Family environment of children with specific learning disabilities: Implications of parent-mediated home interventions in family-centred social work practice

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ABSTRACT

INTRODUCTION: Family relationships can be very challenging, and raising a child with specific learning disabilities (SLDs) can create even more stress for a family. While a young person's problems may seem most noticeable at school, they quickly become a family affair. What happens in the family affects each child, and what happens with each child affects the family.

METHODS: The study objective was to determine the factors impacting relationship, personal growth and system maintenance and change in families having children with SLDs using the in-depth interview (lasting for an hour or two) method. The sample consisted of 10 mothers of children with SLDs belonging to special education centres and special schools in South Bengaluru, Karnataka, India, selected through a purposive sampling procedure. Interviews were audio recorded and transcribed verbatim. Thematic analysis was used to analyse and code texts relating to the study objective. After completing the coding for each data set, the codes were reviewed again to identify the sub-themes.

FINDINGS: The analysis revealed that the family's living experience, emotional climate, way of overcoming conflicts, showing care and appreciation, self-enhancement, spending quality time, parenting style, family structure, strengths and challenges and good practices are some of the factors impacting relationship, personal growth and system maintenance and change in families having children with SLDs.

CONCLUSION: The study emphasises the need for parent-mediated home interventions focusing on improving the family environment of families having children with SLDs.

KEYWORDS: Family environment, factors, children, specific learning disabilities, implications, family-centred social work practice

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Specific learning disability (SLD) is a neurodevelopmental disorder that is characterised by a persistent impairment in at least one of these areas: reading, writing and/or math (Luna, 2024). A child with an SLD may also have difficulties in information processing, thus affecting his/her organising abilities, attention, coordination, memory and social-emotional development. An

SLD is not a single disorder, but it is an umbrella term for dyslexia, dyscalculia, oral/written language disorder, specific reading comprehension deficit and non-verbal learning disorder (Learning Disabilities Association of America, 2024).

A systematic review of six studies from 2012 to 2020 by Scaria et al. (2023) reported an 8%

prevalence of SLD in India. Singh et al. (2017) said that the majority of the children diagnosed with an SLD are in the age range of 8–12 and dyslexia is the most common one. However, most schools fail to regard SLDs as a disability and label such children as failures (Malik, 2009). Disability labels and classifications become laden with meaning. Such labels can assume significant power in defining individuals' opportunities and limitations (Foreman, 2005, p. 57).

Family dynamics and SLDs

SLDs create problems, not only for the children but also for their families, by becoming a stressful intervening aspect in their natural process of development. From the instant parents become alert to their child's SLD, another dimension is added to the family system. While a young person's problems may seem most noticeable at school, they quickly become a family affair (Osman, 2023).

A parent's response to a child as well as the child's qualities and traits contribute to the personality of the family. It has been found that children with special needs have substantial effects on family functioning and relationships (Grossman, 2001; Sahu et al., 2018). One parent, often the mother, may recognise and face the problem more readily than the other; this leads to misunderstanding and conflicts in the family. Siblings often dislike the amount of attention given to a child with special needs and grandparents tend to blame parents for not doing their best and giving enough support to the child (Smith, 2002).

Family environment

The environment of a family encompasses the situations and social climate settings within families (Fields, 2024). It is a social condition that influences the personality of its members. The result of such an influence is complex and reciprocal (Balážová et al., 2017; Qi et al., 2022). Thus, a family environment and its dynamics greatly impact the members of the family system

(Chelladurai et al., 2022; Ogirala, 2020; Wu et al., 2022).

According to Gillis (2023), a healthy family respects emotional and physical boundaries, accepts each member of the family as an individual with an opinion, sets consistent and age-appropriate rules, meets the needs of the members, makes members feel safe and secure and expects members to commit mistakes and forgive them. Families that are enduring, cohesive, affectionate and mutually appreciative, with excellent levels of communication raise children who form successful families. Their families are not trouble-free but can deal with crises constructively (Peterson & Green, 2009).

Theoretical framework

Rudolf Moos developed the social climate theory in 1979 in order to understand the natural chemistry that exists between individuals and their social environments (Jason et al., 2019). He highlighted people's perceptions of their environment and claimed that there are three broad dimensions for diverse social environments, namely relationship; personal development and system maintenance; and change. Relationship refers to the degree to which the family setting is supportive and cohesive. It includes cohesion, expressiveness and conflict. Personal development focuses on the self-determination of its members and includes independence, achievement orientation, intellectual–cultural orientation, active–recreational orientation and moral–religious emphasis. System maintenance and change addresses the balance between flexibility and certainty and includes organisation and control (Holahan, 2002; Vostanis & Nicholls, 1995).

Purpose of the present study

The study tries to understand the family environment of families having children with SLDs by determining the factors impacting relationship, personal growth and system maintenance and change. Three questions are posed: First, how is the relationship among

family members in families having children with SLDs? Second, how is personal growth emphasised in families having children with SLDs? Third, how is the system maintenance and change in families having children with SLDs? Family functioning and perspectives of families with disabilities have been of importance to researchers for some time. The Family Environment Scale (Moos & Moos, 2009) has been extensively used by researchers to assess the social climate of families but the literature reviewed showed that little qualitative research has tried to study the factors of a healthy family environment with respect to the dimensions of relationship, personal growth and system maintenance and change as proposed in social climate theory.

Review of literature

Research studies on the themes of 'children with specific learning disabilities, 'parental perspectives and challenges towards specific learning disabilities', 'family dynamics of families with learning disabilities', family environment of families having children with SLDs', 'family environment and its factors', 'relationships in families with learning disabilities', 'personal growth and enhancement in families with learning disabilities', 'system maintenance and change in families with learning disabilities', and 'intervention strategies for families with disabilities' were searched through databases like PubMed, Science Direct, Scopus, Web of Science, Google Scholar, PsycINFO and JSTOR. Literature relating to parents living with children with SLDs was included and ones relating to single parents of children with SLDs and parents having chronic, mental or terminal illnesses were excluded. Over 150 research articles were reviewed to study the family environment of families with SLDs, the determining factors and existing intervention strategies.

Parents and teachers who are ignorant about SLDs may label the child as disinterested and lazy, even if they are brilliant and innovative but it is essential to remember that most children with an SLD are as smart as children without an SLD. It is just that they have to be taught in tailor-made ways depending on their SLD (Kemp et al., 2024). If the adults can address their needs, offer a nurturing environment, and avoid interfering with their uncertainties, anxieties, and random routines, all children will do well in their own time (Biglan et al., 2012).

Parents often display negative attitudes and responses toward their child's diagnosis of SLD, such as denial, rejection, overprotection, and loss of hope. Caregiving is also understood to put a lot of physical, social, financial, and emotional burdens on most parents (Robledo-Ramón & García-Sánchez, 2012; Sahu et al., 2018).

According to Heiman and Berger (2008), parents of a child diagnosed with SLDs perceived their family's expressive feelings as lower and the family organisation as higher and even perceived their friendships and other support as lower. Such parents show more avoidant coping, a lower sense of coherence, and less emphasis on family members' interrelations and personal growth when compared to families without children with disabilities. Hence, parents of children with disabilities seem to display a higher burden and impaired quality of life (Khan & Alam, 2016).

Methods

This study conducted in 2023 aimed to determine the factors impacting relationship, personal growth and system maintenance and change in families having children with SLDs using a qualitative approach. This approach was used as it is capable of providing rich descriptions of the matter under study and the subjective experiences of the participants (Sofaer, 1999). The in-depth interview method was used to collect the data from a sample of 10 participants, selected through the purposive sampling procedure. These participants were the mothers of children with SLDs belonging to special education centres and special schools in South Bengaluru, Karnataka, India.

According to Zachariah (2023), children with SLDs are mostly diagnosed after they are 8 years old. But for some children, the signs could be visible even before formal schooling or not until middle school (Kemp et al., 2024). It is also a common belief that children with problem behaviours will outgrow them and become individuals with normal functioning (Child Mind Institute, 2024). Hence, the participants were the mothers of children with SLDs in the age group of 7 to 11 years who were diagnosed by certified clinical psychologists, psychiatrists or pediatricians. Mothers were considered apt for the study as traditionally, they have been considered as caregivers and homemakers in the family system (Bornstein & Putnick, 2016; Kenny & Yang, 2021).

A pilot study was conducted with a parent to assess instrumentation rigour and address any limitations. The instrument was then validated and finalised following the guidelines given by four subject matter experts. Table 1 shows some of the items in the semi-structured interview guide.

Ethics approval was obtained from the Research Conduct and Ethics Committee, CHRIST (Deemed to be University), Bengaluru. After informing the identified participants about the study and obtaining informed consent in writing, they were involved in one to two hours of interactive discussion based on the interview guide. Based on the data obtained, it was understood that data saturation was achieved and further data collection would not yield new insights (Saunders et al., 2018). The data obtained from in-depth interviews were analysed using Braun and Clarke's (2006) six-phase thematic analysis framework. The analysis of the data obtained began with the verbatim transcription of the audio-recorded discussions. The audio recordings and transcriptions were then examined for consistency. Each transcription was read multiple times to familiarise oneself with the data and ultimately subjected to thematic analysis. Thematic analysis helps to identify and analyse meaningful patterns in a data set and shows the significant themes in describing the matter under study (Clarke & Braun, 2017). Texts relating to the objective of the study were analysed and coded. After completing the coding for each data set, the codes were reviewed again to reduce redundancy and identify sub-themes. After collating the sub-themes from all the data sets, they were matched to the major themes and themes.

Results

Table 2 shows the socio-demographic profile of the participants. All participants were females and belonged to the age group of 30–50. Out of 10, nine parents have a bachelor's, master's or professional degree; seven of them are employed and only two of them belong to joint families. The children of six parents had been diagnosed with SLD for more than 2 years.

The relationship between the major themes of relationship, personal growth, system maintenance and change and the themes of cohesion, expressiveness, conflict, acceptance and caring, independence, active recreational

Table 1. Items in the Semi-Structured Interview Guide

Item No.	Item
3	What is the emotional climate in your family?
4	What do you most enjoy and appreciate about each person in your family?
5	How do you spend time with each other?
9	How does your family help you with personal growth and self-enhancement?
15	How do you overcome conflicts and differences of opinion in your family?
16	How do family members deal with changes in your family?

Table 2. Socio-demographic Profile of the Participants

Participant	Age	Education (Degree)	Occupation	Family Type	Child's SLD	Child's Age	Time Since Diagnosis of Child's SLD
1	30-40	High School (or equivalent)	Self-employed	Nuclear	Written Language Disorder	11	More than 2 years
2	40-50	Master's	Self-employed	Nuclear	Dyslexia and Written Language Disorder	10	More than 2 years
3	40-50	Professional	Teacher	Nuclear	Dyslexia	11	More than 2 years
4	30-40	Bachelor's	Homemaker	Nuclear	Written Language Disorder	6	More than a year
5	40-50	Bachelor's	Homemaker	Joint	Dyslexia	11	More than a year
6	40-50	Master's	Self-employed	Nuclear	Dyslexia, Dyscalculia, Dysgraphia and Specific Reading Comprehension Deficit	10	More than 2 years
7	30-40	Professional	Private-servant	Nuclear	Dysgraphia and Oral Language Disorder	7	More than 2 years
8	30-40	Master's	Homemaker	Nuclear	Specific Reading Comprehension Deficit	11	2 years
9	30-40	Bachelor's	Private-servant	Nuclear	Dyslexia, Dyscalculia and Written Language Disorder	8	1 year
10	40-50	Master's	Private-servant	Joint	Dyslexia and Written Language Disorder	11	More than 2 years

orientation, organisation and control have been elucidated in Figure. 1. The sub-themes derived from the analysis of the interview transcriptions are seen in Table 3.

Discussion

Relationship in Families Having Children with SLDs

Cohesion

Family living experience: The participants described their experience of living with family as joyful, pressurising, hectic, stressful, great, chaotic, challenging, fulfilling and exciting but exhausting. The participant shared:

> Since the pandemic, we have been working online. It has become a little chaotic because we tend to get on each other's nerves a lot. Our personal and professional lives are just colliding. But one thing I have realised is that we need a lot of space, which is not there now. We also need to spend some quality time together. (Participant Six)

The parents reported that being in the company of family members and spending quality time is essential for good family living experiences. It is also found that families with high cohesion have the most positive patterns of communication (Mikaeili et al., 2023). In addition, Ma et al. (2023), in their study, found that family adaptability and cohesion predict the subjective wellbeing of parents having children with disabilities.

Expressiveness

Emotional climate: The emotional climate in the families was described as happy, caring, understanding and supportive, securely attached to volatile, sad and aggressive outbursts during stressful situations. One participant shared:

Figure 1: Diagrammatic Representation of the Relationship between the Major Themes and Themes
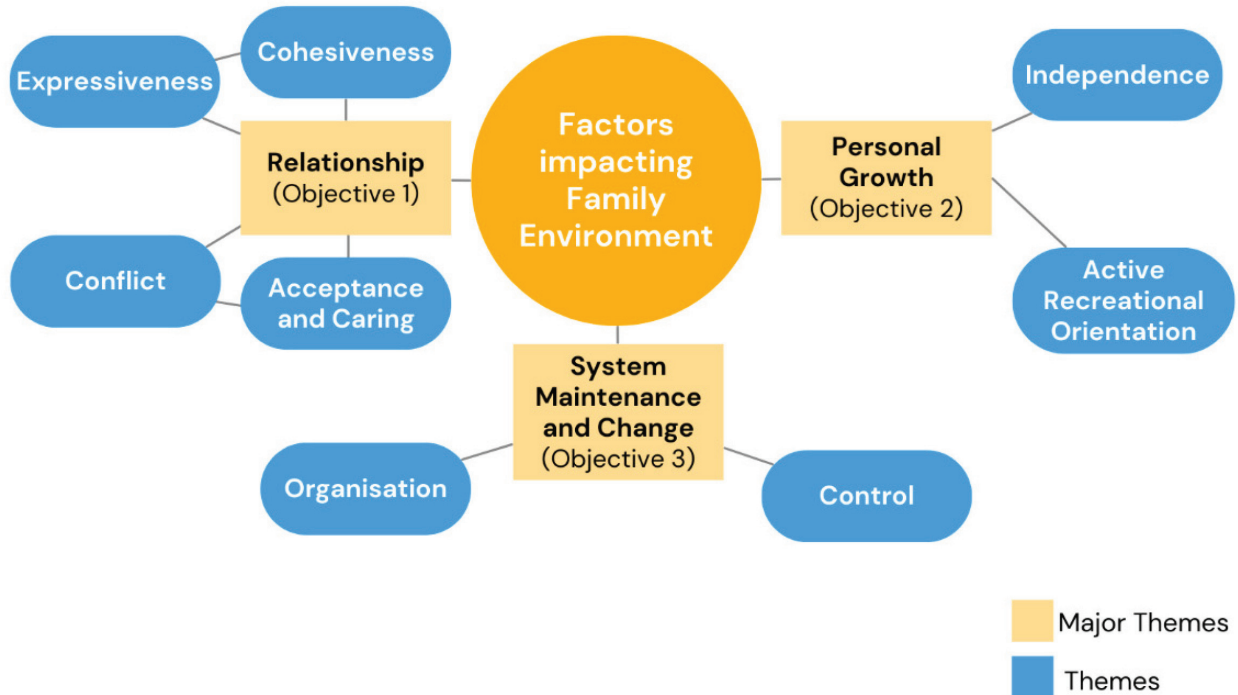

Table 3. Sub-themes Derived from the Analysis in Relation to the Major Themes and Themes

Major Themes	Themes	Sub-themes
Relationship	Cohesion	• Family living experience
	Expressiveness	• Emotional climate • Communication
	Conflict	• Ways of overcoming conflicts or differences of opinion
	Acceptance and Caring	• Aspects of enjoyment and appreciation • Ways of showing care and appreciation
Personal Growth	Independence	• Personal growth and self-enhancement
	Active Recreational Orientation	• Spending time with each other
System Maintenance and Change	Organisation	• Parenting style • Family's role in children's education and development • Family structure and roles and responsibilities • Strengths of the family • Challenges faced • Dealing with changes • Good family practices • Scope for improvement
	Control	• Limit setting

We share most of the things with each other. But maybe as kids grow older, they may not be sharing a few things with us. But apart from that we are pretty much attached. None of our activities in the house are done in isolation. (Participant Three)

Most families have a secure emotional climate but, in a few families, there are emotional outbursts during stressful situations. These outbursts are frequent in families where the parents of children with SLDs do not allow for free expression of feelings (Heiman & Berger, 2008; Idan & Margalit, 2014).

Communication: The communication between members was open as well as erratic. Participant Six shared that their communication "is very erratic sometimes. There are times when they try and be calm and there are times when they just speak their mind. There has to be more consistency in their communication."

Most families practise open and honest communication but one parent reported that they need to work on improving their communication. Positive emotional expressiveness and low anxiety levels predict supporting parenting styles, effective coping mechanisms and increased cohesion in families with disabilities (Mikaeili et al., 2023).

Conflict

Ways of overcoming conflicts or differences of opinion: The families overcome conflicts or differences of opinion by praying, discussing the pros and cons, making decisions collectively, shouting and screaming and trying to convince the other person. A participant shared:

We enter into a great argument. It will be a long discussion to try and understand what the pros and cons are and to bring conclusions. If that doesn't happen, we just give it some more time and discuss the same a couple of days later. (Participant Seven)

Parents reported that they have discussions to understand the problem and others' perspectives better before arriving at a collective decision. However, it is essential to consider the fact that families raising children with disabilities experience a lot of challenges that impact family relationships, work and social life. In the face of such challenges, parents and other family members may feel dissatisfied, shocked and at a loss (Kumar & Lal, 2024; Sen & Yurtsever, 2007). These feelings could turn into denial, conflict, and anxiety affecting all the family members.

Acceptance and Caring

Aspects of enjoyment and appreciation: The family members enjoy and appreciate each other's honesty, perspective sharing, independent attitude, perseverance, survival instinct and the willingness to take care of oneself and others. Participant Six said, "she appreciates the fact that her daughter is very honest and speaks her mind. And her husband thinks he is better at parenting, and helps her to have different perspectives in situations."

Parents and carers of children with disabilities require love and support as they deal with emotional and practical challenges (Baines, 2023). Caring for a child with a disability can negatively impact physical health, sleep, marital and social relationships, work, etc. However, parents and caregivers must maintain and develop social relationships and take pride in dedicating their lives to the wellbeing of the child with a disability (Davis et al., 2010). Lodewyks (2015) indicated that focusing on the positive impacts and contributions of a child with a disability might influence the meaning the caregiver attaches to stress.

Ways of showing care and appreciation: The family members show care and appreciation towards each other by cooking for the family, helping with household chores, appreciating successes, being verbal about one's emotions and hugging. The participant shared:

> Sometimes handling work, personal life, and kids becomes very difficult. So my husband takes up sixty-seventy per cent of the burden. It can be as simple as making a morning coffee, getting kids ready for school or just spending time with me to understand how my day was. My kids try to get things done on their own when either of us is unwell. (Participant Seven)

It was found that expressing kindness within families increases family life satisfaction. According to Duncan (2020), healthy families notice and share the positive aspects of each member and make a conscious effort to foster closeness and show love at home. She also found that showing care and appreciation towards the children enhances their development and reduces problem behaviours.

Personal Growth in Families Having Children with SLDs

Independence

Personal growth and self-enhancement: The family members help each other with personal growth and self-enhancement by sharing the responsibilities of the household and providing encouragement and financial support. This participant shared:

> My grandparents were very supportive whenever I needed them to be around. My kids were much younger when I was a full-time working mom. Because of their support, I was able to have a corporate job for a very long time. (Participant Three)

Independence promotes positive emotions and helps family members feel that their life has a purpose (Jones, 2024). Like children with disabilities, their parents expect more determination and motivation for personal achievements (Idan & Margalit, 2014).

Active recreational orientation

Spending time with each other: The family members spend quality time with each other by eating out, watching television, having meals together, celebrating festivals together, going for weekend outings, going for walks, watching movies, sleeping over at a friend's or relative's house and meeting friends and extended family members. Participant Seven said "on weekends we either go for a walk or a movie. Sometimes we all sleep together in the living area."

Good family-centred practices lead to greater levels of cohesion and better relationships within families with disabilities (Mitchell et al., 2016). According to McGuire and McDonnell (2008), there also exists a predictive relationship between recreation and self-determination in adolescents and young adults.

System Maintenance and Change in Families Having Children with SLDs

Organisation

Parenting style: The participants had different ways of describing their parenting styles. It included a mix of appreciation and correction, strict but flexible, overprotective cum harsh, confused with the right intentions, liberal and collaborative and directive. One participant shared:

> I have a terrible parenting style. I am a confused parent with the right intentions. I constantly question if I am right or if I am a good parent, which means, I am doing some part of the job at least. (Participant Six)

Parenting styles and practices are vital in promoting self-determination and self-esteem in children (Meral et al., 2023). Homayoon and Almasi's (2021) study also concluded that the best predictor of self-esteem in students with SLDs is parenting style. According to Raya et al. (2013), the authoritative style of parenting and definite practices such as limit setting, communication, independence and monitoring are described as good predictors of adaptive behaviours in children.

Family's role in children's education and development: Families prioritise children's education and development. Parents describe their influence as "very much involved" and supportive. The participant shared:

> As parents, we try to understand what is required for today's era. We try to bring in the required material to shape their educational aspects so that they don't feel left out and spend time understanding their pain points and help them with it. (Participant Seven)

The role that families play in a child's education and development is crucial and has a significant impression on the child's success not only in academics but also in other aspects of development (Singh, 2023).

Family structure and roles and responsibilities: Family members have roles to play and household responsibilities are shared among all. Participant Nine said "it is not a rule book kind of thing. I will take care of the household and my husband will take care of the finances. But with respect to child-rearing and other activities both of us chip in."

A structured family environment provides children with security and control in an uncertain world. This uncertainty always brings along with it positive or negative changes which affect wellbeing, especially mental health (Bhandari, 2024).

Strengths of the family: Open communication, being there for one another, especially during hard times, unity, compromising attitude, learning from mistakes and motivating each other are recognised as strengths in the families. Participant Seven said "open communication and being a nuclear family are definitely their strengths. Apart from these, the freedom to do things and the space given to each one of them, which is age-appropriate and as per the limits are also important." The strengths of a family provide the foundation for growth and positive change. Families can grow stronger by capitalising on their strengths (Olson et al., 2013).

Challenges faced: Some of the challenges faced by the families are finances, spouse staying away from home, family member's health, child's SLD and academic progress, managing work and household responsibilities and not having grandparents at home. The participant shared:

> Getting our son back on track was challenging after his diagnosis. It was a sudden shock for us because we did not know how to proceed with it. So the challenge is to find the right support for him, get him adjusted and pave a path for him to succeed. (Participant Nine)

Just as every family has strengths, they also have weaknesses. It is important for family members to be aware of them so that they can adapt appropriately (Faithful Parent, 2023).

Dealing with changes: The participants feel that their family members find it easy to deal with changes. Some of them even prepare themselves and others for the foreseeable changes. This participant shared:

> When there are changes in the family, I can see the changes in his behaviour. He becomes very cranky or doesn't want to do things that he generally does on a day-to-day basis. But my elder one tries to understand the change and how it is affecting her and then tries to accommodate it. (Participant Seven)

Families who recognise that children are going through a transition and provide the necessary support at the right time are enabling them to handle new experiences better (Bhandari, 2024). Such family environments help children develop a healthy lifestyle that lasts into adulthood and builds healthy familial relations (Buskirk, 2017).

Good family practice: The participant's families indulge themselves in different practices that ensure a good family environment. They include thinking of the future, dividing

responsibilities, ensuring laughter in the house, sharing happiness with everyone and being available for others anytime. Participant Three said, "they have their meals together. Their doors are never closed. They know that each member has their own space and that they will always be in and out of it."

Parents are responsible for arranging the family environment and setting a model for healthy behaviour (NIH News in Health, 2013). Fostering healthy habits in families can help children succeed in the long run. It is also found that making wellbeing a priority strengthens emotional connections and improves mental health (Chavez-Mitchell, 2024).

Scope for improvement: However, the participants feel that some aspects of the family environment need to change. Parental influence on children, use of social media, lack of communication, self-discipline, crisis management, adherence to routine and work–life balance are some of them. One participant shared:

> Maybe a little bit of each one's self-discipline and adherence to routine. Because we have a crazy work life and more often than not we are pulled towards working for office hours and then some of the activities which we decided that we would be doing for ourselves, do not happen. (Participant Nine)

Identifying aspects for change or improvement is important for the growth and development of families. It helps families to build, evolve and refine unhealthy practices and behaviours (NIH News in Health, 2013).

Control

Limit setting: Most of the participants said that a family timetable is strictly followed. Logical restrictions are in place for screen time, playtime and discipline. One of them also said that there are no restrictions and that it is flexible. One participant shared:

> As a family, we have limits. I think this helps in bringing discipline and understanding the importance of things. We feel that things have to be rewarded or earned rather than getting for free, irrespective of whether it is us or the kids. (Participant Seven)

Families teach a child right from wrong by setting limits. Limit setting ensures that they grow up to become well-adjusted individuals who understand interpersonal boundaries, social standards and moralities (Canopy, 2007; Young Scholars Academy, 2022). A study by Idan and Margalit (2014) found that the family climate of families having children with SLDs emphasised greater organisation and control.

Limitations

Even though the study produced meaningful results, it was limited. Since all the participants were female, the male perspective on the matter was absent. The conclusions drawn cannot represent the male's family living experiences. The sample size was also minimal, making it difficult to generalise the findings to the wider population.

Future directions for research

Further researching the matter, and considering the limitations of the study could help to enhance our understanding of the factors impacting the family environment. Future research could also make use of a mixed method to do away with the exclusive limitations of the qualitative approach. A mixed-method research design allows the researcher to have a deeper level of understanding of the matter under study by providing a holistic picture (Creswell & Creswell, 2017). The family environment scale (FES) is a self-report measure developed in 1974

by Rudolf Moos and his colleagues to assess the social climates of families. FES measures and describes the interpersonal relationships that exist between family members on the direction of personal growth and the organisational structure of families (Moos et al., 1974, p. 3). The FES (Moos & Moos, 2009) could be administered to a large sample to study the level of dissimilarity and similarity between family members' perceptions of the family in three ways: as it is, as it would be in perfect situations and as it probably will be in new situations. The interview or observation method could study the unforeseen facades of a family environment to help in the explanation of the quantitative data (Wasti et al., 2022).

Parent-mediated home interventions in family-centred social work: Implications

Need for parent-mediated home interventions

Even small children shoulder the expectations of their family and society. Parenting becomes difficult and stressful when children do not live up to expectations (Latson, 2024). Excessive stress can even lead to caregiver burnout which involves emotional, mental and physical exhaustion, along with feelings of detachment, helplessness and apathy (Yuen Shan Leung & Wai Ping Li-Tsang, 2003). In addition to stress, parenting a child with an SLD can damage the self-efficacy and psychological wellbeing of the parents and also their interactions with the child (Finardi et al., 2022).

There has been considerable progress in developing various intervention strategies to support the parents of children with disabilities. These are categorised into four area: family systems; instructional; interactional; and positive behaviour support programmes (Breiner et al., 2016). Family systems programmes promote resiliency, self-efficacy, coping skills and stress management in parents.

Instructional programmes support parents to improve the skills of their children with disabilities (Green et al., 2010). Interactional programmes help enhance positive interactions between children with disabilities and their parents and others. Positive behaviour support programmes aim to improve parenting practices related to behaviour management (Breiner et al., 2016).

Parent-mediated home interventions can aim to support parents and others with a wide range of activities and a few points for consideration for improving cohesion, expressiveness, conflict, acceptance and caring, independence, active recreational orientation, organisation and control in families having children with disabilities. These interventions should be designed with a focus on parenting and employ a strength-based approach to draw upon the fortes of the children with SLDs, parents, and other family members. A systematic review of 14 pre–post intervention studies and nine randomised controlled trials by Koly et al. (2021) found that parent-mediated interventions are effective and feasible for children with neurodevelopmental disorders. These studies reported improved parent–child interactions, social and communication skills in children, parental knowledge and academic performance in children. Studies in the field of autism spectrum disorder suggest that parent-mediated interventions can enhance parents' knowledge and impact the social behaviour and communication skills of children and adolescents (Manohar et al., 2020; Padmanabha et al., 2018). Such interventions significantly influence cognition, socio-emotional skills and daily living activities and enhance the abnormalities in sensory processing in children and adolescents with autism spectrum disorders (Juneja et al., 2012).

Family-centred social work practice

An overwhelming proportion of social workers work with children and families in various settings. Social workers practising family-centred social work focus on enhancing the capacity of families by providing them with

the necessary information and resources required to support children and themselves (Kemter, 2024). Though this philosophy is emphasised in diverse settings, it has to be integrated into social work practice with children with disabilities and their families (Strock-Lynskey & Keller, 2006).

Social work with children is one of the fundamental areas of intervention in social work. The social worker's role is crucial in the disability area. With a holistic approach to children with disabilities and their environment, social workers work in partnership with children with disabilities, families, caregivers, and service providers (Joseph, 2015; Rahim, 2024). They identify the needs and difficulties of the child, provide social and emotional support, empower the child and his/her family to enhance their quality of life and provide social inclusion, community living, quality education and rehabilitation (Dash, 2020). Child and family welfare social workers practise in fields like child protection services, counselling and therapy, clinical and mental health, special needs and disabilities, rehabilitation, etc. These social workers could develop and assist parents of children with SLDs and significant others with parent-mediated home interventions to enhance their family environment. A good family environment strengthens family bonds and helps individuals fulfil emotional needs, improve their mental state and boost energy to overcome challenges. It could enhance family member's emotional interaction with one another and bring about a good level of balance that supports closeness within the family and the independence of the individuals. The family members would be more willing to listen and understand each other's propositions thereby reaching new agreements which are in line with the respect and integrity of all (Cullenward et al., 2024).

Conclusion

Family relationships are complex enough, and raising a child with an SLD can create even more stress for a family. The child, even a small one, shoulders the expectations of his/her family and thus when the child is diagnosed with SLD, it takes the form of a family illness. The findings of the study concluded that the aspects of cohesion, expressiveness, conflict, acceptance and caring, independence, active recreational orientation, organisation and control impact the family environment and functioning and emphasise the need for effective parent-mediated home interventions focusing on improving relationships, personal growth and system maintenance and change in families having children with SLDs.

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