

# The Effect of Family Functioning on Special Needs Children's Social-Emotional Abilities Mediated by Parental Self-Efficacy

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## Abstract

Social-emotional ability is one aspect of child development that is often disrupted in children with special needs. They have the same social-emotional needs as typical children of their age. However, their limitations make more difficult for them to convey and express their needs optimally. This research was conducted to investigate how family functioning affects the development of social-emotional abilities through parental self-efficacy. This study involved 279 participants, who were parents of children with special needs at the elementary school level. The results were processed using the structural equation model in the R program. The research model fit was adequate ( $\chi^2 (1653) = 2536.484$ , RMSEA = 0.046 [90% CI 0.048, 0.055], SRMR = 0.078). Family functioning had a significant effect on parental self-efficacy LoS 0.05 (0.722), but not as a mediator. Parental self-efficacy did not significantly influence the relationship between family functioning and social-emotional abilities in children with special needs. These results indicate another relationship between the variables studied which should be examined further.

**Keywords:** family functioning; parental self-efficacy; social-emotional ability; special needs..

## Introduction

A family is a place where a child grows up and is nurtured by their parents. Not all children are born in a perfect physical condition and may develop differently to other children their age. These are often termed children with special needs. Special needs children are different from the average child. Their difference or deviation may be referred to in terms of intellectual abilities, sensory abilities, physical and neuromuscular abilities, social-emotional abilities, communication skills or a combination of two or more of these aspects (Mangunsong, 2011). Special needs children are divided into two categories based on the number of developmental indicators, including high-incidence disability and low-incidence disability. High-incidence disability refers to children with developmental disabilities, emotional disturbances, learning difficulties, and mild intellectual disabilities, while low-incidence disability includes children with physical sensory disorders (blind, deaf, blind and deaf, and orthopedic impairment), severe intellectual disability, and traumatic brain injury.

A physically or sensory impaired child will certainly suffer a delay in achieving developmental milestones, but they will have the same emotional needs as other children their age who do not have such problems (Terzi, 2005). For example in a child with visual impairment may demonstrate delayed language, intellectual, conceptual, and social development. On the other hand, they will still need to make friends to share stories with those of their age. These needs are sometimes difficult to accommodate due to their physical limitations. Therefore, it is common for such children to experience feelings of isolation or a sense of isolation from their environment. They are often bullied or stigmatized by peers, included being humiliated, ostracized, ridiculed, and so on, meaning it is difficult for them to gain acceptance and develop friendships (Chamberlain, Kasari, & Rotheram-Fuller, 2007; Kuhne & Wiener, 2000; Pijl, Frostad & Flem, 2008). In addition, special needs children often require high levels of supervision and long-term medical care. It is common for this to distress their parents. Financial problems alone can have a big impact on most families with children with special needs, not to mention the social stigma experienced by families with children who have special needs with visible indicators, for example, physical impairments (Dodd, Zabriskie, Widmer & Eggett, 2009).

The family is the main place where a child develops both physically and psychologically. Additionally, there are interactions between family members that affect the development of each one and play an important role in the socialization process. The basic function of a family is to provide the right environmental conditions for its members to grow physically, psychologically, and socially. These basic functions can be fulfilled when a family manages tasks that involve meeting basic needs, developmental goals, and overcoming crises (Dai & Wang, 2015). Thus, family functioning is indicated by processes that occur within the group, rather than within a wider system.

One model that focuses on family processes is the McMaster model. According to this model, family functioning can be reviewed using six indices, namely problem solving, communication, family roles, affective responses, affective involvement, and behavioral control (Miller, Ryan, Keitner, Bishop & Epstein, 2000). The role of family functioning in the development of the social and emotional competence of children with special needs cannot be fully explained. The functioning of the family unit can affect a child's development and the emergence of parents' sense of ability to deliver optimum parenting. Parents' perceptions of their competency at specified tasks within the parenting domain, such as identifying physical illness in their children, is known as parental self-efficacy (Coleman & Karraker, 2000).

Interactions within a family all affect each other, meaning parents influence the child's development while a child's condition and related attitudes also influence the parents. Parents' confidence in their abilities or parental self-efficacy has a positive relationship with children's social skills. This relates to the process of parental self-efficacy and the required empathy, by being present and listening to others. These attitudes are social abilities and can be learned in the family environment through modeling and reinforcing the appropriate communication skills.

## Materials and Methods

This study was conducted using a quantitative research design where the proposed research design was a non-experimental, cross-sectional, and retrospective study design. The sampling technique that used in this study is non-probability sampling, where not all individuals in the

population (parents with special needs children who are in school-age) get the same opportunity to become research participants and the exact population is unknown. The type of sampling from non-probability sampling that used is convenience sampling where participants are selected based on availability, ability, and ease of reach.

The research began by conducting a literature study on the research variables and the relationship between the two and the intended participants for this research. After that, researchers determine the measuring instrument that will be used in research. To find out the relationship between Family Functioning / Parental Acceptance and Social-Emotional Competence, the Pearson Product Moment correlation technique is used because the measurement scale of the two variables is an interval scale. This study uses two measuring instruments, namely the Social-Emotional Skills Measurement measurement tool developed by the Child Trends and Tauck Family Foundation (2014) and the Family Assessment Device developed by Epstein et al. (1983).

Before researchers go into the field to collect data the entire range of research processes are examined first. The study was stated to meet the ethical standards of the psychology discipline, the University of Indonesia Research Ethics Code, and the Indonesian Psychological Association Code of Ethics. Giving informed consent also fulfilled the standard in which the sheets were approved by participants in a conscious and unconscious state, there was information about the research, and it was filled in by adult participants (parents of children with special needs).

The study participants were parents of children with special needs aged 5-12 years old or were in elementary school in Indonesia. The sample was obtained by visiting several agencies and communities with members that met the research sample criteria, such as inclusive or special schools, foundations engaged in the field of disability, or communities of special needs parents. Also, researchers distributed online questionnaires to several communities that could not be otherwise reached. Data was collected over five months, 284 respondents were registered as participants; however, six of them did not complete the form, and we can't contact and were not included in data processing.

## Measures

Participants completed a series of questionnaires consisting of self-report forms. The measurement instruments used in this study were obtained through a series of adaptation processes. These included language adaptations of measuring instruments (translation and improvement of editorial/language use), testing readability of measuring instrument items, and testing of measuring instruments conducted in places with the same population criteria. Social-emotional abilities in children with special needs were assessed using the adapted Elementary Student's Social-Emotional Skills Measurement compiled by the Child Trends and Tauck Family Foundation (Scarupa, 2014). This instrument consists of 21 items that measure three dimensions, namely 1) self-control, 2) persistence, and 3) social competence, with a reliability value of 0.861. This measuring instrument offers four potential responses in four Likert scale choices ranging from 'always' to 'never'. Family functioning was measured using the Family Assessment Device compiled by Epstein, which consists of 20 items.

Family functioning was measured across six dimensions, namely problem solving, communication, role functioning, affective responsiveness, affective involvement, and behavioral control. The results were combined into a total score with a reliability of 0.87 (Fauzia, 2015). Parenting self-efficacy was measured using the Self-Efficacy for Parenting Task Index (SEPTI) instrument devised by Coleman and

Karraker (2000) which was adapted by the Erniza Miranda Madjid research group for parenting self-efficacy research conducted in 2011 and reused by Wardani (2013). SEPTI consists of 28 items that measure the five domains of parenting self-efficacy in parents who have children aged 5 to 12 years (Coleman & Karraker, 2000).

The SEPTI measuring instrument had a Cronbach's alpha coefficient of 0.918, while the reliability tests for each domain were: discipline (.791), achievement (.738), recreation (.718), nurturance (.674) and health (.865). This measurement tool consists of a self-report questionnaire that requires participants to select a response from a four-point Likert scale ranging from "very appropriate" to "very inappropriate". Measurement values consisted of the total instrument score.

## Data Analysis

Descriptive statistics were used to obtain a preliminary understanding of the type of special needs children and their family demographics using SPSS version 20 for Windows. The analyses were conducted using structural equation modeling and the *lavaan* package in R Studio to determine the data characteristics of the model proposed, and at the same time the mediation effects between variables. The proposed cutoff criteria used to assess the fit between the hypothesized models and data were the comparative fit index (CFI) > 0.95, root mean square error of approximation (RMSEA) < 0.06, and the standardized root mean square residual (SRMR) < 0.085 (Hu & Bentler, 1999).

## Results and Discussion

Of the total 279 participants in this study, 87.8% were mothers and 12.8% were fathers of special needs children. They categorized their children's special needs as follows: physical disabilities (blind, deaf, etc.) 46.5% and non-physical disabilities (mild intellectual disability, speech delay, and ADHD) at 53.5%. A summary of the descriptive demographics is presented in Table 1. Results indicated that the social-emotional abilities mean was 15.73 (SD=3.56) from a maximum score of 24. Using a *z-score* calculation we discovered that 97.5% of parents felt that their children had low to medium social-emotional abilities. This finding supported previous research (Chamberlain et al, 2007; Pijl et al, 2008). Children with special needs frequently experience negative treatment and interactions with their environment (school, home, or society). These experiences can lead to limited social skills and a poor understanding of children with special needs.

## Mediation Analysis

The models tested had satisfactory fit indices meeting 2 out of 3 fit index criteria (detailed fit indices are reported in Table 2). The preconditions of mediation were fulfilled as indicated by significant bidirectional relationships between family functioning as a latent variable, parental self-efficacy as a mediator of latent variables, and social-emotional skills as an outcome latent variable. The detailed path coefficients for each model are presented in Figure 1. The paths from family functioning in the direct effect model indicated a good fit but were not significant.  $\gamma = 0.192$ ,  $P > .05$ ,  $b = 0.259$ .

The family functioning path was significant and explained a large proportion of variances in parental self-efficacy ( $b = .722$ ). On the other hand, the path between parental self-efficacy and children's social and emotional skills was not significant, and the indirect effect coefficient was insignificant, which indicated no mediation. The parental self-efficacy mediation model explained a small proportion of variance in social-emotional skills ( $b = .152$ ). Family functioning itself had no significant effect on social-emotional abilities.

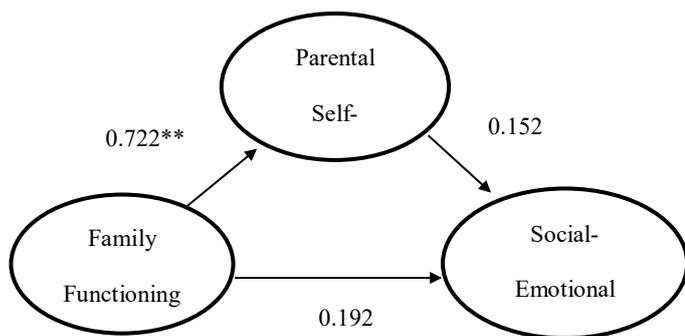
**Table 1.** Participant Characteristics

Characteristic		Total	Mean	Range
Gender	Female	245	-	-
	Male	34	-	-
Age		-		25-56
Special Needs Type	Physical		-	-
	Non-physical		-	-
Social-Emotional Abilities	Persistence		15.73	6-24
	Self-control		17.01	6-24
	Social competence		24.77	10-36
Family Functioning			63.21	40-80
Parental Self-Efficacy			90.80	52-112

**Table 2.** Fit Indices of the Mediation Models

Model	RMSEA	SRMR	CFI
Mediation Models	0.046	0.078	0.776

Note: CFI, comparative fit index; RMSEA, root mean square error of approximation; SRMR, standardized root mean square residual.



**Figure 1.** Mediation analyses. \*\*P < .05.

These results indicated that only the relationship between family functioning and parental self-efficacy was significant. This supports several previous findings which indicated that optimal family functioning certainly increases parents' confidence about caring for children with special needs. Family functioning is often associated with coping strategies for dealing with a crisis or unexpected change. Healthy or effective family functioning is required to adapt, discuss and take action to solve problems and empower other family members to become involved in problem solving (Kandel & Merrick, 2007). This is reflected in the six dimensions of family functioning, namely problem solving, communication, family roles, affective responses, affective involvement, and behavioral control. An environment that supports a person to deal with stressful events will certainly affect that individual's resilience, especially parents' confidence about managing stress.

Parenting self-efficacy influences perceptions of parents' abilities to complete parenting tasks, including adapting to abnormal child development, childhood diseases, or children's special needs. Parents with high parenting self-efficacy have a higher interest in, commitment to, and persistence with parenting, and are more able to tolerate the challenges that arise by dealing with stress effectively (Coleman & Karraker, 2005). Juntilla, Vauras & Laakkonen (2007) found that parenting self-efficacy has a positive relationship with the social abilities of children with special needs. However, in our study, the relationship between parenting self-efficacy and social-emotional skills was not significant. This indicates that there may be other mechanisms

that bridge the relationship between parenting self-efficacy and social-emotional skills, for example, parents' acceptance levels.

Parents who accept the condition of their children will not only pay attention to their children's development and abilities but also the interests of the child. Acceptance is also the foundation of high quality, safe, and close relationships between parents and children (Hassan, Arzeen & Riaz, 2012). Therefore, parental acceptance is an important component of healthy child development. Thus, confidence in the ability to care is not enough if an accepting, quality relationship has not been created between parents and children with special needs.

Previous studies have found that there is a positive and significant relationship between family functioning and the social-emotional skills of children with special needs (Gargiulo, 2012). However, Gargiulo's study involved participants from a western culture. Indonesian community families are not usually nuclear but extended, with fathers, mothers, grandparents, and other relatives often involved in child care. In our study, as many as 120 people (43%) stated that child care involved someone other than the child's parents.

## Conclusion

In sum, our expectation that parental self-efficacy would explain a significant part of the psychological black box between family functioning and the social-emotional skills of special needs children was not confirmed. This discovery could be useful for practitioners engaged in the development of children with special needs, who could work to strengthen the family environment and optimize family functioning to deepen parents' trust and confidence in their ability to perform parenting activities. In fact, we discovered that family functioning does predict parental self-efficacy in parents with special needs children. However, the mechanism driving the interaction between parental self-efficacy and special needs children's social and emotional skills requires further investigation.

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