

## **Social Skills of Children with Intellectual Disability attending home based program and Children attending regular special schools- A Comparative Study**

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**ABSTRACT:** *The present study was undertaken to find out the achievement in social skills among children with Intellectual Disability. Survey was carried out on a sample of 150 children between the age group of 5 to 10 yrs. (75 Home based and 75 special school) residing in the twin cities of Hyderabad and Secunderabad. A Social Skill Rating Scale (SSRS) was developed by the researcher. The SSRS consisted of six domains – Attachment, Interaction, Initiation, Cooperation, Self-management and Social Play. The Mean, SD, and independent t-test were computed. The findings of the study indicated that there is a significant difference in the achievement of social skills of children attending special schools compared to children attending home based programs. Further domain wise comparison revealed a high achievement in Interaction domain and a low achievement in Initiation domain in both the groups of children. The findings of the study have indicated the need for more emphasis on training of social skills of children attending home based programs. Social Skills is important for teaching functional academics, community living and vocational training in children with mental retardation. Therefore teachers and parents should focus on social skills as a part of the school curriculum for the overall development of children with mental retardation.*

**KEYWORDS:** *Intellectual disability, Home based program, Regular Special schools, and Social skills*

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### **1. INTRODUCTION**

Social skills are defined as the set of skills used to interact and communicate with one another. These skills include daily interaction skills such as sharing, taking turns, and allowing others to talk without interrupting. According to Kratchowill and French (1984) [1] social skills are learned verbal and nonverbal behaviors that are performed within a specific social context. Social skills are necessary to form and sustain relationships with others. These skills may be acquired through gradual learning and are largely influenced by a variety of social agents present in the culture. This process of learning and acquiring in the society is called socialization and when these skills are performed adequately they are referred to as social competency. Social competence includes both social skills and adaptive behavior. Children differ greatly in their social traits because of the influence of family, neighborhood and school environment which are important units of a society. Schools and classrooms are social environments where children function effectively from instructional activities that occur in an interactional context.

However children with mental retardation encompass a heterogeneous group of people with varying needs. They learn things more slowly than other children of the same age. They show a delay in development like late to smile, to move, show interest in things, sit, and walk. They have a deficit in one or more areas like self care, home living, communication and social skills, use of community resources. They have difficulty in intellectual functioning and in the performance of day to day activities expected of a person of similar age. Children with mental retardation are often at risk for difficulties in social and emotional development. These children lack the social and language skills needed to initiate and maintain relationships. The social repertoires of children with mental retardation have been found to be limited compared to those of normal children. One of the early findings by Guralnick&Weinhouse (1984) [2] and Strain (1984) [3] was that children with mental retardation initiate fewer social interactions and demonstrate fewer responses to peers when compared to normal children. As early as preschool, many children with developmental disabilities have difficulty forming friendships. They tend to interact less frequently with peers and engage more frequently in solitary or unoccupied activities.

Children with disabilities experience difficulty in initiating activities and forming peer groups (Guralnick& Groom (1987) [4], Wilson (1999) [5]. Families of children having mental retardation often face challenges because of the special demands placed upon them. The families typically make a strenuous effort to

organize the family environment and to reach out to obtain resources that will meet the needs of their child. Strategies like social skills training, sensitivity training for peers, imitation of peers, teacher prompting, group affection strategies, peer mediated intervention, cooperative learning have been developed for training children with mental retardation.

### **1.1 Rationale of the study**

Social skills are an important aspect of education for all young children with and without disabilities. Inclusive settings provide forum through which children with disabilities can learn through modeling from their typically developing peers as well as from teacher led instruction. Children with disabilities need to learn appropriate social gestures such as smiling, and making eye contact. In India children with mental retardation receive educational services through special schools, integrated set up home based and community based programs. Educational programs for these children focus on functional academics, community living and vocational training. These programs are provided in various setting ranging from specialized educational centers to home based services. Research studies on social skill development of children with mental retardation through these service models are very scant. However there is a need to find out the effectiveness of teaching and the learning of social skill development in the children. Therefore the current study focuses on investigating the achievement of social skills in children with mental retardation attending home based program and children attending regular special schools. The study will throw light on the effectiveness of home based programs and special schools.

### **1.2 Objectives**

The objectives of the study are

- 1) To compare social skills of children with intellectual disability who are attending home based programs and those children attending regular special schools.
- 2) To compare the social skills of children with intellectual disability attending home based programs and those children attending regular special schools – Domain wise

## **2. METHODOLOGY**

The present study is a Descriptive research study. Survey method was used for collecting the data from children attending home based program and children attending regular special schools.

### **2.1 Participants**

The participants for the present study consist of children with mild and moderate mental retardation, age ranging from 5 to 10 years. The sample was drawn from special schools situated in the twin cities of Hyderabad and Secunderabad. The sample size for the present study is 150 children, in which 75 children are attending home based program and 75 children are attending regular special schools. Children with mental retardation having associated conditions like cerebral palsy, autism and sensory impairments were not included in the study. Convenience sampling was used by the researcher because this method consists of groups or individuals who are readily available.

### **2.2 Instrument**

Social Skills Rating Scale (SSRS) was developed by the researcher for evaluating the social skills of children with mental retardation. The Social Skills rating scale is a 3 point rating scale – Always (2), Sometimes (1) and Never (0). Cumulative model of scoring was used for the scale. There are six domains in the SSRS – they are Attachment (20), Interaction (35), Initiation (9), Cooperation (12), Self-management (13) and Social play domain consists of (13) items. Reliability and Validity of the SSRS was established and the final checklist consisted of 79 items.

### **2.3 Procedure**

The researcher had taken permission from the principals of the schools. Parents were informed about the study before filling the scale. The SSRS was administered to 150 subjects. The researcher administered the scale to each subject individually, and collected the data through observation and asking information from the parents.

## **3. RESULTS**

The data collected was analyzed using appropriate statistical measures. To compare the social skills achievement of the subjects the Mean, SD and independent t-test were computed. The results are discussed below

**Table-1: Comparison of Social skills between children attending home based program and children attending regular special school**

Type of Service	Number	Mean	SD	t-value
Home Based (HB)	75	87.08	39.5	t = 3.2 df = 148 p < 0.01
Special School (SP)	75	105.3	28.9	

*p* < 0.01\*\*

The above Table 1 shows the mean scores in social skill achievement between children attending home based programs and children attending regular special schools. The mean scores of achievement in social skills for home based program is 87.08 and special school is 105.3, and statistical analysis indicates a highly significant difference (*p* < 0.01). From the results it is evident that children in special schools have higher achievement in social skills. This could be attributed to several factors like classroom environment, teachers and peer influence in school. Since school is the first social organization outside the family, it plays an important role in the development of social traits in children with and without disabilities. The teacher acts as a facilitator by organizing activities leading to interaction among children. In the classroom children work in teams, where skills like sharing, taking turns, cooperating with one another are learnt. Lowenthal (1996) [6], Lee and Odom (1996) [7] have reported that classroom interaction enhances social development in children with disabilities.

However in home based programs learning takes place in natural settings. The education of the child takes place in home environment, where the special educator makes home visits or the parents go to the center periodically. The focus of the training is on achieving independence in self help skills and functional academics. Child to Child interaction is found to be minimal, because instruction is mostly individualized in home based program. Parents also may not be able to provide environment where social development of the child takes place. From this it is inferred that school environment makes children more social and adjustable leading to positive behaviors.

Further comparison in social skills achievement was done with respect to domains.

**Table-2: Comparison of mean achievement scores in Social skills – Domain wise**

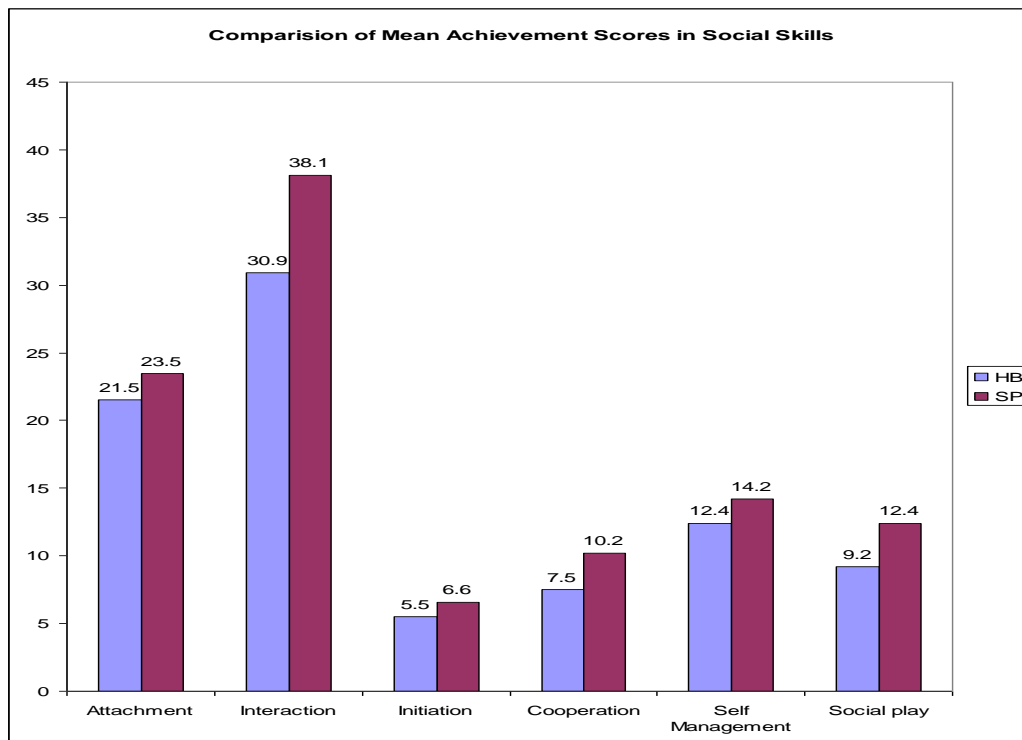
Domain	Type of service	Mean	SD	t -value	Significance
Attachment	HB	21.5	7.4	t = 1.9 df = 148	p < 0.05
	SP	23.5	5.1		
Interaction	HB	30.9	15.0	t = 3.1 df = 148	p < 0.01
	SP	38.1	12.5		
Initiation	HB	5.5	3.2	t = 2.1 df = 148	p < 0.05
	SP	6.6	2.6		
Cooperation	HB	7.5	5.6	t = 3.2 df = 148	p < 0.01
	SP	10.2	4.7		
Self management	HB	12.4	6.0	t = 2.0 df = 148	p < 0.05
	SP	14.2	4.3		
Social Play	HB	9.2	6.3	t = 3.3 df = 148	p < 0.01

Home based (HB), Special School (SP), *p* < 0.05, *p* < 0.01\*\*

Table 2 indicates the social skill achievement of children attending home based program and children attending special school with respect to different domains. Achievement of social skills in each domain is compared among children of both the groups to see whether there is any difference. From the results it is evident that children in special schools have achieved higher scores in all the domains when compared to children in home based program. Further comparison of results indicated that though there is a difference in the achievement of social skills it was observed that in both the groups' the scores in the Interaction domain is high and low in Initiation domain. Interaction skills are fundamental for functioning in a society. It may occur at verbal or nonverbal level.

Children interact with each other when they play in groups, whether at school, home or in the community. Theories of Mead, Freud, Bowlby, Erikson, Sullivan, Piaget and Kohlberg all emphasize the fact that the nature and quality of children’s social interactions have a significant impact on their development. Similar findings were reported by Rubin et al. (1998) [8] that a competent social development in early childhood includes the ability to interact with others effectively and develop positive relationships. In schools activities like sports, competitions, and cultural programs are conducted. Participating in these programs provide a wide range of opportunities like sharing, cooperating in social situations, interacting with each other. Howes (1987) [9] and Saarani (1990) [10] have reported that participation in interaction requires the ability to enter into play with others, to coordinate one’s actions appropriately during the course of social interaction, should show positive behaviors towards their peers.

**Fig- 1 Comparison of mean achievement of social skills of children in home based programs and children in regular special schools with respect to domains.**



#### 4. DISCUSSION

The present study has revealed that children in special schools have achieved higher social skills compared to children in home based program. This may be due to the positive environment in schools which foster social skills in children. In integrated setups or in special schools children interact with each other. Peer interaction is high compared to home environment. In home based programs teachers and professionals should provide an environment where the children get to interact with each other. Emphasis on small group instructions where the children are brought to the center should be promoted. Results have indicated that children learn social skills better when they are in groups. In India lot of community based rehabilitation programs are there to provide education to children with mental retardation. These programs should make effort to provide group instructions and organize activities where not only the children from the community but the parents also can work together in a social context. This will encourage parent participation and involvement in the overall development of the children. In Home based programs teachers should plan activities that focus on social skill development. Though teachers and parents are aware of the importance of social skills lot needs to be done. Further implications extend the need for teachers to prepare themselves for a diversity of social and behavioral problems and receive training on appropriate intervention and management techniques (Leffert&Siperstein, 2000) [11]. Training is needed in ways to incorporate social skills into the curriculum and in methods and materials by which skills may be taught. Therefore early childhood programs should focus on the social development right from childhood.

## 5. CONCLUSION

With the constant changes and shift in the education paradigm, educational programs brought a change in the quality of life of persons with mental retardation. The quality and quantity of educational services for children with mental retardation has been of growing concern since past few years. The field of special education has become increasingly aware of the needs of these children and their potential learning abilities. As such it leads to the evolution of a cascade of service delivery options for children with mental retardation. Research studies have indicated that home, school and environment play an important role in the development of social skills in children with mental retardation. Positive environments foster growth and development in the life of individuals. This enhances their social participation and interaction with fellow beings. Social skills as one of the dimensions of adaptive behavior has a strong and lasting influence on the lives of children with mental retardation, particularly during adolescence. However since every child has the right to education "Education for all", there is a strong urge that teachers and parents should work collaboratively irrespective of educational service options (special school, home based, CBR, integrated school) in bringing out the potentialities of children with mental retardation to the maximum in the overall development.

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