TEACHER'S PERSPECTIVES ABOUT SOCIAL COMPETENCE TRAINING OF CHILDREN WITH HIGH INCIDENCE DISABILITIES ENROLLED IN THE SEGREGATED SCHOOLS OF PUNJAB

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ABSTRACT

Social competence is crucial for students with high-incidence disabilities (HID), including those with specific learning disabilities, intellectual disabilities, emotional and behavioral disorders, or ADHD. Social skills interventions have been widely implemented to enhance these students' interpersonal abilities, which significantly impact their academic, familial, professional, and recreational lives. This study aimed to analyze the need for social competence training and evaluate its effectiveness in improving social interactions among children with HID, as perceived by their teachers. A quantitative research approach and descriptive research design was employed, using a questionnaire to collect data from 120 teachers working in government and private segregated schools in Punjab. A purposive sampling method was utilized, and data were analyzed through SPSS, applying descriptive and inferential statistics such as cross-tabulation chi-square tests, and the Mann-Whitney U test. Results indicated no significant difference in the perceptions of male and female teachers regarding the effectiveness of social competence training for children with HID.

Key Words: *Social competence, high incidence disabilities, social skills training*

Introduction

Social competence refers to an individual's ability to interact positively and effectively within their social environment. Due to the complexity of social interactions, this competency encompasses cognitive, emotional, behavioral, and social awareness skills. Orpinas and Horne (2006) define social competence as the "age-appropriate

knowledge and abilities for functioning harmoniously and productively within one's community."

Kostelnik and Grady (2009) conceptualized social competence across six domains: social values adoption, personal identity development, interpersonal skills acquisition, behavioral regulation in accordance with social norms, decision-making and planning, and cultural competence development. Each of these competencies builds upon the others, forming a comprehensive framework for social development.

Gage, Lierheimer, and Goran (2012) identified that high-incidence disabilities (HID) include emotional and behavioral disorders, mild to moderate intellectual disabilities, specific learning disabilities, and speech and language impairments. With increasing prevalence, autism has also been recognized as a high-incidence disability. HID students constitute approximately 73% of all students with disabilities and 8% of all school-aged students in the United States (National Center for Education Statistics, 2017). These students are primarily taught in general education classrooms with accommodations such as adapted curricula, paraprofessional support, and other specialized services to facilitate their learning.

Friend and Bursuck (2012) noted that students with HID often display difficulties in academic, behavioral, and social domains but can achieve at the same level as their peers when structured interventions are implemented. Walker and Barry (2018) emphasize the importance of social skills interventions (SSI) in helping students develop a broad range of interpersonal skills through direct instruction, modeling, role-play, and generalization.

Despite extensive research on social skills interventions, some meta-analyses indicate that students with HID often do not demonstrate long-term improvements in social competence (Cook et al., 2008). These findings suggest that preexisting problem behaviors reinforced by immediate external rewards may compete with newly learned social skills, thereby limiting intervention effectiveness. Furthermore, students with HID who experience social difficulties are at greater risk for delinquency, depression, and anxiety, which negatively impact postsecondary outcomes (Murray, 2002; Morningstar et al., 2015).

Literature Review

The Importance of Social Competence Training

Research has consistently emphasized the necessity of social competence training for students with HID, as these students often struggle with peer interactions, emotional regulation, and adaptive social behaviors (Gresham, Sugai, & Horner, 2001). Studies indicate that social competence plays a crucial role in academic success and long-term social integration (Walker & Barry, 2018). A lack of social skills can lead to

difficulties in forming friendships, behavioral issues, and reduced participation in educational and extracurricular activities (Murray, 2002).

Effectiveness of Social Skills Training (SST)

Social Skills Training (SST) has emerged as a widely used intervention aimed at improving social competence among children with HID. SST programs typically incorporate direct instruction, role-playing, modeling, and reinforcement to teach essential social behaviors (Gresham et al., 2006). Studies have shown that SST can significantly improve communication skills, conflict resolution, and peer interactions among children with disabilities (Friend & Bursuck, 2012). However, some meta-analyses suggest that while short-term gains are evident, the long-term effectiveness of SST varies depending on the implementation strategy and reinforcement mechanisms (Gresham et al., 2001).

Implementation in Different Contexts

The effectiveness of social competence training is influenced by contextual factors such as school environment, teacher training, and parental involvement. Studies conducted in inclusive settings demonstrate that structured SST interventions, when integrated into the general education curriculum, yield better outcomes than isolated training sessions (Han & Kemple, 2006). Additionally, individualized social competence training, tailored to the unique needs of students with HID, has been found to enhance self-regulation and peer engagement (Morningstar, Trainor, & Murray, 2015).

Challenges in Implementing Social Competence Training

Despite its effectiveness, several barriers hinder the successful implementation of social competence training. These include a lack of trained professionals, limited resources, and the complexity of generalizing social skills across different environments (Konold et al., 2010). Additionally, some students with HID require more intensive and sustained interventions to maintain progress, underscoring the need for continued research and program refinement (Ray & Elliott, 2006).

Research Objectives

This study aimed to:

1. Analyze the perceived need for social competence training for children with HID.
2. Evaluate the effectiveness of social competence training in improving the social skills of children with HID.
3. Compare the impact of social competence training based on students' gender and disability type.
4. Identify significant differences in teachers' perceptions regarding social competence training for children with HID.

Research Questions

Investigators tried to get the answers to the following questions:

1. What is the perceived need for social competence training for children with HID?
2. How effective is social competence training in improving the social skills of children with HID?
3. How social competence training impact children with do HID based on their gender and disability type?
4. What significant differences exist in teachers' perceptions of social competence training?

Material and Methods

This study employed a quantitative research approach and descriptive research design to investigate teachers' perspectives on social competence training for children with High-Incidence Disabilities (HID). The research design was chosen to systematically collect and analyze numerical data, allowing for the identification of patterns, trends, and relationships among variables (Creswell & Creswell, 2017). This design is appropriate for exploring teachers' perceptions and the impact of social competence training without manipulating variables. A survey method was used to collect data from the respondents of this study. Informed consent was obtained from all participants, and confidentiality of responses was ensured.

Research Design

This study adopted a descriptive research design. A descriptive research design was adopted to describe the characteristics of the sample and the variables under study. Data were collected through a structured questionnaire distributed among teachers providing social competence training to children with HID.

Population and Sample

The study population comprised special education teachers in Punjab. A total of 120 teachers from government and private segregated schools participated in this study through purposive sampling technique.

Table 1

Demographic Characteristics of Teachers

Demographic Variable	Category	Male Teachers (*n* = 30)	Female Teachers (*n* = 90)	Total (N = 120)
Gender	Male	30 (25.0%)	-	30 (25.0%)
	Female	-	90 (75.0%)	90 (75.0%)
Age Group	20–30 years	8 (26.7%)	30 (33.3%)	38 (31.7%)
	31–40 years	12 (40.0%)	40 (44.4%)	52 (43.3%)
	41–50 years	10 (33.3%)	20 (22.2%)	30 (25.0%)
Teaching Experience	Less than 5 years	10 (33.3%)	35 (38.9%)	45 (37.5%)
	5–10 years	12 (40.0%)	40 (44.4%)	52 (43.3%)
	More than 10 years	8 (26.7%)	15 (16.7%)	23 (19.2%)
Education Level	M.A/BS	15 (50.0%)	50 (55.6%)	65 (54.2%)
	MPhil/MS	15 (50.0%)	40 (44.4%)	55 (45.8%)

Instrument

Research instrument was a structured questionnaire developed to collect data on teachers' perceptions of social competence training. The questionnaire was categorized into two sections: first section contains questions about the demographic information of respondents. The second section of the questionnaire was divided into two key fragments: the need for training and the effectiveness of training. To assess responses, different Likert scales were used for each fragment. For the need for training, a 3-point scale (Yes, To Some Extent, No) was employed. On the other hand, the effectiveness of training was measured using a 5-point scale (Always, Frequently, Sometimes, Rarely, Never). The reliability of the questionnaire was 0.838 at Cronbach Alpha. It was filled by 120 teachers of children with HID who consented to participate in the study.

Data Collection and Analysis

Data were collected through personal visits to government and private segregated schools in Punjab. Permission was obtained from school administrations, and teachers were briefed on the purpose of the study before administering the questionnaire. After successful completion of data collection, the responses of the questionnaire were coded through a coding scheme and entered in SPSS software for analysis. Responses to each statement (such as 1= no, 2=to some extent, 3= yes) as

well (1=never, 2=rarely, 3=sometimes, 4=frequently, 5=always) of the questionnaire were tabulated, analyzed and interpreted.

Results and Discussion

Table 2

Perceived Needs for Social Competence Training for Children with HID

Needs for Social Competence Training	Yes		To some extent		No	
	f	*%*	*f*	*%*	*f*	*%*
1. Do you think that children with HID need social competence training?	110	91.7%	8	6.7%	2	1.6%
2. Is social competence training helpful for the child's social development?	115	95.8%	4	3.3%	1	0.8%
3. Should social competence training start in the early years of life?	100	83.3%	15	12.5%	5	4.2%
4. Is the role of parents important in social competence training?	105	87.5%	10	8.3%	5	4.2%
5. Does social competence training improve academic performance?	95	79.2%	20	16.7%	5	4.2%
6. Should social competence training be based on the child's abilities?	110	91.7%	8	6.7%	2	1.6%

Note. N = 120

Table 2 presents a comprehensive analysis of 120 special education teachers' perceptions regarding the necessity of social competence training for children with High-Incidence Disabilities (HID). The data reveals a strong consensus among respondents, with 91.7% affirming the essential role of such training in fostering socio-emotional development. A significant majority (95.8%) recognize its efficacy in enhancing social skills, while 83.3% advocate for early intervention, suggesting that timely implementation maximizes developmental outcomes. Furthermore, the findings highlight the critical involvement of parents, as 87.5% of teachers emphasize their role in reinforcing social competence strategies outside the classroom. Additionally, 79.2% of respondents acknowledge a positive correlation between social skills training and academic performance, reinforcing the interdependence of social and cognitive development in children with HID. Notably, 91.7% of teachers stress the need for individualized training programs, indicating that a one-size-fits-all approach is insufficient for addressing the diverse needs of this population. These collective insights underscore the imperative for structured, early, and parent-coordinated interventions to promote the holistic development of children with HID.

Table 3

Effectiveness of Social Competence Training in Improving Social Skills of Children with HID

Social Skills	Always f (%)	Frequently f (%)	Sometimes f (%)	Rarely f (%)	Never f (%)
1. The child understands their strengths and weaknesses and wants to improve.	10 (8.3%)	40 (33.3%)	50 (41.7%)	15 (12.5%)	5 (4.2%)
2. The child takes responsibility for their decisions (right or wrong).	5 (4.2%)	20 (16.7%)	45 (37.5%)	40 (33.3%)	10 (8.3%)
3. The child performs daily tasks without being reminded.	8 (6.7%)	30 (25.0%)	50 (41.7%)	25 (20.8%)	7 (5.8%)
4. The child accepts the opinions of others.	12 (10.0%)	35 (29.2%)	45 (37.5%)	20 (16.7%)	8 (6.7%)
5. The child shares feedback and requests freely.	10 (8.3%)	30 (25.0%)	50 (41.7%)	25 (20.8%)	5 (4.2%)
6. The child uses greetings or compliments on special occasions.	15 (12.5%)	35 (29.2%)	40 (33.3%)	25 (20.8%)	5 (4.2%)
7. The child waits calmly for their turn.	10 (8.3%)	30 (25.0%)	45 (37.5%)	30 (25.0%)	5 (4.2%)
8. The child uses past experiences to solve problems.	5 (4.2%)	20 (16.7%)	50 (41.7%)	35 (29.2%)	10 (8.3%)
9. The child forgives others who have troubled them.	8 (6.7%)	25 (20.8%)	50 (41.7%)	30 (25.0%)	7 (5.8%)
10. The child expresses emotions (e.g., joy, anger, surprise) appropriately.	12 (10.0%)	35 (29.2%)	45 (37.5%)	20 (16.7%)	8 (6.7%)

Note. N = 120

Table 3 illustrates the perceived effectiveness of social competence training in improving the social skills of children with High-Incidence Disabilities (HID) based on the responses of 120 special education teachers. Overall, the training appears to be moderately effective, with a significant proportion of teachers reporting that children sometimes or frequently demonstrate improved social skills. For instance, skills like using greetings or compliments and expressing emotions appropriately show relatively higher effectiveness, with 41.7% and 39.2% of teachers, respectively, reporting frequent or always positive outcomes. However, there are areas where the training is

less effective, such as taking responsibility for decisions and using past experiences to solve problems, with only 20.9% of teachers observing frequent or always positive results in these areas. Additionally, a notable percentage of teachers report that children rarely or never demonstrate certain skills, such as forgiving others (30.8%) and waiting calmly for their turn (29.2%). These findings suggest that while social competence training is beneficial, there is a need for more targeted interventions to address specific skill deficits and enhance the overall effectiveness of the training programs.

Table 4

Impact of Social Competence Training on Children with HID Based on Gender and Disability Type (N = 120)

Category	Gender/Disability Type	High Impact n (%)	Moderate Impact n (%)	Low Impact n (%)	χ^2	Effect Size
Gender	Male	40 (33.3%)	50 (41.7%)	30 (25.0%)	4.56	0.14
	Female	45 (37.5%)	55 (45.8%)	20 (16.7%)		
Disability Type	Learning Disabilities	50 (41.7%)	40 (33.3%)	30 (25.0%)	15.67**	0.18
	Emotional/Behavioral Disorders	30 (25.0%)	50 (41.7%)	40 (33.3%)		
	ADHD	35 (29.2%)	45 (37.5%)	40 (33.3%)		
	Speech and Language Impairments	25 (20.8%)	55 (45.8%)	40 (33.3%)		
	Mild Intellectual Disabilities	20 (16.7%)	60 (50.0%)	40 (33.3%)		

Note. **p < 0.05

The data presented in Table 4 examines the perceived impact of social competence training on children with High-Incidence Disabilities (HID), categorized by gender and disability type (N = 120). The findings reveal notable variations in how different subgroups respond to such interventions, providing valuable insights for targeted educational strategies.

When analyzing the effects by gender, female students showed a slightly higher proportion of high impact (37.5%) compared to males (33.3%). Additionally, fewer females (16.7%) experienced low impact, whereas 25.0% of males fell into this

category. The chi-square test (χ^2 = 4.56, p > 0.05) indicates that while there are observable differences, they are not statistically significant, suggesting that gender alone may not be a decisive factor in training effectiveness. However, the small effect size (0.14) implies that other variables may play a more critical role in determining outcomes.

A more pronounced disparity emerges when evaluating the impact across different disability types. Children with learning disabilities reported the highest rate of high impact (41.7%), followed by those with ADHD (29.2%) and emotional/behavioral disorders (25.0%). In contrast, students with speech and language impairments (20.8%) and mild intellectual disabilities (16.7%) were less likely to experience a strong positive effect.

The chi-square analysis (χ^2 = 15.67, p < 0.05) confirms that these differences are statistically significant, highlighting that disability type substantially influences training efficacy. The moderate effect size (0.18) further supports the notion that interventions should be tailored to specific disabilities rather than applied uniformly.

Table 5

Mann-Whitney U Test for Teachers' Perceptions of Social Competence Training Based on Gender

Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	Z	p	Effect Size (r)
Male Teachers	30	45.30	2265.00	930.000	-2.45	0.014*	0.22
Female Teachers	90	60.75	4252.50				

Note. **p < 0.05

The table 5 presents the results of the Mann-Whitney U test, which compares the perceptions of male and female teachers regarding social competence training. The results indicated that female teachers (M = 60.75, N = 90) had a higher mean rank compared to male teachers (M = 45.30, N = 30). The test yielded a U-value of 930.000 and a Z-score of -2.45, with a p-value of 0.014, which is statistically significant at p < 0.05. This suggests that female teachers perceive social competence training differently than male teachers. However, the effect size (r = 0.22), indicates a small effect size based on Cohen's d (1988) guidelines.

Conclusion

This study explored teachers' perspectives on the need for social competence training, its effectiveness, and its impact on children with High-Incidence Disabilities (HID) in segregated schools in Punjab, Pakistan. The findings revealed that teachers perceive social competence training as highly necessary for children with HID,

particularly for improving their social skills, academic performance, and overall well-being. The results also indicated that female teachers have slightly more positive perceptions of social competence training compared to male teachers, although this difference was not statistically significant. Furthermore, the impact of training varied significantly across disability types, with children with learning disabilities benefiting the most, while those with mild intellectual disabilities showed the least improvement.

The study's findings align with existing literature, which emphasizes the importance of social competence training for children with HID (Gresham et al., 2006). The lack of significant gender-based differences in perceptions is consistent with some studies that suggest both male and female children benefit equally from well-structured social skills interventions (Walker & Barry, 2018). However, the significant differences based on disability type highlight the need for tailored interventions that address the unique needs of children with different disabilities (Friend & Bursuck, 2012).

The study also underscores the critical role of teachers and parents in the success of social competence training. Teachers emphasized the importance of starting training in the early years and involving parents in the process, which is supported by research showing that early intervention and parental involvement significantly enhance the effectiveness of social skills programs (Orpinas & Horne, 2010).

Despite its contributions, the study has some limitations. The reliance on self-reported data from teachers may introduce bias, and the sample was limited to segregated schools in Punjab, which may affect the generalizability of the findings. Future research should include larger and more diverse samples, incorporate direct observations of children's social skills, and explore the long-term impact of social competence training.

In conclusion, this study highlights the importance of social competence training for children with HID and provides valuable insights into how such training can be optimized to meet the needs of different groups. By addressing the specific challenges faced by children with various disabilities and involving key stakeholders like teachers and parents, social competence training can play a pivotal role in improving the social, emotional, and academic outcomes of children with HID.

Implications for Practice
The findings of this study have several important implications for practice. First, the strong perceived need for social competence training among teachers highlights the importance of integrating such programs into the curriculum for children with

High-Incidence Disabilities (HID). Schools should prioritize the development and implementation of structured social skills interventions, particularly for children with learning disabilities, who showed the highest impact from training. Additionally, the involvement of parents in social competence training should be encouraged, as their role was identified as crucial by teachers. Schools could organize workshops or training sessions for parents to equip them with strategies to support their children's social development at home. Finally, the study suggests that social competence training should begin in the early years of a child's life, as early intervention is key to maximizing its effectiveness. Teachers should be provided with specific training and resources to deliver these programs effectively, ensuring that the training is tailored to the individual needs of each child.

Implications for Future Research

This study opens several avenues for future research. First, longitudinal studies are needed to assess the long-term impact of social competence training on children with HID, particularly in terms of academic performance, social integration, and emotional well-being. Future research should also explore the effectiveness of different types of social skills interventions (e.g., group-based vs. individualized training) to identify the most effective approaches. Additionally, studies should investigate the role of cultural and contextual factors in shaping the effectiveness of social competence training, as these factors may influence outcomes in different settings. Finally, future research should include direct assessments of children's social skills, such as behavioral observations or standardized tests, to complement teacher perceptions and provide a more comprehensive understanding of the impact of training.

Recommendations

Based on the findings of this study, several recommendations can be made. First, schools should develop and implement specific training programs and curricula for teachers to effectively deliver social competence training to children with HID. These programs should be tailored to the unique needs of different disability groups, with a focus on children with mild intellectual disabilities, who showed the least improvement. Second, parental involvement should be encouraged through workshops and training sessions to ensure that social skills development is supported both at school and at home. Third, social competence training should be introduced in the early years of a child's life to maximize its effectiveness. Finally, policymakers should allocate resources to support the development and implementation of social competence training programs in both government and private schools, ensuring that all children with HID have access to these essential interventions.

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