with special needs. Thus, a clear and explicit model of partnership between stakeholders can potentially be based on Epstein`s theory of overlapping influence with an adaptation to the home education context, with the core principle of locating children at the center. According to the findings of the present study, it is evident that parents need support in the organization of home education which may be delivered by school representatives through workshops and seminars for parents. In addition, following UN guidelines (UNESCO, 1994) parents should be involved in decision-making processes that relate to the creation of individualized learning plans and learning supports. In the context of home education, there is a risk that children can be isolated from peers. Thus, parents may initiate volunteer clubs with the help of school administration to organize events or even participate in non-academic activities at school with their children. Finally, the cooperation with community organizations and other resources such as NGOs, businesses, and special education centres that can provide necessary resources such as counselling services will fill a gap in the provision of necessary services.

With any proposed model, the school can become the main driving force behind a shared core of ideas and disseminate the model of partnership based on explicit goals and responsibilities. For example, creating an action team at each school with the involvement of school administration, teachers and parents can facilitate the identification of shared goals and plan inclusive activities. This initiative can be beneficial for parents of children with special needs enrolled in home education. Firstly, support from school and other community resources will equip parents with the necessary skills and knowledge, effectively organize home education, and meet the needs of their children. In addition, knowledge on managing home education and the child’s educational progress will positively influence parents' psychological and emotional well-being. Moreover, partnership activities could provide an opportunity to meet with other parents and create a community of parents with similar interests.

Another stakeholder is the school which also can possibly benefit from close cooperation. It will assist to improve the provision of home education. Furthermore, providing active participation of parents and other stakeholders in the education of children will help to create a supportive environment at school. Additionally, teachers will better know and understand the needs of home educated children from cooperation with parents.

However, the results of the present study showed that most teachers are not equipped with the skills to accommodate the needs of home-educated children. Therefore, it might be necessary to initiate special training programs for in-service teachers by the local educational departments with the further support of parents in the organization of home education. Moreover, the discipline related to the education of homeschooled children with special needs should be included in the curriculum of pre-service teachers by tertiary educational organizations` boards.

Furthermore, it is essential to note that children with special needs enrolled in home education in Kazakhstan are graded using the same assessment system as typical children. As a result, it is complicated to track the progress of children with special needs enrolled in home education and assess the effectiveness of teachers` instructions. Thus, it is necessary to create a special assessment system for children with disabilities enrolled in home education to evaluate their progress.

The findings of the present research highlight the gap in the research literature regarding the experiences of parents of children with special needs in home education in Kazakhstan. It would be useful to extend this research into other locations within Kazakhstan with the involvement of a greater number of parents, school officials and community members to gain a better understanding of the wider context.

Limitations of the study

The small sample size of the study and the fact that respondents are from one small town limit the opportunity to generalize the findings to a wider population of parents educating their children with disabilities at home in Kazakhstan. Moreover, most participants cannot deliver their thoughts and experiences clearly regarding involvement in the home education as educators because of the lack of professional preparation which is represented in the profiles of respondents (4 out of 6 are homemakers). Also, the study has concentrated on the experiences of parents which does not allow to assess the effectiveness of support provided by teachers from the perspectives of educational organizations.

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Appendix A:

Informed Consent Form (English version)

Parents` experiences of educating their children with disabilities enrolled in homeschooling in Kosshy.

DESCRIPTION: You are invited to participate in a research study on parents` experiences of educating their children with disabilities enrolled in homeschooling in Kosshy. The purpose of this study is to gather information about the experiences of parents of children with disabilities enrolled in homeschooling in Kosshy. Participation in this research is voluntary and the reason you have been approached to participate is that you are the parent/guardian of a child with a disability who is being homeschooled. The interview will be conducted in person and be available in Kazakh and Russian languages. However, should the epidemiological situation change in Kazakhstan, it can be arranged online. Participation in the research is voluntary and the risks and benefits of participation are detailed below. Only the researcher and the research supervisor will have access to the data. The results of the study will be used for scholarly purposes only.

TIME INVOLVEMENT: The interview will last approximately 45 min. Your overall participation will take no more than 60 minutes.

RISKS AND BENEFITS: Participation in the research is perceived to be as more than minimal risk as it considers parents of children with SEN to be able to provide informed consent. There is a risk that the participants may recount information of a personal nature that involve negative experiences, however, the researcher has made every effort to ensure that if at any time the participant appears to become distressed, they will halt the interview process and ask the participant if they wish to proceed. There is a minimal risk of a breach in confidentiality should your data become lost or devices on which your data is stored are stolen. However, in order to minimize the possibility of breaching confidentiality, the researcher will store the electronic version of the data transcript in an encrypted folder in the researcher’s password-protected personal computer. Also, instead of the name of participants interview transcripts will be assigned pseudonyms P1-P3 to protect anonymity. The identity of participants and their assigned numbers will be stored separately in a password-protected file on the researcher’s laptop. This will minimize the risk of identification of the participants in case of theft or loss of the device.

The benefits which may reasonably be expected to result from this study are that as a participant you will have an opportunity to make an impact on the policy-making process. The findings of this study that will be shared with participants will provide them with an opportunity to know more about the experiences of other parents and how they cope with challenges and use opportunities. The research will contribute to the existing knowledge and literature on homeschooling in Kazakhstan. Moreover, these findings could be beneficial for the Ministry of Education and Science to inform potential changes to the homeschooling system. Furthermore, this study will give information to educational organizations on how effectively to form cooperation between teachers and parents in homeschooling.

PARTICIPANT'S RIGHTS: If you have read this form and have decided to participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. The alternative is not to participate. You have the right to refuse to answer particular questions. The results of this research study may be presented at scientific or professional meetings or published in scientific journals.

CONTACT INFORMATION:
Questions: If you have any questions, concerns, or complaints about this research, its procedures, risks, and benefits, contact the researcher or thesis supervisor:
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Independent Contact: If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the NUGSE Research Committee to speak to someone independent of the research team at +7 7172 709359. You can also write an email to the NUGSE Research Committee at gse_researchcommittee@nu.edu.kz

Please sign this consent form if you agree to participate in this study.

- I have carefully read the information provided;
- I have been given full information regarding the purpose and procedures of the study;
- I understand how the data collected will be used, and that any confidential information will be seen only by the researchers and will not be revealed to anyone else;
- I understand that I am free to withdraw from the study at any time without giving a reason;
- I understand that I do not have to answer any question that makes me uncomfortable
- With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.
-

Signature: ______________________________ Date:

I agree for the researcher to audio record the interview

Signature: ______________________________ Date:

Researcher:

Appendix B:

Interview questions (English version)

Date/time_______________ Participant #______________ Location ______________

Hello! My name is Kairat and I want to take an interview for my research study. The goal of my research is to learn parents` experiences in educating their children with disabilities enrolled in homeschooling in Kosshy. This study will contribute to the existing knowledge and body of literature regarding homeschooling children with disabilities in Kazakhstan. The information will be used in the thesis dissertation, presentations, and conferences.

You are selected to become one of three study participants who have a child with a disability enrolled in homeschooling in Kosshy. Participation is voluntary, and you can withdraw from the interview at any time. Moreover, you may skip questions that make you feel uncomfortable or are sensitive to you. Please be aware that no names will be recorded and revealed. The interview will take approximately 40-45 minutes.

Prior to the interview, an introductory letter and consent form will be sent to you. There are two hard copies for you, which you should read and sign if you agree to participate. You can keep one form. Do you have any questions? If not, let me start.

1) To get started, could you please tell me a little bit about yourself?
2) Tell me please about your child? How old is your child? What is the diagnosis of your child?
3) Could you tell me when or he/she was diagnosed?

4) How is your life changed after the diagnosis of your child`s disability? [It answers the Research Question: [In general, how does having a child with SEN who is homeschooled impact parents` lives?]
5) What age was your child when he/she enrolled in homeschooling? Has your child ever attended mainstream school?
6) What steps have you taken to support the education of your child at home? [It answers to the RQ: How are parents in Kosshy involved in the homeschooling of their child with a disability?]
7) What challenges do you face with homeschooling a child with SEN?
8) What resources or supports are provided by the school or teachers to facilitate their engagement?
9) Does your child have an opportunity to participate in non-academic events at school**?**
10) What kind of educational support have you received from other entities or community members? (this question refers to Epstein`s theoretical framework about the partnership with community members)

Thank you very much for taking the time to participate in this research. Is there anything else you would like to tell me that you feel is relevant to the purpose of the study?