QUALITATIVE RESEARCH JOURNAL FOR SOCIAL STUDIES

ISSN Online: 3006-4686, ISSN Print: 3006-4678
Volume No: 02 Issue No: 02 (2025)

SOCIAL FUNCTIONING SKILLS AMONG CHILDREN WITH AUTISM SPECTRUM DISORDERS; A PERSPECTIVE OF PARENTS, TEACHERS AND CHILDREN

Dr. Hina Hadayat Ali
(Assistant Professor/Coordinator)
Department of Special Education, University of Education, Lahore, Faisalabad Campus, Pakistan
Email: hina.hadayat@ue.edu.pk
Hamayoun Shah Nawaz
(Special Education Teacher)
Department of Special Education, Punjab Government, Pakistan
Email: shahnawaz.umt@gmail.com
Dr. Muhammad Nazir
(Lecturer Special Education)
Department of Special Education, University of Education, Lahore, Faisalabad Campus, Pakistan
Email: muhammad.nazir@ue.edu.pk

ABSTRACT

The current study investigated the social functioning of children with Autism Spectrum Disorder (ASD) from the perspectives of parents, teachers, and the children themselves. While standardized assessment tools were commonly used to evaluate social deficits in ASD, they often rely on limited informants and controlled settings. To address this gap, the researchers employed a descriptive quantitative design using structured interviews with 20 parents, 20 teachers, and 20 children with ASD purposively sampled from Faisalabad, Pakistan. Data were collected through close-ended questions adapted from Bellini (2004) and analyzed using one-way ANOVA. Results revealed significant differences in perceived social deficits among respondent groups ($F(2,57) = 9.58$, $p < 0.001$). Teachers reported the highest level of social skill deficits ($M = 4.10$), followed by parents ($M = 3.85$), while children perceived the least deficits ($M = 3.20$). These findings underscore the importance of multi-informant assessments to capture diverse viewpoints and contextual nuances that standardized measures alone may overlook. The study concludes that incorporating triangulated perspectives can enhance the accuracy of social skill evaluations and inform targeted interventions for children with ASD. Adoption of multi-informant assessment models, strengthened teacher training, increased parent awareness, and developmentally appropriate self-assessment tools for children with ASD must be given special consideration for effective social skills development.

Keywords: Social functioning, Autism Spectrum Disorder, Perceptive.

INTRODUCTION

Asperger's disorder, childhood disintegrative disorder, rett disorder, autism disorder, and pervasive developmental disorder-Not Otherwise Specified (NOS) are all included under the general term autism spectrum disorders (ASD). Communication and social interaction are two of the many deficiencies that children with ASD display (American Psychiatric Association, 2013). Individual deficiencies in the social domain can vary from appropriate social involvement to total withdrawal with severe limitations (Simpson & Myles, 1998). Worldwide, the number of children with an ASD diagnosis is rising (Bertrand et al., 2001). To diagnose autism and/or distinguish between various disorders on the spectrum, a range of evaluation instruments for kids with ASD were created (Greenway, 2000; Klinger & Renner, 2000). The majority of ASD assessments are based on parent reports, which are undoubtedly biased and subjective (Klinger & Renner). Parents' and teachers' reports are undoubtedly a

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source of information, but standardized assessment instruments must be created and used, particularly in the areas of a) social functioning, b) communication, and c) peer relationships (National Research Council, 2001).

Several systematic and naturalistic observational tools are used to evaluate the social functioning of children with ASD. These include the Social Skills Q-Sort (SSQ) measure, the Social Skills Rating System (SSRS), the Social-Communication Assessment Tool (S-CAT), the Autism Diagnostic Observation Schedule-Generic (ADOS-G), and the Triad Social Skills Assessment (TSSA).

Among the social skill evidence-based practices that yield assessment results under controlled conditions are Antecedent-Based Intervention (ABI), Cognitive Behavioral Intervention (CBI), Differential Reinforcement of Alternative, Incompatible or Other Behavior (DRA/I/O), Discrete Trial Teaching (DTT), Exercise (ECE), Extinction (EXT), Functional Behavior Assessment (FBA), Functional Communication Training (FCT), Modeling (MD), Naturalistic Intervention (NI), Parent Implemented Intervention (PII), Peer-Mediated Instruction and Intervention (PMII), Picture Exchange Communication System (PECS), Pivot Response Training (PRT), Prompting (PP), Reinforcement (R+), Response Interruption/Redirection (RIR), Self-Management (SM), Social Narratives (SN), Social Skills Training (SST), Structured Play Group (SPG), Task Analysis (TA), Technology-Aided Instruction (TAI), Video Modeling (VM), and Visual Support (VS). To evaluate social deficiencies in children with ASD from the viewpoints of parents, teachers, and kids in a naturalistic setting, the researchers in this study employed an interviewing technique with structured, closed-ended questions (Bellini, 2004).

LITERATURE REVIEW

According to Faras et al. (2010), autism spectrum disorder is a neurological and developmental condition that impacts behavior, communication, and social interaction. Autism is a childhood disorder that affects 1 in 500 children, according to Filipek et al. (2000). Due to a lack of suitable screening and assessment instruments, it frequently goes undetected until and/or after children reach preschool age. However, for the majority of young children, early detection of ASD improves social-emotional outcomes. In order to evaluate social skills in children with autism spectrum disorders, Locke et al. (2014) used the Social Skills Q-Sort (SSQ) measure. Because teachers and paraprofessionals demonstrated satisfactory rater-agreement on the SSQ, the study's findings suggested that the SSQ could be used as an effective tool to screen for ASD and gauge the severity of social functioning issues related to ASD. For the updated Social Skills Rating System (SSRS), which was originally created by Gresham and Elliot (1990) as a multi-rater norm-referenced instrument for assessing social competence and adaptive behavior skills in preschoolers, Hess et al. (2014) suggested explorative factor analyses (EFA) with the expanded age range of three to six years. The original version of the SSRS, which is believed to be the most effective tool for making decisions regarding intervention planning based on screening and assessment of children with ASD, had an unsatisfactory overall fit, according to the results of their study, which used confirmatory factor analyses (CFA) with a sample size of 391 (204 females and 187 males).

In order to measure the social and communication deficiencies of children with ASD, Mudock et al. (2007) created the social-communication assessment tool (S-CAT). They discovered that a) verbal initiations; b) verbal responses; c) joint attention; and d) total interactions were significant at the 0.01 level. At the same time, their study's findings strongly implied that S-CAT is a reliable tool for evaluating and differentiating between kids with and

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without ASD. The Autism Diagnostic Observation Schedule-Generic (ADOS-G) was created by Lord et al. (2000) as a common way to assess the social and communication impairments that autistic children have. Depending on each person's expressive language proficiency, four 30-minute modules were given to them. The study found that the ADOS-G was a valid and reliable semi-structured, standardized test. It also showed good internal consistency and inter-rater reliability within domains, as well as significant inter-rater and test-retest reliability for each item. Bellini (2004) looked at anxiety and social skill deficiencies in high-functioning adolescents with ASD and discovered a weak negative relationship between social skills and social anxiety. After reviewing fifty-nine studies published between 1990 and 2010, Rotheram-Fuller (2013) asserted that there is no suitable intervention or evaluation to address the social skill deficiencies linked to children with ASD traits.

Numerous standardized assessment tools are available to gauge social deficits associated with ASD. The triangular perspective of parents, teachers, and children was not specifically taken into consideration when developing any of the documented evidence-based practices. Because of this, each of these standardized tests is essentially given under controlled circumstances and offers normative data to compare social functioning levels to a hypothetical average performance. To evaluate social functioning from the viewpoints of parents, teachers, and students in a naturalistic setting, the researchers in this study employed an interviewing technique with closed-ended questions.

Standardized assessment tools are easier to administer and offer comprehensive guidance on how to interpret results on each item, therefore, clinicians heavily rely on their development and implementation to measure social functioning in children with ASD. Nonetheless, information gathered through the use of an interview technique in a naturalistic setting can be a useful addition to more formal standardized assessment data concerning the degree of social functioning linked to children with autism.

Objectives of the study

1. To determine the perspective of parents regarding the social functioning skills of children with Autism Spectrum Disorder.
2. To ascertain the perspective of teachers regarding the social functioning of children with Autism Spectrum Disorders.
3. To investigate the social functioning skills of children with ASD by the perspective of children.

Research questions

1. What are the social deficits among the children with Autism Spectrum Disorder in parent’s perspective?
2. What are the social deficits among the children with Autism Spectrum Disorder inn teacher’s perspective?
3. What are the social deficits among the children with Autism Spectrum Disorder in children’s perspective?

METHODOLOGY

Research Design

This study employed a descriptive quantitative research design to investigate the social skill deficits in children with Autism Spectrum Disorder (ASD) as perceived by parents, teachers, and the children themselves. The purpose of using a descriptive design was to quantify and compare the perceptions of different stakeholders under naturalistic conditions. This approach

ISSN Online: 3006-4686, ISSN Print: 3006-4678
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allowed for the collection of standardized data while maintaining ecological validity, enabling researchers to interpret social functioning in real-life contexts.

Population and Sample

The target population consisted of parents of children diagnosed with ASD, teachers who work directly with such children, and the children themselves. The study was conducted in Faisalabad, Pakistan, a region where an increasing number of ASD cases are being identified in both public and private educational institutions. A purposive sampling technique was used to select a total of 60 participants, which included 20 parents, 20 teachers, and 20 children with ASD. Participants were selected based on specific inclusion criteria: parents were required to be the primary caregivers; teachers needed at least one year of experience working with children with ASD; and the children had to have a confirmed clinical diagnosis of ASD and the cognitive capacity to respond meaningfully to structured questions. This sample size was deemed adequate for the use of inferential statistical techniques, particularly Analysis of Variance (ANOVA).

Research Instrument

The primary data collection instrument was a structured interview schedule with close-ended questions adapted from Bellini (2004). The interview items were designed to assess various aspects of social functioning, including the initiation of social interaction, reciprocal communication, responses to peer engagement, understanding of nonverbal cues, signs of social anxiety, and preference for solitary versus group activities. Each item was rated on a five-point Likert scale ranging from 1 (never) to 5 (always), allowing for quantitative analysis of perceived behaviors.

To ensure the content validity of the instrument, it was reviewed by a panel of three subject-matter experts from the fields of special education, psychology, and speech-language pathology. Based on their feedback, minor linguistic and contextual modifications were made to align the instrument with the cultural and educational environment of the study participants in Pakistan.

Data Collection Procedure

Data collection was carried out over a four-week period through face-to-face interviews. Parents were interviewed in their homes to ensure a familiar and comfortable environment, while teachers were interviewed at their schools in a private setting to maintain confidentiality. Interviews with children were conducted with the support of a caregiver or a familiar adult when necessary. To facilitate understanding, visual aids and simplified language were used for child respondents. All participants were informed about the nature and purpose of the study and assured of the confidentiality and anonymity of their responses. Informed consent was obtained from all adult participants, and assent was sought from children, with the ethical protocols strictly observed throughout the study. Participants were clearly informed that their participation was voluntary, and they had the right to withdraw from the study at any point without any negative consequences.

Data Analysis

Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 25. Descriptive statistics, including means and standard deviations, were computed to summarize the data. To determine whether significant differences existed among the perspectives of parents, teachers, and children, a one-way Analysis of Variance (ANOVA) was conducted. A significance threshold of $p < 0.05$ was applied to determine statistical significance. The

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ANOVA results provided insights into the degree of agreement or variation among the three respondent groups regarding social skill deficits in children with ASD.

Table 1

Mean and Standard Deviation of Social Functioning Scores by Group

Respondent Group	N	Mean Score (out of 5)	Standard Deviation
Parents	20	3.85	0.52
Teachers	20	4.10	0.44
Children	20	3.20	0.65

The descriptive results revealed that teachers perceived the highest level of social skill deficits among children with ASD (M = 4.10, SD = 0.44), followed by parents (M = 3.85, SD = 0.52), while children rated themselves as having the fewest social difficulties (M = 3.20, SD = 0.65). These results suggest perceptual differences influenced by the role and context in which each group interacts with the child. Teachers, who observe group behavior in structured classroom environments, may notice more social skill gaps compared to parents, who may normalize or overlook certain behaviors at home. Children, on the other hand, may lack insight into their own social challenges due to limited social awareness, cognitive differences, or communication barriers common among individuals with ASD. These scores indicate moderate to high perceived social skill deficits overall, with variation in perceptions among respondent groups.

Table 2

One-Way ANOVA Results

Source	Sum of Squares (SS)	Df	Mean Square (MS)	F-value	p-value
Between Groups	5.61	2	2.805	9.58	0.0004
Within Groups	16.25	57	0.285		
Total	21.86	59			

The ANOVA confirmed that there are statistically significant differences in how parents, teachers, and children perceive social deficits in children with ASD. Given the significant results, the effect size (η^2) was also calculated to measure the magnitude of difference. The eta-squared (η^2 = SS_between / SS_total = 5.61 / 21.86) yielded a value of approximately 0.26, indicating a large effect size according to Cohen's (1988) conventions. This means that the respondent group accounts for a substantial portion of the variance in social functioning scores.

Table 3

One-Way ANOVA Summary

Source	SS	Df	MS	F	p-value
Between Groups	5.61	2	2.805	9.58	0.0004
Within Groups	16.25	57	0.285		
Total	21.86	59			

The mean score for perceived social deficits was highest among teachers (4.10), indicating that they observed the most significant challenges in social functioning among children with ASD. Parents reported slightly fewer social deficits (mean = 3.85), possibly due to emotional bias or familiarity with the child's communication patterns. Children with ASD

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themselves reported the least perceived deficits (mean = 3.20), which may reflect limited insight or communication barriers. The ANOVA results show a significant difference in the perceptions of social deficits across the three groups ($F(2,57) = 9.58$, $p < 0.001$). This suggests that group affiliation significantly affects the perception of social functioning in children with ASD.

Table 4

Post Hoc Analysis

Categories	Significance
Teachers vs. Children	Significant difference ($p < 0.01$)
Parents vs. Children	Significant difference ($p < 0.05$)
Parents vs. Teachers	No significant difference ($p > 0.05$)

This analysis confirms that while both teachers and parents observe more social deficits than children perceive in themselves, the difference between teachers and parents is not statistically significant.

DISCUSSION

The findings of the current study reveal that perceptions of social skill deficits in children with ASD vary significantly depending on whether the respondent is a parent, teacher, or the child themselves. Teachers, who regularly observe social interactions in structured group settings, tend to report more pronounced deficits, possibly due to their comparative perspective across multiple students. Parents may underreport deficits due to emotional closeness or differing expectations in home environments. Children with ASD, particularly those with communication impairments, may under-recognize their own social challenges, highlighting a potential gap in self-awareness.

These results support the earlier findings of Bellini (2004), who emphasized the importance of triangulating data from multiple perspectives. They also echo Rotheram-Fuller et al. (2013), who criticized many existing assessments for failing to capture the nuances of naturalistic observations from various social agents.

FINDINGS

The researchers derived the following key findings from the analysis of data collected from participants:

1. Teachers reported the highest level of social functioning deficits in children with ASD, followed by parents.
2. Children with ASD perceived themselves to have fewer social deficits, indicating limited insight into their social challenges.
3. Statistically significant differences exist between the perspectives of parents, teachers, and children regarding social skills. Structured interviews in naturalistic settings reveal essential insights that standardized tools may overlook.

CONCLUSION

The researchers concluded the key findings and highlighted the necessity of incorporating multiple perspectives when assessing social skills in children with ASD. Standardized tools, while valuable, may miss context-specific observations best captured through interviews. Teachers, due to their exposure to group dynamics and peer interaction, often detect deficits not recognized by parents or the children themselves. Therefore, a holistic, triangulated assessment approach is essential for accurately evaluating and addressing the social development needs of children with ASD.

RECOMMENDATIONS

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Following recommendations were made:

1. Multi-informant assessment models should be adopted in educational and clinical settings to provide comprehensive evaluations of children with ASD.
2. Teacher training programs should be enhanced to equip educators with observational tools for early identification of social challenges.
3. Parent awareness programs should be developed to help caregivers better understand and recognize social skill deficits in their children.
4. Self-assessment tools for children with ASD should be adapted to their developmental and communicative capacities to enhance self-awareness.
5. Further research should explore how these perspectives influence intervention design and outcomes, particularly in low-resource settings like Faisalabad.

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