

# Independent Self-Care and Functional Skills of Children with Intellectual Disabilities: A Teacher-Parent Collaborative Anecdotal Reflection

Cordelia Joyce S. Bringas  
University of Santo Tomas-Legazpi  
[cordelia.bringas@deped.gov.ph](mailto:cordelia.bringas@deped.gov.ph)

Date Submitted:  
**March 3, 2026**

Date Accepted:  
**April 16, 2026**

Date Published:  
**May 22, 2026**

DOI:  
**10.5281/zenodo.20340476**

## ABSTRACT

This qualitative phenomenological case study explored the development of self-care and functional skills among seven children with intellectual disabilities through teacher-parent collaboration at the Legazpi City Division SPED Center. Anchored on Bronfenbrenner's Ecological Systems Theory and Noddings' Ethics of Care Theory, the study documented teacher-parent reflections, classroom observations, parent feedback, and functional-skills monitoring to understand how independence is supported across school and home contexts. Data were gathered through semi-structured interviews, anecdotal reflections, observation checklists, and document analysis, then analyzed thematically. Findings revealed that learners demonstrated gradual but meaningful gains in self-care and functional routines such as

handwashing, eating with utensils, organizing personal belongings, cleaning study areas, and assisting with simple household tasks. Three major themes emerged: unmet basic needs as barriers to independence, limited parental capacity and support, and structured support as a pathway to independence. The study generated the CARE-S Model, which emphasizes Connect and Create, Assess and Adapt, Respond and Reinforce, Empower, and Sustain as a practical framework for collaborative support. The findings affirm that independence among children with intellectual disabilities is gradual, relational, and context-dependent; it develops most effectively when school structures, family involvement, individualized strategies, and caring relationships work together. The study recommends the continued use and adaptation of the CARE-S Model in SPED and inclusive education settings to strengthen functional independence and transition readiness.

**Keywords:** *self-care, functional skills, children with intellectual disabilities, CARE-S Model, teacher-parent collaboration, inclusive education*

## INTRODUCTION

Education is a shared journey that thrives on the partnership among school, home, and community. For children with intellectual disabilities, this partnership becomes essential because learning independence does not begin and end inside the classroom. Children with intellectual disabilities often experience challenges in cognitive, social, and adaptive functioning, making everyday tasks such as eating, dressing, grooming, toileting, and organizing simple routines more difficult to master. Through patient guidance, consistent reinforcement, and meaningful collaboration, these learners can gradually develop confidence, autonomy, and functional participation.

Teacher-parent collaboration plays a central role in this process. Teachers and parents communicate, share feedback, and reinforce one another's efforts so that routines and strategies are aligned across home and school. Regular communication ensures that behavioral strategies, learning techniques, and self-care routines are not fragmented. This is particularly important in Philippine SPED contexts where family participation, community values, and school-based interventions shape the learner's opportunities for functional development.

The study is aligned with Sustainable Development Goal 4 on Quality Education, particularly its emphasis on inclusive and equitable learning opportunities. It also responds to national commitments under the Magna Carta for Disabled Persons, the Enhanced Basic Education Act of 2013, and the Inclusive Education Act, all of which support rehabilitation, self-development, inclusive schooling, and self-reliance for learners with disabilities. Despite these policy commitments, local implementation often faces gaps in resources, interdisciplinary support, caregiver training, and continuity between home and school.

At the Legazpi City Division SPED Center, teachers work directly with children with intellectual disabilities and their families, but related service personnel and structured parent coaching may not always be consistently available. This gap highlights the need for a simple, responsive, and collaborative framework that can guide teachers and parents in supporting functional independence. Therefore, this study explored teacher-parent reflections on self-care and functional skills, drew insights from their lived experiences, and proposed the CARE-S Model for promoting independence among children with intellectual disabilities.

## Literature Review

### *Self-Care, Functional Independence, and Quality of Life*

Self-care skills include basic daily living activities such as eating, dressing, grooming, toileting, washing, and maintaining personal hygiene. These skills are essential not only for survival but also for dignity, participation, and quality of life. Independence, however, is not acquired instantly; it develops gradually through repeated exposure, guided practice, meaningful engagement, and consistent reinforcement. Children with intellectual disabilities often require explicit instruction, extended time, structured environments, and opportunities to practice the same skills across settings.

Functional competence refers to the ability to apply learned skills in real-life situations. Learners who are consistently exposed to meaningful practice opportunities at school and at home are more likely to generalize self-care skills into daily routines. The literature emphasizes that independence is closely associated with quality-of-life outcomes, school participation, social interaction, and later transition readiness (Zareii Zavaraki et al., 2021).

### *Ecological and Care-Based Foundations*

Bronfenbrenner's Ecological Systems Theory explains that a child's development is shaped by interconnected systems, including family, school, community, policy, and culture. In the present study, the microsystem includes the child's immediate relationships with parents, teachers, peers, and caregivers; the mesosystem refers to the connection between home and school; and the exosystem and macrosystem include services, policies, and cultural values that shape support for children with disabilities. This ecological view affirms that self-care development requires alignment among the people and systems surrounding the child.

Noddings' Ethics of Care complements the ecological perspective by emphasizing that learning occurs best in relationships characterized by attentiveness, empathy, responsiveness, and trust. For children with intellectual disabilities, care is not separate from instruction; it is the relational condition that enables learners to participate, persist, and attempt unfamiliar tasks. Together, Bronfenbrenner and Noddings support the study's view that independence develops through both structured systems and caring relationships.

### *Instructional Strategies and Family Involvement*

Effective instruction in self-care commonly uses task analysis, systematic prompting, fading, reinforcement, and visual supports. Task analysis breaks complex routines into smaller manageable steps, while prompting and fading guide learners initially and gradually reduce support as competence grows. Visual schedules, cue cards, picture prompts, and charts enhance predictability and reduce confusion, especially for learners who benefit from visual learning. Technology-based interventions also support independence. Video modeling and video prompting allow learners to observe and repeat demonstrations of daily routines. Studies have reported that video-based instruction improves the performance of daily living tasks among learners with intellectual disabilities (Syriopoulou-Delli et al., 2021; Adhikari, 2024; Athorp et al., 2022; Mitchell, 2023; Li et al., 2025). These strategies are consistent with Vygotsky's scaffolding, where supports are gradually withdrawn as learners gain mastery.

Family and caregiver involvement is equally important because learning must be reinforced outside the classroom. The World Health Organization's Caregiver Skills Training program emphasizes caregiver coaching within everyday routines (World Health Organization, 2021). Studies also show that children demonstrate greater progress when parents actively reinforce skills at home (Zerihun et al., 2024). In the Philippine context, SPED practices emphasize family involvement, culturally responsive teaching, community-based support, and functional life skills training.

The reviewed literature consistently shows that independence among children with intellectual disabilities develops through structured instruction, adaptive strategies, family participation, and supportive learning environments. However, fewer studies explore how these elements interact within the lived experiences of teachers, parents, and learners in local SPED settings. This study addressed the gap by documenting teacher-parent reflections and generating a practical model grounded in classroom realities, caregiver experiences, and collaborative support.

### Conceptual Framework

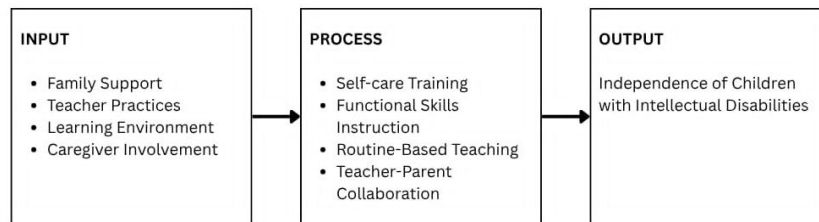


Figure 2. *Paradigm of the Conceptual Framework*

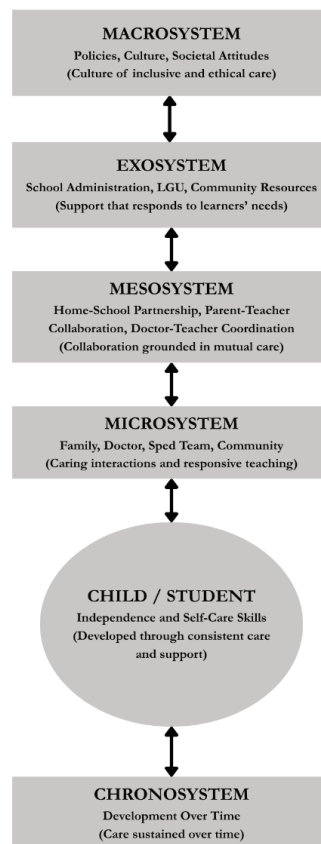


Figure 1. *Paradigm of the Theoretical Framework*

---

## **METHODS**

### **Research Design**

This study employed a qualitative phenomenological case study design to explore how school-home partnership promoted independence and self-care skills among children with intellectual disabilities. The design allowed the teacher-researcher to gather in-depth insights from the lived experiences of the teacher, parents, and learners in their natural environments. Descriptive and interpretive analysis was used to identify patterns, themes, and relationships among teacher-parent collaboration, self-care development, and functional independence.

### **Research Locale**

The study was conducted at the Legazpi City Division SPED Center under the supervision of the Department of Education. The center provides special education services for learners with intellectual disability, autism spectrum disorder, and learning disabilities. It operates within an inclusive framework where individualized education plans are implemented in coordination with parents and caregivers.

### **Participants and Sampling Technique**

The participants consisted of seven children aged eight to nine years old diagnosed with intellectual disabilities, their parents or guardians, and their SPED teacher. Participants were selected purposively based on enrolment in the SPED Center, formal diagnosis of intellectual disability, active parent or caregiver involvement in daily care and learning activities, and at least three months of teacher familiarity with the learner's needs, behaviors, and progress.

### **Research Instrument**

The study used semi-structured interview guides, anecdotal reflection records, observation checklists, and functional skills monitoring notes. Interview questions were aligned with the proposed CARE-S Model to elicit teacher-parent reflections on self-care, functional skills, school-home collaboration, barriers to independence, and supports needed for sustained progress.

### **Data Gathering Procedure**

The researcher secured approval from the University of Santo Tomas-Legazpi Graduate School and the DepEd Legazpi City Division Office before data collection. Parental consent and teacher participation forms were obtained. Interviews were conducted in person, while classroom observations and parent feedback were collected over several months of engagement. The researcher also observed school activities, home-practice reports, and classroom routines to identify consistent and inconsistent practices.

### **Data Analysis**

Interview responses and anecdotal reflections were transcribed, repeatedly reviewed, and organized thematically. Recurring patterns were identified across learner profiles, parent narratives, and teacher reflections. Themes were developed to explain how teacher-parent collaboration influenced self-care and functional independence. Qualitative findings were summarized narratively and supported with representative parent responses and observation notes.

### **Ethical Consideration**

Ethical protocols were observed throughout the study. Informed consent was obtained, confidentiality was maintained through pseudonyms, and data were used solely for academic purposes. Participants had the right to withdraw from the study without penalty. The study also followed DepEd's Child Protection Policy and the UST-Legazpi research ethics guidelines.

## RESULTS AND DISCUSSION

### Learner Profiles and Emerging Self-Care Development

Learner	Observed Strengths	Progress in Self-Care and Functional Skills
Learner 1: The Quiet Helper	Mostly non-verbal; calm; enjoys doodling; assists with simple chores	Developed greater independence in eating, holding utensils, finishing food, and bringing plates to the washing area with consistent reinforcement.
Learner 2: The Nature Lover	Energetic; curious about outdoor environments; identifies colors and shapes	Improved handwashing, clean-up routines, and organization when outdoor interests were integrated into tasks.
Learner 3: The Shy Music Lover	Non-verbal; shy; responds to music and rhythm	Gradually engaged in handwashing and eating routines when music and gentle connection were used.
Learner 4: The Curious Conversationalist	Sociable; asks questions; enjoys peer interaction	Improved in wearing shoes, organizing materials, and cleaning his area through repeated prompts and routines.
Learner 5: The Visual Communicator	Deaf learner; strong visual recognition; enjoys sorting and books	Improved self-care through visual routines, sign language, and inclusive communication strategies.
Learner 6: The Helpful Daughter	Conversational; helps with sweeping and washing dishes	Sustained and refined household and functional skills through reinforcement and opportunities to model behavior.
Learner 7: The Capable Learner	Relatively stronger academic skills; follows instructions; conversant	Improved emotional regulation, clean-up routines, sharing, and organization through guided routines and coaching.

Across the seven learners, progress appeared in small but meaningful forms. Some learners moved from constant prompting toward partial independence, while others strengthened existing household or self-care skills. Improvements were seen in washing hands and face, eating with utensils, organizing belongings, cleaning study areas, and assisting with simple chores. These gains were not uniform, but they demonstrated that functional development among children with intellectual disabilities is gradual, individualized, and responsive to consistent support. The learner profiles show that each child required a different entry point for instruction. For some, emotional safety and trust were necessary before engagement could begin; for others, visual communication, outdoor learning, music, or household routines served as more effective scaffolds. These findings support ecological and care-based perspectives by showing that independence grows when instruction is adapted to the learner's strengths, needs, and contexts.

### Teacher-Parent Collaboration as a Bridge Between School and Home

Teacher-parent collaboration emerged as a major contributor to learner progress. Communication occurred through face-to-face conversations during drop-off and pick-up, as well as through a parent group chat where reminders, announcements, and updates were shared. These channels helped parents understand classroom activities and practice related routines at home. Many parents initially felt uncertain about how to support their children. Some reported financial challenges, transportation concerns, limited time, and lack of updated developmental assessments. Despite these constraints, parents became more engaged when they observed small improvements in their children's daily behavior. Several reported that their children began sweeping floors, washing dishes, organizing belongings, and looking forward to attending school. These accounts suggest that collaboration works best when teachers celebrate small successes, offer realistic strategies, and respect the realities of family life.

### Functional Skills Embedded in Classroom and School Activities

The study intentionally integrated self-care and functional skills into daily routines and school activities. Learners practiced washing hands before meals, using utensils during eating, cleaning study tables, organizing materials, and helping with simple chores. During school events, learners practiced coordination, following instructions, turn-taking, cooperation, and cleaning up after activities. Activities such as Valentine cut-and-paste projects and pancake making with parents demonstrated that functional learning can be meaningful, enjoyable, and

socially connected. The findings reinforce the importance of routine-based teaching. Independence was strengthened not through isolated lessons but through repeated practice embedded in real-life contexts. Such practice helped learners generalize skills across school and home, which is a key goal of functional and transition-focused education.

**Emergent Themes from Teacher-Parent Reflections**

Theme	Evidence from Reflections	Interpretation
Unmet basic needs as barriers to independence	Parents and teacher-researcher observed that hunger and physical discomfort reduced attention and participation.	Before self-care can be taught effectively, children must be physically ready and supported through basic needs.
Limited parental capacity and support	Parents expressed willingness but reported work demands, fatigue, financial constraints, and uncertainty about teaching strategies.	Caregiver involvement requires coaching, simplified routines, and realistic expectations rather than assumptions that parents can independently replicate classroom strategies.
Structured support enhances independence	Parents noticed improvement when routines were consistent across home and school.	Predictable routines, aligned expectations, step-by-step support, and gradual reduction of assistance promote independence.

Three major themes emerged from the reflections. First, unmet basic needs limited learners' readiness to participate in self-care tasks. Hunger and discomfort were sometimes mistaken for non-compliance, but reflection showed that independence depends on physiological readiness. Second, parents' limited capacity affected consistency at home. Parents were willing to help but faced time, economic, and knowledge-related barriers. Third, structured support enhanced independence. Learners improved when routines were predictable, instructions were clear, and home-school expectations were aligned. These themes demonstrate that independence is not merely a set of skills to be taught. It is a condition that emerges when basic needs, caring relationships, environmental consistency, and family-school collaboration are present. This aligns with Bronfenbrenner's view that child development is shaped by interconnected systems and with Noddings' view that caring relationships are foundational to meaningful learning.

**The Proposed CARE-S Model**

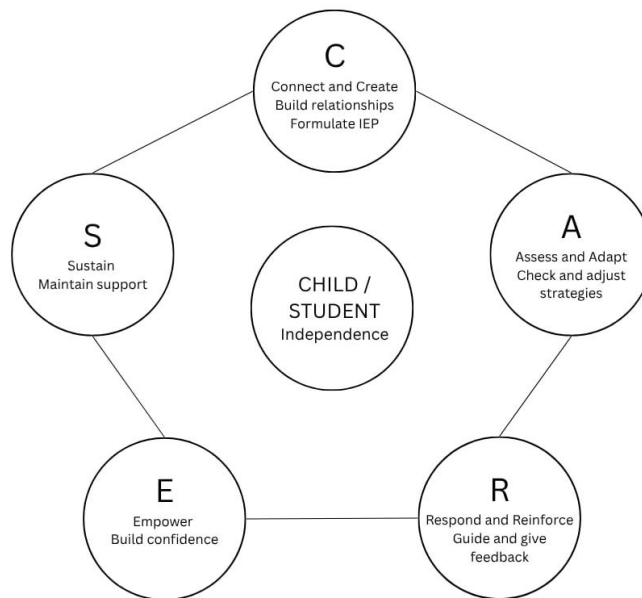


Figure 3. *Proposed CARE-S Model*

The CARE-S Model was developed from the emergent themes and cross-case reflections. It is a learner-centered framework that guides the development of self-care and functional skills through five components: Connect and Create, Assess and Adapt, Respond and Reinforce, Empower, and Sustain.

Component	Focus	Application
C - Connect and Create	Build trust, emotional safety, and supportive relationships.	Teachers and parents establish rapport, observe learner needs, and create a caring environment before introducing routines.
A - Assess and Adapt	Identify strengths, barriers, and suitable modifications.	Tasks are simplified through visual supports, assistive tools, language adaptation, or step-by-step instruction.
R - Respond and Reinforce	Use structured routines and consistent reinforcement.	Self-care routines are embedded in daily schedules, practiced repeatedly, and reinforced through praise and guidance.
E - Empower	Encourage responsibility, choice, and confidence.	Learners are given opportunities to initiate tasks, make simple decisions, and complete routines with decreasing assistance.
S - Sustain	Maintain and generalize skills across contexts.	Teachers, parents, caregivers, and stakeholders continue practice at home, school, and community settings.

The CARE-S Model is not a one-size-fits-all solution. Its strength lies in its adaptability. Families varied in time availability, resources, and readiness, so the model allows flexibility in communication methods, pacing of skill acquisition, and levels of parental involvement. The model functions as a practical and compassionate guide for SPED and inclusive education settings by helping stakeholders identify what the learner needs, how the task can be adapted, how routines can be reinforced, and how gains can be sustained over time.

## CONCLUSION

The study concludes that the development of self-care and functional skills among children with intellectual disabilities is a gradual, relational, and collaborative process. Learners showed meaningful progress in daily routines when instruction was structured, repeated, adapted to individual needs, and reinforced across home and school. Although progress varied across learners, even small improvements in handwashing, eating, organizing belongings, cleaning study areas, assisting with chores, and emotional regulation represented important steps toward independence and dignity.

The findings further conclude that teacher-parent collaboration is central to sustaining functional skill development. Parents' reflections showed both hope and difficulty: they recognized improvements in their children, yet they also faced barriers such as time constraints, financial demands, limited guidance, and inconsistent routines. These realities affirm that families should not be viewed merely as implementers of school instructions but as partners who need support, coaching, and empathy.

Finally, the CARE-S Model provides a practical framework for promoting independence among children with intellectual disabilities. By emphasizing connection, adaptation, reinforcement, empowerment, and sustainment, the model bridges ecological systems and caring relationships. It shows that independence develops when children are supported by consistent routines, responsive adults, and coordinated systems of care.

## Recommendations

1. Teachers and parents should continue strengthening collaboration in documenting and supporting the self-care and functional skills of children with intellectual disabilities. Regular communication through parent conferences, informal updates, observation records, and digital messaging may help both parties understand learner progress, challenges, and needed adjustments.
2. Schools and SPED centers should provide opportunities for continuous dialogue and reflective sharing among teachers, parents, caregivers, therapists, and other stakeholders. Such collaboration can help identify barriers to independence, including unmet basic needs, limited parental availability, inconsistent home routines, and communication challenges.
3. The CARE-S Model should be implemented and adapted by teachers, parents, caregivers, therapists, and other stakeholders. Future teachers handling the learners in the next grade level are encouraged to continue using the

model to ensure continuity of routines and support. Schools may also institutionalize the model as part of inclusive education, transition planning, and functional life skills programs.

4. Educational leaders and community stakeholders should support programs that address learners' basic needs, including feeding initiatives, caregiver coaching, home-based practice guides, and community-based interventions. These supports are necessary because self-care development is influenced not only by instruction but also by the learner's physical readiness and family context.
5. Future researchers may examine the effectiveness of the CARE-S Model with a larger number of participants, across different SPED centers, and in inclusive classrooms. Longitudinal studies may also determine how sustained use of the model affects learner independence, family participation, and transition readiness over time.

## References

- Adhikari, P. (2024). The effectiveness of video prompting in teaching daily living skills (Master's thesis, St. Cloud State University).
- Athorp, S. M., Stuart, S. K., & Collins, J. C. (2022). Building daily living skills through portable video modeling. *Education and Treatment of Children, 45*(3), 293–297.
- Barros, M. G., Bucio, J. V., & Presente, J. R. L. (2024). The impact of the vocational skills training program for individuals with intellectual disabilities under the transition class in Tagoloan Central School. *Best Practices in Disability-Inclusive Education, 3*(2).
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approach* (5th ed.). SAGE.
- Department of Education. (2016). Policy guidelines on the provision of educational programs and services for learners with disabilities in the K to 12 basic education programs.
- Department of Education. (2022). Policy guidelines on inclusive education (DepEd Order No. 21, s. 2022).
- Li, H., et al. (2025). Video prompting and daily living skills. *Research in Developmental Disabilities*.
- Mitchell, M. P. (2023). Using video prompting for daily living skill acquisition (Master's thesis).
- Noddings, N. (2013). *Caring: A relational approach to ethics and moral education* (2nd ed.). University of California Press.
- Republic of the Philippines. (2007). Magna carta for persons with disability (RA 7277, as amended).
- Republic of the Philippines. (2013). Republic Act No. 10533: Enhanced Basic Education Act of 2013.
- Republic of the Philippines. (2022). Republic Act No. 11650: Instituting a policy of inclusion and services for learners with disabilities in support of inclusive education.
- Salomone, E., et al. (2019). WHO caregiver training. *Frontiers in Psychiatry, 10*, 769.
- Syriopoulou-Delli, C. K., et al. (2021). Video-based instruction. *Frontiers in Psychology*.
- UNESCO. (2020). *Global education monitoring report: Inclusion and education*.
- Vygotsky, L. S. (1978). *Mind in society*. Harvard University Press.
- Wehmeyer, M. L., & Schalock, R. L. (2001). Self-determination and quality of life. *Mental Retardation and Developmental Disabilities Research Reviews, 7*(2), 117–125.
- World Health Organization. (2021). Caregiver skills training.
- Zareii Zavaraki, E., et al. (2021). Life skills training review. *International Journal of Psychosocial Rehabilitation, 25*(5), 5866–5878.
- Zerihun, T., et al. (2024). WHO caregiver training implementation.