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IMPACT OF EVIDENCE-BASED INSTRUCTIONAL STRATEGIES IN ENHANCING SELF-HELP SKILLS AMONG CHILDREN WITH MODERATE TO SEVERE INTELLECTUAL DISABILITY

Dr. Hina Hadayat Ali
(Assistant Professor/Coordinator)
Department of Special Education, University of Education, Lahore, Faisalabad Campus, Pakistan
Email: hina.hadayat@ue.edu.pk
Dr. Muhammad Nazir
(Lecturer Special Education)
Department of Special Education, University of Education, Lahore, Faisalabad Campus, Pakistan
Email: muhammad.nazir@ue.edu.pk
Aysha Noreen
(M.Phil Research Scholar)
Department of Special Education, University of Education, Lahore, Faisalabad Campus, Pakistan
Email: ayeshatanveerse@gmail.com

ABSTRACT

The study ascertained the impact of evidence-based instructional strategies in enhancing self-help skills among children with moderate to severe intellectual disability. The study identified strategies employed by special education teacher to develop self-help skills incorporating its effectiveness and the associated challenges. This study employed a quantitative descriptive survey design. Data were collected using a structured questionnaire from 60 teachers working in public and private special education institutions in Faisalabad. A five-point Likert scale was utilized to assess the frequency, effectiveness, and challenges of applied strategies. The population comprised all male and female special education teachers serving in public and private special education institutions in Faisalabad. A structured questionnaire was developed as the main research tool, focusing on identifying the strategies teachers use and the challenges they face in teaching self-help skills. The questionnaire consisted of 20 items, designed in consultation with the research supervisor to ensure relevance and clarity. Sixty copies of the validated questionnaire were distributed to special education teachers in Government Special Education Schools for Intellectual Disabilities in Faisalabad. The data collection process included personal visits and interactions with the teachers. A baseline assessment of students' self-help skills was also conducted using the "Collection of Materials for Self-help Skills" tool. Data were organized and analyzed using frequency and percentage statistics, and results were presented in tabular form. The study found that verbal instructions (73.3%), task breakdown (65%), and positive reinforcement (51.7%) were the most common strategies used by special education teachers. Despite recognizing the value of peer modeling and technology, these were less frequently applied. Key challenges included limited time, resources, and individualized planning, with parental involvement (58.3%) playing a crucial supportive role.

Key Words: Evidence based strategies, self-help skills, intellectual disability.

INTRODUCTION

Intellectual Disability (ID) is characterized by significant limitations in intellectual functioning and adaptive behavior, affecting essential life skills such as reasoning, problem-solving, communication, and daily self-care. These challenges hinder the ability of children with ID to function independently in everyday life. Among the most critical areas of adaptive behavior are self-help skills, including eating, dressing, grooming, toileting, and personal hygiene.

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Special education plays a vital role in promoting functional independence by systematically teaching self-help skills through structured strategies. Techniques such as Applied Behavior Analysis (ABA), task analysis, modeling, verbal prompting, and positive reinforcement are commonly used by special educators to break down complex skills into manageable steps for effective learning.

Children with ID, classified as having mild, moderate, severe, or profound disability, often experience deficits in areas like memory, motivation, generalization, and communication (Agran & Hughes, 2011). These impairments further complicate the acquisition of daily living skills. As a result, special education teachers adopt tailored strategies to support individual learning needs and promote independence.

Beyond academics, special educators focus on life preparation through teaching recreational, social, vocational, and self-help skills. This holistic approach not only improves quality of life but also fosters inclusion and reduces dependency.

Multiple factors contribute to intellectual disability, including genetic syndromes (e.g., Down syndrome), prenatal exposure to toxins, birth complications, and early-life injuries. Regardless of the cause, developing self-help skills is essential for empowering children with ID to participate actively in their homes, schools, and communities.

According to Knight et al. (2019), practical instruction in real-life contexts is crucial for skill acquisition and generalization. Self-help training also enhances self-esteem, reduces caregiver burden, and facilitates smoother transitions to adult life. Despite their importance, many children with ID struggle with self-help tasks due to lack of structured teaching or support. Children with intellectual disabilities often face significant challenges in acquiring basic self-help skills, which are essential for independent living and social inclusion. These difficulties can lead to long-term dependency and reduced quality of life. The current study explores the strategies employed by special education teachers to enhance the development of self-help skills among these children, aiming to improve their functional independence and daily living capabilities.

The significance of this study lies in exploring effective strategies used by special education teachers to develop self-help skills in children with intellectual disabilities. It aims to enhance their independence, inclusion, and quality of life, while offering evidence-based guidance for improving educational practices tailored to their needs.

LITERATURE REVIEW

The literature reviewed for this study emphasizes the importance of strategies employed by special education teachers to develop self-help skills among children with intellectual disabilities. Intellectual Disability (ID) is defined as a developmental condition characterized by significant limitations in both intellectual functioning and adaptive behavior, originating before the age of 22 (AAIDD, 2024). It affects a child's capacity to understand, learn, and respond to their environment, often resulting in difficulties in acquiring problem-solving skills, generalizing knowledge, and adapting to social contexts (Copeland & Keefe, 2007).

Intellectual disability (ID), as defined by the American Association on Intellectual and Developmental Disabilities (2024), involves significant limitations in intellectual functioning and adaptive behavior manifesting before age 22. It impairs cognitive processing, problem-solving, and social adaptation (Copeland & Keefe, 2007). Individuals with ID exhibit varied physical, emotional, and intellectual profiles, often learning more slowly but still capable of acquiring knowledge when instruction is appropriate and targeted (Ayres & Langone, 2005).

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Although IQ scores have traditionally been used to assess intellectual functioning, the degree and type of support required are now considered more relevant (Ayres & Langone, 2005).

Children with intellectual disabilities vary in physical, emotional, and cognitive development. While they may learn more slowly than their peers, appropriate educational strategies and support enable them to achieve meaningful progress. IQ alone does not predict their learning potential; rather, the type and level of support required for task performance is a more accurate indicator of functional capacity (Ayres & Langone, 2005). Children with ID also experience limitations in learning and memory. They often struggle to apply acquired knowledge to new situations, process learning stimuli effectively, and use memory strategies. However, these skills can be taught with structured interventions (Copeland & Keefe, 2007).

Attention deficits are also common in students with intellectual disabilities. These students may not recognize what information is relevant and are prone to distractions in both internal and external environments. This challenge negatively impacts their ability to focus and learn effectively in classroom settings (Turnbull & Turnbull, 2020). In terms of adaptive behavior, children with ID often show delays in communication, social interaction, and personal care skills. Factors such as impulsivity, inattention, and difficulty interpreting social cues further affect their ability to function independently in daily life (Meadan & Ostrosky, 2014).

Motivational challenges also arise due to repeated failures and low expectations, which can lead to learned helplessness. Many children with ID depend on external reinforcement rather than developing intrinsic motivation to complete tasks independently (Ayres & Langone, 2005). Teaching self-help skills—such as dressing, grooming, eating, toileting, and hygiene—is essential to promote autonomy and social integration. These skills are often neglected in early childhood programs that prioritize language or academic development. Nonetheless, research underscores the need to begin teaching self-help skills at the preschool level to ensure children with ID can participate fully in school and community life (WHO, 2021).

Evidence-based instructional strategies such as Applied Behavior Analysis (ABA), task analysis, video modeling, time delay, and simultaneous prompting have proven effective in teaching daily living and vocational tasks. These methods help children with ID learn step-by-step routines and generalize them across different settings (Turnbull & Turnbull, 2020; Meadan & Ostrosky, 2014). Teachers are advised to use structured schedules, simplified instructions, and environmental modifications to facilitate the acquisition of self-help skills. The "SELF-Assist" approach offers a practical framework involving selection of tasks, establishment of routines, patience in instruction, use of natural rewards, collaboration with professionals, and parental involvement. When implemented consistently, these methods improve learners' functional independence and self-efficacy.

Family involvement plays a significant role in skill reinforcement and generalization. Parents who support and practice school-taught skills at home can enhance their child's ability to transfer these competencies to real-life settings (Bennett & Dukes, 2014). Teachers must also remain confident in the abilities of students with ID, as their expectations strongly influence learning outcomes. Children with mild to moderate ID, when supported early, can develop substantial self-care and adaptive skills, which in turn support independent living in adulthood (Agran & Hughes, 2011).

A shift from IQ-based classification to support-need-based models has led to more personalized teaching strategies that focus on individual strengths and functional goals. Educational settings now incorporate adaptive curricula, assistive technologies, and inclusive

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teaching practices to accommodate diverse learners (Shakespeare & Watson, 2001). Instruction is increasingly focused on teaching multi-step functional tasks, such as meal preparation, personal hygiene, and vocational activities, using techniques like self-instruction and task chaining. These practices support generalization and help students with ID maintain skills across different life stages (Copeland & Keefe, 2007).

In Pakistan, the prevalence of intellectual disability is relatively high, making it imperative to address the self-help skill gaps among affected children. Despite systematic education programs, post-secondary support is often limited. Many individuals with ID lack the skills needed to live semi-independently or independently due to a lack of structured training in daily living tasks (Laugeson et al., 2014). Therefore, educational institutions must extend beyond academics to include life skills training that prepares students with ID for active participation in society.

In sum, the development of self-help skills in children with intellectual disabilities is central to their independence and quality of life. The literature strongly supports the use of structured, individualized, and evidence-based instructional strategies by special education teachers to promote functional independence. These strategies, combined with family engagement and inclusive educational practices, are crucial for equipping children with intellectual disabilities to navigate their daily lives with confidence and competence.

Compared to peers, children with ID face challenges in acquiring and retaining knowledge, often lacking spontaneous use of learning strategies, though such skills can be taught with the right methods (Copeland & Keefe, 2007). Attention difficulties further hinder academic performance, with distractibility and inability to filter relevant information acting as significant barriers (Turnbull & Turnbull, 2020; AAIDD, 2020). Their adaptive behaviors—such as self-regulation, social interactions, and practical life skills—are typically underdeveloped due to various cognitive and emotional factors (Meadan & Ostrosky, 2014).

Encouragement and motivation also present challenges, as many children with ID demonstrate learned helplessness due to past failures, relying heavily on external reinforcements rather than intrinsic motivation (Ayres & Langone, 2005). Memory and information-processing limitations, especially in metacognitive areas like rehearsal and task planning, contribute to their learning difficulties (Copeland & Keefe, 2007).

Developing self-help skills is essential for children with ID. These skills, often neglected in favor of language instruction, are crucial for school readiness and lifelong independence (WHO, 2021; NCII). Teachers must understand the child's capabilities and employ clear, consistent instruction. Children can learn self-care routines such as feeding, dressing, and hygiene when taught through structured, repetitive, and motivating strategies (Autism Speaks, 2023). Practical training at an early age enhances adaptability and functional independence, enabling some children with mild ID to live semi-independently as adults (Turnbull & Turnbull, 2020).

Various evidence-based instructional strategies support self-help skill acquisition, including video modeling, time delay, and simultaneous prompting (Ayres & Langone, 2005; Meadan & Ostrosky, 2014). The "SELF-Assist" concept emphasizes structured teaching: selecting appropriate tasks, establishing routines, prioritizing learning over time, using meaningful reinforcement, seeking specialized support, maintaining high expectations, embedding skills into daily routines, and ensuring parental involvement (Bennett & Dukes, 2014).

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Pakistan has a high prevalence of intellectual disability, necessitating stronger institutional responses and training initiatives. Historical shifts, including deinstitutionalization and rights-based advocacy (UN, 1971), have promoted inclusive education and skill development programs (Bennett & Dukes, 2014). Organizations like WHO advocate a focus on practical life skills such as grooming, cooking, budgeting, mobility, and leisure, highlighting the need for lifelong self-help training to foster independence (WHO, 2021).

Educational resources for children with ID must be developmentally appropriate, relevant, and engaging. Support-based classification models are preferred over traditional IQ-based systems, allowing for more individualized intervention planning (Shakespeare & Watson, 2001). Instruction should promote generalizable skills through self-instruction techniques and task analysis. Despite many states discontinuing support services post-age 22, research encourages continued education in multi-step life tasks and written expression (Agran & Hughes, 2011).

Statement of the problem

The aimed to explore the impact of evidence-based instructional strategies in enhancing self-help skills among children with moderate to severe intellectual disability

Objectives of the study

The objectives of the study were:

1. To inquire the new insights of the phenomena
2. To identify strategies employed by special education teacher to develop self-help skills.
3. To assess the effectiveness of teaching strategies enhancing self-help skills in children with intellectual disability.
4. To provide evidence based recommendations for improving instruction strategies for child with intellectual disability.

Research questions

Following research question were designed to be investigated in the study:

1. What is the new inside of the phenomena?
2. What are the strategies employed by special education teacher to develop self-help skills?
3. What is the effectiveness of teaching strategies enhancing self-help skills in children with intellectual disability?
4. What are the evidence based recommendations for improving instruction strategies for child with intellectual disability?

RESEARCH METHODOLOGY

Research Design

This study employed a quantitative descriptive survey design to explore the strategies used by special education teachers for developing self-help skills among children with intellectual disabilities. Data were collected using a structured questionnaire from 60 teachers working in public and private special education institutions in Faisalabad. A five-point Likert scale was utilized to assess the frequency, effectiveness, and challenges of applied strategies.

Population

The population comprised all male and female special education teachers serving in public and private special education institutions in Faisalabad.

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Sample and Sampling Technique

A convenient sample of 60 special education teachers of students with intellectual disabilities from Faisalabad city was selected for the study.

Research Tool

A structured questionnaire was developed as the main research tool, focusing on identifying the strategies teachers use and the challenges they face in teaching self-help skills. The questionnaire consisted of 20 items, designed in consultation with the research supervisor to ensure relevance and clarity.

Structure of the Questionnaire

The questionnaire was divided into four main sections:

- **Section 1: Demographic Information** (e.g., age, gender, qualifications, experience, student severity levels)
- **Section 2: Strategies for Developing Self-help Skills** (measured on a five-point Likert scale from Never to Always)
- **Section 3: Perceived Effectiveness of Strategies** (rated from Not Effective to Very Effective)
- **Section 4: Challenges in Using Strategies** (rated from Strongly Disagree to Strongly Agree)

  Each section addressed domains such as visual support, modeling, reinforcement, task analysis, prompting, use of technology, and peer mediation.

Validity of Research Tool

The validity of the questionnaire was ensured through expert review and refinement. Items that were unclear, irrelevant, or redundant were removed based on the supervisor's feedback, ensuring alignment with the study objectives.

Data Collection

Sixty copies of the validated questionnaire were distributed to special education teachers in Government Special Education Schools for Intellectual Disabilities in Faisalabad. Respondents were informed about the study's purpose and gave informed consent. The data collection process included personal visits and interactions with the teachers. A baseline assessment of students' self-help skills was also conducted using the "Collection of Materials for Self-help Skills" tool.

Data Analysis

Data were organized and analyzed using frequency and percentage statistics, and results were presented in tabular form. Interpretations were provided with each table, and some findings were also illustrated using pie charts for better visualization.

Limitations of the Study

The study was limited to special education teachers working in Government Special Education Schools for Intellectual Disability in Faisalabad. Due to time and financial constraints, the sample was not extended to other regions or private institutions outside the city.

RESULTS

Results of the study have been presented in ensuing lines:

Section I – Demographics

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Table 1

Gender wise frequency distribution

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	0	0	0	0
	Female	60	100.0	100.0	100.0

Table 1 indicated the gender wise distribution of the respondents of the study. Above data expressed that all the respondents (100%) were female by gender who were the part of the study.

Table 2

Age wise frequency distribution

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 15-20 Years	4	6.7	6.7	6.7
	2 21-25 Years	27	45.0	45.0	51.7
	3 26-30 Years	22	36.7	36.7	88.3
	4 31 Years & Above	7	11.7	11.7	100.0
	Total	60	100.0	100.0	

Table 2 indicated the age wise distribution of the respondents of the study. Above data expressed that 6.7% of the respondents were 15-20 years of age, 45% were of 21-25 years of age, 36.7% were of 26-30 years, however 11.7% were falling in age range of 31 years or above.

Table 3

Qualification wise frequency distribution

	Frequency	Percent	Valid Percent	Cumulative Percent
1 M.A	10	16.7	16.7	16.7
2 BS	35	58.3	58.3	75.0
3 M.Phil	15	25.0	25.0	100.0
Total	60	100.0	100.0	

Table 3 indicated the qualification wise distribution of the respondents of the study. Above data expressed that 16.7% of the respondents had MA qualification, 58.3% had BS qualification, however 25% had M.Phil qualification.

Table 4

Experience wise frequency distribution

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 1-4 Years	39	65.0	65.0	65.0
	2 5-8 Years	13	21.7	21.7	86.7
	3 9 Years & Above	8	13.3	13.3	100.0
	Total	60	100.0	100.0	

Table 4 indicated the experience wise distribution of the respondents of the study. Above data expressed that 65% of the respondents had 1-4 years of experience, 21.7% had 5-8 years of experience, however 13.3% had 9 years & above years of experience.

Section II – Strategies for developing self-help skills

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Table 5
Strategies for developing self-help skills

Statements		Always	Often	Sometimes	Rarely	Never
Using pictures of schedule to guide daily routine.	*f*	24	14	20	2	60
	%	40	23.3	33.3	3.3	100
Using visual pictures clues for step by step instructions.	*f*	11	35	11	2	1
	%	18.3	58.3	18.3	3.3	1.7
Demonstrating self-help skills for students to imitate.	*f*	37	15	8	0	0
	%	61.7	25	13.3	0	0
Peer model by having other students demonstrate skills	*f*	35	19	1	4	1
	%	58.3	31.7	1.7	6.7	1.7
Breaking tasks into smaller manageable steps.	*f*	39	14	7	0	0
	%	65	23.3	11.7	0	0
Providing step by step verbal instructions.	*f*	44	13	3	0	0
	%	73.3	21.7	5	0	0
Providing positive reinforcement for successful task completion.	*f*	31	26	2	1	0
	%	51.7	43.3	3.3	1.7	0
Using tangible rewards as in senses.	*f*	35	20	4	1	0
	%	58.3	33.3	6.7	1.7	0
Analysing task to identify and teach each skills.	*f*	25	27	6	2	0
	%	41.7	45	10	3.3	0
Monitoring progress through data collection on completion.	*f*	31	22	6	1	0
	%	51.7	36.7	10	1.7	0
Using physical prompt to guide student.	*f*	19	23	13	3	0
	%	31.7	38.3	21.7	5	0
Providing verbal prompts or visual prompts to initial tasks.	*f*	24	21	11	3	1
	%	40	35	18.3	5	1.7
Utilizing apps or software to teaches self-help skills.	*f*	19	21	15	2	3
	%	31.7	35	25	3.3	5
Incorporate multimedia resources for skills development.	*f*	18	21	14	4	3
	%	30	35	23.3	6.7	5
Encouraging peer support to facilitate learning self-help skills.	*f*	28	18	12	1	1
	%	46.7	30	20	1.7	1.7
Organizing group activities where peers can assist each other.	*f*	27	22	8	3	0
	%	45	36.7	13.3	5	0

The study determined the strategies to develop the self-help skills. 40% of the respondents were ‘always’ using pictures of schedule to guide daily routine, 23.3% were ‘often’ using, 33.3% were ‘sometimes’ using, whereas 3.3% were rarely using it. 18.3% participants viewed that ‘very often’ using visual pictures clues for step-by-step instructions, 58.3% replied ‘often’, 18.3% sometimes, 3.3% rarely, whereas 1.7% replied ‘never’. 61.7% participants viewed that ‘very often’ demonstrating self-help skills for students to imitate, 25.0% replied ‘often’, 13.3% sometimes. 58.3% participants viewed that ‘very often’ peer model by having other students demonstrate skills, 31.7% replied ‘often’, 1.7% sometimes, 6.7% rarely, whereas 1.7% replied ‘never’. 65.0% participants viewed that ‘very often’ breaking tasks into smaller

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manageable steps, 23.3% replied 'often', 11.7% sometimes. 73.3% participants viewed that 'very often' providing step by step verbal instructions, 21.7% replied 'often', 5.0% sometimes.

51.7% participants viewed that 'very often' providing positive reinforcement for successful task completion, 43.3% replied 'often', 3.3% sometimes, 1.7% rarely. 58.3% participants viewed that 'very often' using tangible rewards as in senses, 33.3% replied 'often', 6.7% sometimes, 1.7% rarely. 41.7% participants viewed that 'very often' analysing task to identify and teach each skills, 45.0% replied 'often', 10.0% sometimes, 3.3% rarely. 51.7% participants viewed that 'very often' monitoring progress through data collection on completion, 36.7% replied 'often', 10.0% sometimes, 1.7% rarely. 31.7% participants viewed that 'very often' Using physical prompt to guide student, 38.3% replied 'often', 21.7% sometimes, 5.0% rarely, whereas 3.3% replied 'never'. 40.0% participants viewed that 'very often' Providing verbal prompts or visual prompts to initial tasks, 35% replied 'often', 18.3% sometimes, 5.0% rarely, whereas 1.7% replied 'never'. 31.7% participants viewed that 'very often' Utilizing apps or software to teaches self-help skills, 35% replied 'often', 25% sometimes, 3.3% rarely, whereas 5.0% replied 'never'. 30% participants viewed that 'very often' Incorporate multimedia resources for skills development, 35% replied 'often', 23.3% sometimes, 6.7% rarely, whereas 5.0% replied 'never'. 46.7% participants viewed that 'very often' Encouraging peer support to facilitate learning self-help skills., 30.0% replied 'often', 30.0% sometimes, 1.7% rarely, whereas 1.7% replied 'never'. 28% participants viewed that 'very often' Organizing group activities where peers can assist each other, 45% replied 'often', 36.7% sometimes, 13.3% rarely, whereas 5.0% replied 'never'.

Section II – Perceived effectiveness of strategies for developing self-help skills

Table 6

Perceived effectiveness of strategies for developing self-help skills

Statements		Very effective	Effective	Moderately effective	Slightly effective	Not effective
Using pictures of schedule to guide daily routine.	*f*	10	41	8	0	1
	%	16.7	68.3	13.3	0	1.7
Using visual pictures clues for step by step instructions.	*f*	32	22	4	0	2
	%	53.3	36.7	6.7	0	3.3
Demonstrating self-help skills for students to imitate.	*f*	42	13	3	2	0
	%	70	21.7	5	3.3	0
Peer model by having other students demonstrate skills	*f*	41	11	4	3	1
	%	68.3	18.3	6.7	5	1.7
Breaking tasks into smaller manageable steps.	*f*	40	16	2	2	0
	%	66.7	26.7	3.3	3.3	0
Providing step by step verbal instructions.	*f*	41	12	7	0	0
	%	68.3	20	11.7	0	0
Providing positive reinforcement for successful task completion.	*f*	32	25	2	1	0
	%	53.3	41.7	3.3	1.7	0
Using tangible rewards as in senses.	*f*	32	20	5	3	0
	%	53.3	33.3	8.3	5	0
Analysing task to identify and teach each skills.	*f*	28	28	2	1	1
	%	46.7	46.7	3.3	1.7	1.7
	f	29	25	6	0	0

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Monitoring progress through data collection on completion.	%	48.3	41.7	10	0	0
Using physical prompt to guide student.	*f*	28	16	13	2	1
	%	46.7	26.7	21.7	3.3	1.7
Providing verbal prompts or visual prompts to initial tasks.	*f*	27	22	10	1	0
	%	45	36.7	16.7	1.7	0
Utilizing apps or software to teaches self-help skills.	*f*	17	19	18	3	3
	%	28.3	31.7	30	5	5
Incorporate multimedia resources for skills development.	*f*	22	17	17	1	3
	%	36.7	28.3	28.3	1.7	5
Encouraging peer support to facilitate learning self-help skills.	*f*	29	21	8	2	0
	%	48.3	35	13.3	3.3	0
Organizing group activities where peers can assist each other.	*f*	26	24	8	2	0
	%	43.3	40	13.3	3.3	0

The study determined the perceived effectiveness of the strategies employed to develop the self-help skills. 16.7% participants viewed that ‘very effective’ Using pictures of schedule to guide daily routine, 68.3% replied ‘effective’, 13.3% moderately effective whereas 1.7% replied ‘not effective’. 53.3% participants viewed that ‘very effective’ Using visual pictures clues for step by step, 36.7% replied ‘effective’, 6.7% moderately effective, whereas 3.3% replied ‘not effective’. 70% participants viewed that ‘very effective’ demonstrating self-help skills for students to imitate, 21.7% replied ‘effective’, 5.0% moderately effective, 3.3% slightly effective. 68.3% participants viewed that ‘very effective’ Peer model by having other students demonstrate skills, 18.3% replied ‘effective’, 6.7% moderately effective, 5% slightly effective, whereas 1.7% replied ‘not effective’. 66.7% participants viewed that ‘very effective’ Breaking tasks into to smaller manageable steps, 26.7% replied ‘effective’, 3.3% moderately effective, 3.3% slightly effective. 68.3% participants viewed that ‘very effective’ Providing steps bye step instructions., 20% replied ‘effective’, 11.7% moderately effective. 53.3% participants viewed that ‘very effective’ Providing positive reinforcement for successful task completion, 41.7% replied ‘effective’, 3.3% moderately effective, 1.7% slightly effective. 53.3% participants viewed that ‘very effective’ Using tangible rewards as in senses, 33.3% replied ‘effective’, 8.3% moderately effective, 5.0% slightly effective. 46.7% participants viewed that ‘very effective’ Analysing task to identify and teach skills, 46.7% replied ‘effective’, 3.3% moderately effective, 1.7% slightly effective, whereas 1.7% replied ‘not effective’. 48.3% participants viewed that ‘very effective’ Monitoring progress through data collection on completion, 41.7% replied ‘effective’, 10% moderately effective. 46.7% participants viewed that ‘very effective’ Using physical prompt to guide student., 16.7% replied ‘effective’, 21.7% moderately effective, 3.3% slightly effective, whereas 1.7% replied ‘not effective’. 45% participants viewed that ‘very effective’ Providing verbal prompts or visual prompts to initial tasks, 36.7% replied ‘effective’, 16.7% moderately effective, 1.7% slightly effective. 28.3% participants viewed that ‘very effective’ Utilizing apps or software to teach self-help skills, 31.7% replied ‘effective’, 30% moderately effective, 5% slightly effective, whereas 5% replied ‘not effective’. 36.7% participants viewed that ‘very effective’ Incorporate

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video multimedia resources for skills development, 28.3% replied 'effective', 28.3% moderately effective, 1.7% slightly effective, whereas 5.0% replied 'not effective'. 48.3% participants viewed that 'very effective' Encouraging peer support to facilitate learning self-help skills, 35% replied 'effective', 13.3% moderately effective, 3.3% slightly effective. 43.3% participants viewed that 'very effective' Organizing group activities where peers can assist each other, 40% replied 'effective', 13.3% moderately effective, 3.3% slightly effective.

Section III – Challenges faced regarding strategies for developing self-help skills

Table 7

Challenges faced regarding development of strategies for self-help skills

Statements		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Lack of resources	*f*	9	20	23	6	2
	%	15	33.3	38.3	10	3.3
Time constraints	*f*	10	26	21	3	0
	%	16.7	43.3	35	5	0
Challenges to keep motivated	*f*	14	22	20	4	0
	%	23.3	36.7	33.3	6.7	0
Difficult to tailor strategies to	*f*	13	24	13	10	0
teach individual student	%	21.7	40	21.7	16.7	0
Individualized of instructions.	*f*	20	26	12	2	0
	%	33.3	43.3	20	3.3	0
Parental Involvement	*f*	35	19	5	1	0
	%	58.3	31.7	8.3	1.7	0

Challenges faced by the teachers in developing self-help skills were determined. 15% participants viewed that 'strongly agreed' Lack of resources, 33.3% replied 'agreed', 38.3% neutral, 10% disagreed, whereas 3.3% replied 'strongly disagreed'. 16.7% participants viewed that 'strongly agree' Time constraint, 43.3% replied 'agreed', 35% neutral, 5% disagreed. 23.3% participants viewed that 'strongly agreed' Challenges to keep motivated, 36.7% replied 'agreed', 33.3% sometimes, 6.7% disagreed. 21.7% participants viewed that 'strongly agreed' Difficult to tailor strategies to teach individual student, 40% replied 'agreed', 21.7% neutral, 16.7% disagreed. 33.3% participants viewed that 'strongly agreed' Individualized of instructions, 43.3% replied 'agreed', 20.0% neutral, 3.3% disagreed. 58.3% participants viewed that 'strongly agreed' Parental involvement, 31.7% replied 'agreed', 8.3% neutral, and 1.7% disagreed.

FINDINGS

Teaching Strategies for Self-Help Skills

Visual Support

1. **Schedules**
   40% always used visual schedules; 33.3% used them sometimes.
2. **Step-by-Step Visual Cues**
   58.3% often used visual picture clues.

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Modeling and Peer Learning:

1. **Teacher Demonstration**
   61.7% often modeled self-help skills for imitation.
2. **Peer Models**:
   58.3% often used peers to demonstrate tasks.

Task Simplification and Guidance

1. **Breaking Tasks**
   65% often broke tasks into smaller, manageable steps.
2. **Verbal Instructions**
   73.3% always provided step-by-step verbal instructions.

Physical Prompts
38.3% often guided students physically when necessary.

Reinforcement

1. **Positive Reinforcement**
   51.7% often provided positive reinforcement for task completion.
2. **Tangible Rewards**
   58.3% often used tangible rewards.

Use of Technology

1. **Apps/Software**
   31.7% used technology often, while 28.3% sometimes integrated apps.
2. **Multimedia**
   36.7% often incorporated videos for skills development.

Peer Support
46.7% often encouraged peer interactions to facilitate learning.
45% organized group activities where peers assisted each other.

Challenges Identified

1. **Resource Constraints**
   38.3% sometimes experienced a lack of resources.
2. **Time Limitations**
   43.3% often faced challenges related to limited time.
3. **Motivation**
   36.7% often struggled to keep students motivated.
4. **Individualized Strategies**:
   40% often found it challenging to tailor strategies for individual needs.
   Parental involvement was deemed essential, with 58.3% highlighting its frequent impact.

CONCLUSION

The study revealed that special education teachers employ a variety of effective strategies to develop self-help skills among children with intellectual disabilities, with verbal instructions (73.3%), task breakdown (65%), and positive reinforcement (51.7%) being the most frequently used. Visual aids, peer modeling, and reinforcement techniques were widely adopted, emphasizing the importance of simplifying tasks and encouraging peer support. However, challenges such as resource constraints (38.3%), limited time (43.3%), and the difficulty of tailoring individualized strategies (40%) highlight the need for targeted interventions. The integration of technology, though beneficial, remains underutilized, with only 31.7% of teachers frequently incorporating apps or multimedia. Parental involvement

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emerged as a critical factor in reinforcing these skills, with 58.3% recognizing its frequent impact. To enhance outcomes, the study underscores the need for improved teacher training, resource allocation, and stronger collaboration between schools and families. By summimg up, the researchers concluded that demonstrating self-help skills and breaking down tasks were among the most frequently cited effective strategies and regular progress monitoring and use of rewards was identified as impactful. Moreover, peer modeling and technology integration were supportive but less frequently utilized compared to traditional teaching techniques.

RECOMMENDATIONS

Following were the study recommendations:

1. There is a need to improve teacher training on individualized instructional methods.
2. Greater allocation of resources, including assistive technologies, to enhance teaching efficacy is required in all school levels in special education department.
3. Strengthened collaboration between schools and parents to reinforce skill transfer to home settings is direly needed.

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