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Social Skills Profile of Children with Visual Impairments

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ABSTRACT

This study explores the social skills profile of children with visual impairments (ADHP). The program aims to provide educational services while children receive ophthalmological treatment. Employing a qualitative descriptive design, data were collected through observations, interviews with parents and teachers, and document analysis. The research focused on two core questions: (i) What are parents' expectations for the development of their children's social skills? and (ii) What aspects define the social skills of ADHP participants in this program?. Findings revealed high parental expectations across four key areas: the development of basic orientation and mobility skills, enhanced self-confidence, improved social interaction, and increased school motivation. The study also identified three social skills dimensions: peer interaction, expressing needs and preferences, and task engagement. These insights can guide future intervention models to support inclusive education.

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1. INTRODUCTION

Social skills are foundational for individuals to function effectively within society, serving as the primary gateway for meaningful interaction and integration. For children with visual impairments (Anak dengan Hambatan Penglihatan (ADHP)), social skill development is both critical and challenging. Social skills encompass communication, emotional awareness, cooperation, and adaptation to social norms. These capacities enable individuals to engage in both verbal and non-verbal exchanges, develop interpersonal relationships, and navigate complex social environments (Glushchenko, 2025; Sulyman & Yetunde, 2023; Braquez & Morbo, 2024).

Numerous scholars have emphasized the importance of social skills in promoting psychological well-being (Riggio, 1986; Braquez & Morbo, 2024; Khimmataliev & Ergashevna, 2025), fostering healthy interpersonal relationships, enhancing workplace competence, and facilitating societal adaptation. For ADHP, however, limitations in visual access present unique barriers. These children often experience delayed emotional recognition, difficulty with non-verbal cues, and challenges in initiating or maintaining peer relationships (Celeste, 2006; Roe, 2008).

ADHPs are defined as individuals with total or partial visual impairments (whether congenital or acquired) that significantly limit visual functioning and cannot be corrected with conventional optical aids (see <https://www.who.int/news-room/fact-sheets/detail/blindness-and-visual-impairment>). These impairments directly affect their learning and social interaction needs. Without targeted educational interventions, ADHPs are at risk of social exclusion, dependency, and limited developmental outcomes.

Sekolahku Cicendo UPI, a collaboration between the National Eye Center (PMN) of Cicendo Hospital and Universitas Pendidikan Indonesia, was founded to address these challenges. It provides educational services to ADHP while they undergo treatment. This unique setting allows children to receive academic, behavioral, and social support in a structured yet therapeutic environment. Despite the presence of this integrated program, little is known about how it shapes the social skills development of ADHP.

This study addresses that gap by focusing on two central questions: (i) What are the expectations of ADHP parents regarding the development of their children's social skills? and (ii) What aspects characterize the social skills of ADHP participating in the program? By exploring these dimensions, this study offers a comprehensive social profile of visually impaired children within an inclusive hospital-based educational setting.

The novelty of this research lies in its contextual focus (an educational initiative within a medical facility) and its contribution to understanding social skills development from the perspectives of both parents and educators. The findings have significant implications for the design of inclusive learning programs and intervention models aimed at fostering ADHP's independence, confidence, and social participation.

2. METHODS

This study employed a qualitative descriptive research design to investigate the social skills profile of ADHP attending Sekolahku Cicendo, Indonesia. A qualitative approach was deemed appropriate to capture the depth and complexity of individual experiences within a specific educational context, particularly regarding social behavior and parental expectations. Qualitative research is well-suited for exploring meanings constructed by individuals in relation to social phenomena. Meanwhile, descriptive research focuses on portraying the current status of a phenomenon without assessing causal relationships.

The study participants consisted of ADHP who actively participated in learning activities at Sekolahku Cicendo UPI, along with their parents. A purposive sampling technique was employed to

select participants who could provide rich and relevant information aligned with the research objectives.

Three data collection methods were used: observation, interview, and documentation. Observation focused on identifying social behaviors demonstrated by ADHP during structured and unstructured activities. Semi-structured interviews were conducted with parents, teachers, and ADHP to gather perspectives on social interaction, self-confidence, and behavioral development. Document analysis involved reviewing student development records, activity photographs, and teacher notes related to social engagement.

To ensure the validity of findings, data triangulation was applied by comparing information across the three sources. The analytical process followed literature, which consists of three steps: (i) data reduction, selecting and organizing relevant information based on the study's focus; (ii) data display, presenting findings in narrative form; and (iii) conclusion drawing and verification, identifying patterns and drawing evidence-based inferences regarding the social skills of ADHP.

3. RESULTS AND DISCUSSION

3.1. Parental Expectations Toward Sekolahku Cicendo UPI

The study found that parents of ADHP hold high expectations toward Sekolahku Cicendo UPI as a supportive environment for their children's social development. These expectations are grouped into four major themes: (i) training in orientation and mobility (O&M) skills, (ii) fostering self-confidence, (iii) enhancing social interaction skills, and (iv) motivating children to attend and continue school. Several points are in the following:

- (i) **O&M Skills Development.** Parents expressed a strong desire for their children to gain independence through basic orientation and mobility skills. These include daily activities such as feeding, dressing, bathing, and navigating indoor and outdoor environments. Without proper training, many ADHP remain heavily dependent on family members, leading to developmental delays and increased parental burden. The importance of O&M training is well documented. Orientation enables children to perceive their spatial position, while mobility equips them to move safely and confidently (Suharto, 2018). Moreover, blind children with O&M skills show greater independence and confidence at home and in social settings (Wardani & Astuti, 2020; Situngkir *et al.*, 2024). Parents also expect to be included in training programs to better assist their children at home. Involving caregivers in skill-building supports consistent reinforcement and empowers families with effective strategies (Siregar, 2021). The O&M aspect is considered foundational for ADHP's broader social integration and serves as a prerequisite for developing other social competencies.
- (ii) **Self-Confidence Development.** Parents emphasized that their children often exhibit low self-esteem and withdrawal, limiting their desire to engage with others. Many ADHPs appear dependent and hesitant to explore or express themselves. This aligns with literature identifying self-confidence as essential for blind children to participate actively in social life. Factors contributing to this include a lack of peer experience, overprotection at home, and limited opportunities for success. Blind children with high self-confidence are more communicative and socially engaged (Marini & Suryadi, 2020). Conversely, children lacking confidence often become passive or socially isolated. The role of family acceptance, positive social experiences, and inclusive education is critical in shaping confidence (Yuniarti, 2018). Sekolahku Cicendo UPI thus becomes a vital platform for instilling belief in personal capability and social identity.
- (iii) **Social Interaction Training.** Another major expectation is the improvement of children's ability to interact with peers and adults outside the immediate family. Most ADHPs, before joining the program, interacted mostly with close relatives, limiting their exposure to broader social norms.

Parents hope the school can facilitate activities that encourage communication, cooperation, and emotional sharing. Social interaction is crucial for inclusion (Wardani & Yuliasih, 2020; Yusuf *et al.*, 2023), who assert that social skills training helps compensate for limited visual experience and enables adaptive behavior. Socialization also protects children from feelings of inferiority and helps build resilience. When ADHPs are trained in how to express themselves appropriately, they are less likely to develop behavioral issues and more likely to be accepted within peer groups (Hidayat, 2018; Hafina, 2024). Thus, Sekolahku Cicendo UPI is expected to play a role not only as a learning environment but as a safe social space for growth.

- (iv) Motivation to Attend and Continue School. A critical concern raised by parents is their children's lack of motivation to attend or continue schooling. Many ADHP, especially those of preschool or early school age, prefer staying at home due to fear, unfamiliarity, or prior negative experiences. Some parents also express concerns about whether inclusive or special schools are suitable for their child's condition. Others fear their children may face bullying or be unable to cope academically. Children with special needs require strong motivation and support systems to reach their potential. Motivation is closely tied to self-worth, and when children perceive themselves as capable and supported, they are more likely to seek learning experiences (Deci & Ryan, 2000; Abiodun *et al.*, 2025; Fitriah & Indrakurniawan, 2025). Sekolahku Cicendo UPI, through its integrated therapeutic and educational setting, offers a pathway for building intrinsic motivation in ADHP.

3.2. Social Skills Profile of ADHP

Based on observations, interviews, and document analysis, the social skills of ADHP can be categorized into three key dimensions: (i) peer social interaction, (ii) self-expression and communication, and (iii) task engagement and cooperation. These factors are explained:

- (i) Peer Social Interaction. ADHP, particularly those of preschool age, demonstrated increasing social engagement with peers during group activities. They were observed responding to greetings, asking and answering names, and participating in structured play such as circle games and storytelling. In many instances, children-initiated interactions, invited peers to play, and complied with rules such as queuing and taking turns. This form of socialization is significant given that ADHP often face difficulties recognizing facial expressions or non-verbal cues due to visual limitations (Celeste, 2006). Children with visual impairments tend to communicate more with adults than with peers, making early peer interaction training essential (Roe, 2008). Teachers played a central role in conditioning these interactions by guiding children to share, cooperate, and communicate effectively. Consistent peer engagement from an early age contributes positively to future social independence in blind children (Erwin, 1993). Without such interaction, there is a risk of long-term social isolation, which has been associated with poor adaptive skills and psychosocial issues during adolescence (Wolffe & Kelly, 2011; Al Husaeni & Nandiyanto, 2022).
- (ii) Self-Expression and Communication. Another dimension of social skills identified was the ability of ADHP to express feelings, preferences, and rejections. During activities, many children articulated basic emotional states such as happiness or reluctance ("I'm happy," "I don't want this"). They also exhibited empathy by showing attention when friends expressed joy, although expressions of empathy during moments of sadness were less frequent. Verbal expressions such as "please," "thank you," and "sorry" were commonly used, reflecting the effectiveness of social language instruction. However, some children still struggled to assert personal preferences or to express disagreement during group play. Blind children require longer to master two-way communication and often struggle with social cues that are visually transmitted (Preisler, 1993; Jamiu, 2023; Bolaji & Ajia, 2023; Farida *et al.*, 2024). The

development of pragmatic language (how to initiate, maintain, and end conversations) is essential for social participation. Blind children need explicit instruction in social rules that sighted children typically learn through observation. This underscores the need for continuous communication-based social skills training, tailored to tactile and auditory learning channels (Anthony & Fazzi, 2003).

- (iii) Task Engagement and Cooperation. The final dimension observed was children's willingness to complete tasks and follow instructions. ADHP were seen actively participating in learning activities such as identifying objects by touch, completing puzzles, and following instructions during group projects. Children also accepted help from teachers and peers and reciprocated by offering assistance when needed.

These behaviors reflect foundational social competencies such as cooperation, responsibility, and task commitment. Literature categorizes such behaviors as essential components of classroom social functioning. In particular, the ability to follow group rules, ask for clarification, and demonstrate perseverance in completing assignments reflects not only cognitive growth but also social maturity.

Teachers supported task engagement by using verbal prompts, tactile materials, and positive reinforcement. Additionally, collaboration in small groups enabled children to practice negotiation, turn-taking, and peer interaction in a structured setting. Adaptive strategies such as verbal modeling and peer mentoring further reinforced independent learning and social accountability.

The school environment itself (designed with therapeutic and inclusive goals) played a crucial role in enabling these skills to emerge. A supportive environment that offers safe social challenges, clear expectations, and continuous feedback can significantly enhance the socio-emotional development of children with visual impairments.

4. CONCLUSION

Sekolahku Cicendo UPI, as a collaborative initiative between the National Eye Center of Cicendo Hospital and Universitas Pendidikan Indonesia, offers a unique model of inclusive education integrated with medical care. This study found that parents of ADHP hold high expectations for the program, particularly in four areas: the development of orientation and mobility skills, strengthening self-confidence, enhancing peer interaction, and motivating children to pursue education. The observed social skills profile of ADHP revealed three key competencies: the ability to socialize with peers, express personal needs and preferences, and engage in tasks cooperatively. These findings underscore the program's role in fostering foundational social abilities critical for inclusion and independence. Sekolahku Cicendo UPI demonstrates how hospital-based education can serve not only as a temporary learning environment but also as a platform for long-term developmental support. Future research is encouraged to design and evaluate targeted intervention models that can further enhance the social competencies of children with visual impairments in similar inclusive settings.

5. AUTHORS' NOTE

The authors declare that there is no conflict of interest regarding the publication of this article. Authors confirmed that the paper was free of plagiarism.

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