

Incremental Contributions of Parental Acceptance and Family Functioning to Social-Emotional Skills of Children with Physical and Sensory Disabilities

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ABSTRACT

Social-emotional skills are essential for the psychological adjustment and social participation of children with physical and sensory disabilities. Family-related factors, particularly parental acceptance and family functioning, have been associated with children's social-emotional development, yet their relative contributions remain unclear. This study examined the incremental contribution of family functioning beyond parental acceptance in predicting social-emotional skills among children with physical and sensory disabilities. A cross-sectional survey was conducted with 132 parents of elementary school children with hearing, visual, physical, and speech disabilities recruited through special schools, inclusive schools, therapy centres, and online communities in Indonesia. Social-emotional skills, parental acceptance, and family functioning were measured using adapted versions of the Elementary School Students' Social and Emotional Skills Survey, the Parental Acceptance-Rejection Questionnaire (PARQ), and the Family Assessment Device (FAD), respectively. Hierarchical multiple regression was performed by entering parental acceptance in the first block, followed by family functioning in the second block. Parental acceptance significantly predicted children's social-emotional skills when entered independently; however, its unique contribution became non-significant after family functioning was added to the model. Family functioning contributed an additional 4.9% of the explained variance and remained a significant predictor in the final model ($\beta = .305, p = .010$), with the overall model explaining 8.4% of the variance in children's social-emotional skills ($R^2 = .084$). These findings indicate that family functioning provides incremental explanatory value beyond parental acceptance.

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Introduction

Social-emotional skills (SES) comprise a set of competencies that enable children to recognize, understand, regulate, and express emotions, establish positive relationships, solve interpersonal problems, and participate effectively in social environments. These competencies are widely recognized as important predictors of children's academic engagement, psychological adjustment, and long-term well-being because they support adaptive functioning across home, school, and community settings (Scarupa, 2014). For

children with disabilities, social-emotional development assumes even greater importance because disability-related barriers may reduce opportunities to communicate, participate in social activities, and establish reciprocal relationships with others. Consequently, many children with disabilities experience greater risks of loneliness, emotional difficulties, and reduced social participation than their typically developing peers (Auriemma et al., 2021; Cheng & Deng, 2022).

Children with disabilities, however, do not constitute a homogeneous population. Differences in cognitive functioning, communication abilities, and physical conditions may shape the pathways through which social-emotional skills develop. Previous studies have shown that cognitive functioning can influence children's language development and social interaction, particularly among children with intellectual disabilities (Sudarman & Mangunsong, 2022). To minimize this source of variation, the present study focuses specifically on children with physical and sensory disabilities, including physical, visual, and hearing impairments, without comorbid cognitive disabilities. Although these disability groups differ in their functional characteristics, they share common challenges related to participation restrictions, communication barriers, and dependence on environmental support. These shared developmental contexts make them an appropriate population for examining how family processes contribute to children's social-emotional development while reducing the potential confounding influence of cognitive impairment.

Some evidence suggests that the family constitutes the primary developmental environment in which children acquire social-emotional competencies. Daily interactions with parents and other family members provide opportunities for children to learn emotional regulation, empathy, cooperation, and socially appropriate behaviors. This role becomes increasingly important for children with physical and sensory disabilities because their opportunities for social learning outside the family may be constrained by mobility limitations, inaccessible environments, or communication barriers. Recent studies have consistently emphasized that family-centered practices is fundamental to promoting children's social-emotional development (Kelly & Kinsman, 2025; Olusanya et al., 2023). Likewise, studies involving children with deaf-blindness and visual impairments have shown that family support contribute substantially to children's developmental outcomes (Eseadi, 2023).

Within the family context, parental acceptance has been identified as one of the most influential parenting characteristics associated with children's psychological adjustment. According to Parental Acceptance-Rejection Theory (PARTheory) by Rohner et al. (2005), parental acceptance reflects parents' warmth, affection, care, and positive emotional orientation toward their children, whereas parental rejection is associated with poorer emotional adjustment and interpersonal functioning across cultures. For children with disabilities, parental acceptance involves acknowledging the child's condition while continuing to provide emotional support, encouragement, and opportunities for participation. Parents who accept their children's condition are more likely to engage in responsive

parenting, facilitate emotional expression, and encourage positive social experiences, thereby strengthening children's confidence and social competence (Manohar et al., 2024).

Beyond parenting attitudes, children's development also depends on how the family functions as an integrated social system. The McMaster Model of Family Functioning conceptualizes healthy family functioning through six interrelated dimensions: problem solving, communication, roles, affective responsiveness, affective involvement, and behavior control (Epstein et al., 1978, 1983). These dimensions describe the quality of everyday family interactions rather than the behavior of individual caregivers. Families that well-functioning provide repeated opportunities for children to practice emotional regulation, persistence, and social competence through routine interactions. Conversely, family dysfunction may limit children's opportunities to acquire these competencies despite positive parenting attitudes. Recent empirical studies similarly indicate that supportive family environments are associated with more favorable psychosocial outcomes among children with disabilities (Gasparro et al., 2023; Rodriquez et al., 2022).

Although parental acceptance and family functioning represent distinct theoretical constructs, they are conceptually related because both originate from the family environment that shapes children's everyday developmental experiences. Parental acceptance reflects the emotional orientation of individual caregivers toward their children, whereas family functioning reflects the quality of interactions occurring across the family system. Parents who consistently demonstrate warmth and acceptance are also likely to contribute to healthier family communication, emotional involvement, and collaborative problem solving. Consequently, these constructs are expected to share substantial variance, while still representing different levels of family processes. Examining them together is therefore important to determine whether family functioning contributes beyond parental acceptance in explaining children's social-emotional skills, or whether its influence largely reflects the quality of parenting itself.

Evidence from Indonesia further highlights the importance of family processes in supporting the social-emotional development of children with disabilities. Studies conducted in inclusive educational settings indicate that family involvement, communication accessibility, and school-family partnerships facilitate children's participation, social interaction, and emotional adjustment (Hikmat, 2022; Marasabessy, 2022; Safari, 2023; Siahaan, 2022; Sukmanasa et al., 2024). For children with hearing and visual impairments, parental involvement and communication support, including the use of sign language and structured interaction opportunities, have been identified as important facilitators of social-emotional development. These findings reinforce the view that family processes remain central to children's developmental outcomes across diverse disability contexts.

Despite increasing evidence supporting the importance of parental acceptance and family functioning, previous studies have generally examined these factors independently or have focused primarily on their bivariate associations with children's psychosocial outcomes. Consequently, it remains unclear whether family functioning explains children's

social-emotional skills beyond parental acceptance when both predictors are considered together. Addressing this issue is theoretically important because the conceptual proximity between these constructs may produce overlapping explanatory variance. Rather than treating parental acceptance and family functioning as competing predictors, examining them hierarchically enables the researcher to determine the unique contribution of each construct after accounting for their shared variance. Accordingly, hierarchical regression analysis provides an appropriate analytical strategy for evaluating the incremental contribution of family functioning after parental acceptance has been entered into the model.

Therefore, the present study examined the direct and incremental contributions of parental acceptance and family functioning in predicting the social-emotional skills of children with physical and sensory disabilities. It was hypothesized that parental acceptance would significantly predict children's social-emotional skills and that family functioning would explain additional variance beyond parental acceptance. This study seeks to clarify how individual parenting attitudes and broader family processes jointly contribute to children's social-emotional development. The findings are expected to provide a stronger empirical basis for developing family-centered interventions to optimize the social-emotional development of children with physical and sensory disabilities.

Method

Research Design

This study employed a quantitative cross-sectional design to examine the incremental contributions of parental acceptance and family functioning to the social-emotional skills of children with physical and sensory disabilities.

Participants

Participants were 132 parents of children with physical and sensory disabilities living in Indonesia. A total of 133 questionnaires were initially collected; however, one response was excluded because of incomplete data, resulting in a final sample of 132 participants. Participants were recruited using purposive sampling. The inclusion criteria were: (a) being the biological parent or primary caregiver of a child with a physical or sensory disability, (b) living in the same household as the child. Participants were recruited through special schools (Sekolah Luar Biasa), inclusive schools, therapy centers, and online parenting communities.

Measures

Three instruments were employed to assess children's social-emotional skills, parental acceptance, and family functioning. Prior to the present study, all instruments had undergone psychometric evaluation among Indonesian parents of children with special needs. The present study administered these validated versions without further modification and re-examined their internal consistency using the current sample.

Social-Emotional Skills

Children's social-emotional skills were measured using the Indonesian version of the Elementary Students' Social Emotional Skills Measurement, originally developed by

(Scarupa, 2014). The original teacher-report instrument was previously translated, culturally adapted, and modified into a parent-report version through a study involving 291 parents of children with special needs by Fauzia and Mangunsong (2020). The adaptation process included linguistic translation, contextual modification, expert review by a specialist in educational psychology with expertise in children with special needs, and the development of additional items to improve the representation of three domains: persistence, self-control, and social competence. Psychometric evaluation resulted in a final 19-item instrument. Second-order confirmatory factor analysis demonstrated acceptable construct validity ($\chi^2(149)=366.06$, CFI=.847, RMSEA=.071, SRMR=.079), with factor loadings ranging from .375 to .743. The instrument demonstrated satisfactory internal consistency ($\alpha=.872$). Responses were rated on a four-point Likert scale ranging from Never (1) to Always (4), with higher scores indicating better social-emotional skills. In the present study, Cronbach's alpha was .852.

Parental Acceptance

Parental acceptance was assessed using the Indonesian version of the Parental Acceptance-Rejection Questionnaire (PARQ)–Parent Version developed by Rohner et al. (2005). The original instrument consisted of 16 items assessing warmth, hostility/aggression, indifference/neglect, and undifferentiated rejection. To improve the representation of dimensions, Fauzia and Mangunsong (2020) developed three additional items, resulting in a final instrument consisting of 19 items. The wording modifications and additional items were reviewed by the expert to ensure that they accurately reflected the theoretical construct of parental acceptance and were appropriate for parents of children with physical and sensory disabilities. The instrument was used among 291 Indonesian parents of children with special needs to ensure its suitability across diverse disability groups. Confirmatory factor analysis supported a final 15-item version demonstrating good construct validity ($\chi^2(90)=133.56$, CFI=.924, RMSEA=.041, SRMR=.061), with factor loadings ranging from .306 to .802. Internal consistency in the validation study was satisfactory ($\alpha=.844$). Participants responded using a four-point Likert scale ranging from Strongly Disagree to Strongly Agree, with higher scores reflecting greater parental acceptance. Cronbach's alpha in the present study was .800.

Family Functioning

Family functioning was measured using the Indonesian version of the Family Assessment Device (FAD), originally developed by Epstein et al. (1978, 1983) based on the McMaster Model of Family Functioning. The Indonesian version had previously been validated among 291 parents of children with special needs by Siagian (2019). Confirmatory factor analysis supported the construct validity of the instrument (RMSEA=.065; SRMR=.079), while all retained items demonstrated acceptable standardized factor loadings (.308–.633). The instrument consists of 19 items representing six dimensions: problem solving, communication, roles, affective responsiveness, affective involvement, and behavior control. Internal consistency in the validation study was satisfactory ($\alpha=.872$).

Participants responded using a four-point Likert scale ranging from Strongly Disagree to Strongly Agree, with higher scores indicating healthier family functioning. Cronbach's alpha obtained in the present study was .848.

Procedure

Data were collected using both offline and online survey administration to maximize participant recruitment. Offline data collection was conducted by visiting special schools (Sekolah Luar Biasa), inclusive schools, and therapy centers. Online data collection was carried out through a digital questionnaire distributed via social media platforms and instant messaging applications, enabling participation from parents in many regions of Indonesia. Prior to completing the questionnaire, participants received an explanation regarding the study objectives, voluntary participation, confidentiality of responses, and their right to withdraw from the study at any time without consequence. Only participants who provided informed consent were included in the study.

Data Analysis

Data were analyzed using JASP version 0.19.1. Preliminary analyses included descriptive statistics, internal consistency reliability (Cronbach's alpha), and Pearson product-moment correlation analysis among the study variables. The research hypotheses were tested using hierarchical regression analysis. In Model 1, parental acceptance was entered as the initial predictor of children's social-emotional skills. In Model 2, family functioning was added to determine whether it explained additional variance beyond parental acceptance. The incremental contribution of family functioning was evaluated using the change in the coefficient of determination (ΔR^2). Statistical significance was determined at $p < .05$.

Prior to conducting hierarchical regression, the assumptions of linear regression were examined. These included normality of residuals, linearity, homoscedasticity, multicollinearity, and influential observations. Multicollinearity was evaluated using Variance Inflation Factor (VIF) and tolerance values, whereas standardized residual plots and diagnostic statistics were inspected to assess model adequacy. Statistical significance was determined using a two-tailed alpha level of .05.

Results and Discussion

A total of 132 complete responses were included in the analysis. The majority of respondents were mothers (84.8%), while the rest were fathers. Respondents' children consisted of 67 girls (50.8%) and 65 boys (49.2%). Regarding disability type, most children had hearing impairments (65.9%). The children ranging from Grades 1 to 6 of elementary school, with Grade 1 comprising the largest proportion of the sample (42.4%). Participant characteristics are presented in Table 1.

Table 1. Participant Characteristics (N=132)

Characteristic	Frequency (n)	Percentage (%)
Respondent		

Mother	112	84.8%
Father	20	15.2%
Child gender		
Male	65	49.2%
Female	67	50.8%
Child disability type		
Hearing impairment	87	65.9%
Visual impairment	20	15.2%
Physical disability	10	7.6%
Speech impairment	15	11.4%
Child school grade		
Grade 1	56	42.4%
Grade 2	22	16.7%
Grade 3	22	16.7%
Grade 4	12	9.1%
Grade 5	12	9.1%
Grade 6	8	6.1%

Descriptive statistics and internal consistency coefficients for the study variables are presented in Table 2. Overall, parents reported relatively high levels of parental acceptance ($M = 53.99$, $SD = 4.88$) and family functioning ($M = 60.44$, $SD = 7.62$). The mean score for children's social-emotional skills was 53.84 ($SD = 8.87$). Cronbach's alpha coefficients ranged from .800 to .852, indicating acceptable to good internal consistency for all instruments.

Table 2. Descriptive Statistics and Reliability of the Study Variables

Variable	M	SD	Min	Max	Cronbach's α
Parental Acceptance	53.99	4.88	37	60	.800
Family Functioning	60.44	7.62	42	76	.848
Social-Emotional Skills	53.84	8.87	24	76	.852

Before testing the research hypotheses, several assumptions underlying hierarchical multiple regression were examined. Visual inspection of the standardized residual histogram indicated that the residuals approximated a normal distribution. Independence of residuals was evaluated using the Durbin–Watson statistic. The final regression model yielded a Durbin–Watson value of 1.645, indicating no substantial autocorrelation among residuals. Multicollinearity diagnostics further indicated that parental acceptance and family functioning could be included in the regression model. Tolerance values were 0.523, (minimum threshold 0.10), whereas the Variance Inflation Factor (VIF) for both predictors was 1.912 (below the recommended cutoff of 5.00). Although parental acceptance and family functioning may have shared variance, the tolerance and VIF statistics suggested that

multicollinearity was not sufficiently severe to compromise the stability of the regression estimates.

Pearson correlation coefficients among the study variables are presented in Table 3. Parental acceptance showed a weak but statistically significant positive correlation with children's social-emotional skills ($r = .189$, $p = .030$). Family functioning demonstrated a stronger positive correlation with social-emotional skills ($r = .290$, $p < .001$). In addition, parental acceptance was positively correlated with family functioning ($r = .691$, $p < .001$), suggesting that parents who reported higher levels of acceptance also tended to perceive their families as functioning more effectively.

Table 3. Pearson Correlations Among Study Variables

Variable	1	2	3
1. Parental Acceptance	—		
2. Family Functioning	.691**	—	
3. Social-Emotional Skills	.189*	.290**	—

Note. $p < .05^*$, $**p < .001$.

A hierarchical regression analysis was conducted to examine whether family functioning explained additional variance in children's social-emotional skills beyond parental acceptance. In Model 1, parental acceptance was entered as the sole predictor of children's social-emotional skills. The model was statistically significant, $F(1, 130) = 4.792$, $p = .030$, explaining 3.6% of the variance in social-emotional skills ($R^2 = .036$). Parental acceptance emerged as a significant positive predictor ($\beta = .189$, $p = .030$), indicating that higher parental acceptance was associated with better social-emotional skills among children with physical and sensory disabilities. In Model 2, family functioning was added to the regression model. The inclusion of family functioning significantly improved model fit, resulting in an increase of explained variance from 3.6% to 8.4% ($\Delta R^2 = .049$). The overall model remained statistically significant, $F(2, 129) = 5.941$, $p = .003$.

Table 4. Hierarchical Regression Predicting Social-Emotional Skills

Predictor	B	SE	β	t	p
Model 1					
Constant	42.578	5.168	—	8.239	< .001
Parental Acceptance	0.208	0.095	.189	2.189	.030
Model 2					
Constant	34.547	8.317	—	4.154	< .001
Parental Acceptance	-0.041	0.212	-.022	-0.192	.848
Family Functioning	0.356	0.136	.305	2.622	.010

Table 5. Model Summary of Hierarchical Regression

Model	R	R ²	Adjusted R ²	ΔR^2	F	p
Model 1	.189	.036	.028	—	4.792	.030
Model 2	.290	.084	.070	.049	5.941	.003

Within the final model, family functioning significantly predicted children's social-emotional skills ($\beta = .305$, $B = 0.356$, $SE = 0.136$, $t = 2.622$, $p = .010$). In contrast, parental acceptance was no longer a significant predictor after being controlled for family functioning ($\beta = -.022$, $B = -0.041$, $SE = 0.212$, $t = -0.192$, $p = .848$). These findings indicate that family functioning accounted for additional variance in children's social-emotional skills beyond that explained by parental acceptance alone.

The significant effect of parental acceptance in the first regression model shows that children have a universal need to experience warmth, affection, care, and acceptance from their parents (Rohner et al., 2005, 2012). Such acceptance fosters psychological adjustment, emotional security, and positive interpersonal relationships. Within the context of physical and sensory disabilities, parental acceptance may become even more essential because children frequently encounter developmental challenges, communication barriers, and social stigma. Parents who accept their children's condition are more likely to provide emotional validation, encourage participation in everyday activities, and create supportive opportunities for social interaction. These experiences enable children to develop confidence in expressing emotions, interacting with others, and regulating their behavior, which are fundamental components of social-emotional skills. Therefore, the present finding reinforces previous empirical evidence suggesting that acceptance parenting attitudes contribute positively to children's social emotional skills (Idan et al., 2022; Manohar et al., 2024).

Nevertheless, parental acceptance became non-significant after family functioning was entered into the regression model. This result should not be interpreted as evidence that parental acceptance is unimportant. Instead, the substantial correlation between parental acceptance and family functioning indicates that these variables share considerable conceptual and empirical variance. Parental acceptance reflects the emotional orientation of individual caregivers toward the child, whereas family functioning represents the broader interactional system through which family members communicate, solve problems, regulate emotions, and organize daily life (Epstein et al., 1978, 1983). Parents who demonstrate high acceptance are also more likely to contribute to healthier family communication, emotional responsiveness, and collaborative parenting. Consequently, part of the influence of parental acceptance on children's social-emotional development may operate through the overall functioning of the family system rather than through individual parenting attitudes alone.

The present findings also resonate with previous research conducted in Indonesia. Siagian (2019) found that parental acceptance did not significantly mediate the relationship between family functioning and children's social-emotional skills among children with special needs. Taken together with this research, these findings suggest that parental acceptance may represent one component of a broader family system rather than functioning as an independent determinant of children's social-emotional development.

This finding can be understood through the McMaster Model of Family Functioning (Epstein et al., 1978) which conceptualizes the family as an integrated system whose effectiveness depends on six interrelated dimensions: problem solving, communication,

roles, affective responsiveness, affective involvement, and behavior control. These dimensions collectively shape children's everyday opportunities to observe emotional regulation, practice interpersonal skills, negotiate conflicts, and receive consistent emotional support. Unlike parental acceptance, which primarily captures one parent's emotional relationship with the child, family functioning reflects the cumulative quality of interactions among all family members. From this perspective, the family system provides the immediate developmental context in which social-emotional competencies are continuously reinforced through daily routines and reciprocal interactions.

The relationship between family functioning and children's social-emotional skills may also be understood by considering the dimensions measured in the present study. The social-emotional skills instrument assessed persistence, self-control, and social competence (Scarupa, 2014). These competencies are likely to develop through repeated family interactions. The stronger contribution of family functioning may be particularly relevant for children with physical and sensory disabilities. Unlike children whose primary challenges involve cognitive functioning, children with physical, hearing, visual, or speech impairments generally possess the cognitive capacity to learn social-emotional competencies but often encounter barriers to communication, mobility, and participation in social activities. Previous Indonesian studies have demonstrated that communication access, parental involvement, and family-school partnerships play essential roles in promoting social participation and emotional development among children with hearing and visual impairments (Marasabessy, 2022; Siahaan, 2022; Sukmanasa et al., 2024). Likewise, international evidence has emphasized that family-centred practices, caregiver support, and collaborative partnerships with professionals create environments that foster children's social-emotional development (Kelly & Kinsman, 2025; Olusanya et al., 2023). These findings support the argument that family functioning may exert its influence by providing consistent emotional experiences, effective communication, and structured opportunities for social interaction that compensate for environmental barriers associated with physical and sensory disabilities.

Another important finding concerns the overlap between parental acceptance and family functioning. The strong positive correlation between these variables indicates that parents who reported higher acceptance also tended to perceive their families as functioning more effectively. Nevertheless, the disappearance of the unique effect of parental acceptance in the second regression model does not imply that parental acceptance is unimportant. Rather, it suggests that parental acceptance may operate as one component of a healthy family system. Thus, once the broader family context was statistically controlled, parental acceptance no longer explained additional unique variance because many of its developmental effects were already represented within overall family functioning. This interpretation highlights the importance of understanding parenting within the context of the family system rather than as an isolated process.

Although the final regression model was statistically significant, parental acceptance and family functioning together explained only 8.4% of the variance in children's social-emotional skills. This proportion of explained variance suggests that children's social-emotional development is influenced by multiple ecological factors beyond family processes. Bronfenbrenner's ecological perspective supports the view that children's development is shaped by interactions occurring across multiple contexts, including schools, peers, communities, and broader sociocultural environments. For children with physical and sensory disabilities, opportunities for inclusive education, peer acceptance, teacher support, rehabilitation services, and individual child characteristics may all contribute to the development of social-emotional skills. Therefore, future studies should incorporate these variables to develop a more comprehensive explanatory model.

The findings have several practical implications. First, intervention programs should continue to promote parental acceptance because acceptance parenting attitudes provide an important emotional foundation for children's adjustment. However, the present findings indicate that interventions focusing exclusively on parents may be insufficient. Family-centered approaches that strengthen communication, collaborative problem solving, emotional responsiveness, and supportive family relationships are likely to produce greater benefits for children's social-emotional development. Schools, psychologists, therapists, and rehabilitation professionals should therefore consider involving the entire family in intervention planning to create a consistent and supportive environment that facilitates children's emotional and social learning across everyday contexts.

This research has a limitation that all variables were measured using parent-report questionnaires which may increase the likelihood of common method bias. Future research should incorporate multiple informants such as teachers and children. Besides that, future research should examine additional ecological factors that may contribute to children's social-emotional development.

Overall, this study contributes to the growing literature on family influences in the development of children with physical and sensory disabilities by demonstrating that family functioning provides unique explanatory value beyond parental acceptance. These findings emphasize that children's social-emotional development should be understood not only through individual parenting attitudes but also through the broader relational climate in which children grow and interact. Strengthening family functioning may therefore represent an important pathway for promoting social-emotional competence among children with physical and sensory disabilities.

Conclusion

This study examined the incremental contributions of parental acceptance and family functioning in predicting social-emotional skills among children with physical and sensory disabilities using hierarchical regression analysis. Parental acceptance significantly predicted children's social-emotional skills when entered independently; however, its unique

contribution became non-significant after family functioning was added to the model. In contrast, family functioning explained an additional 4.9% of the variance beyond parental acceptance, with the final model accounting for 8.4% of the variance in children's social-emotional skills.

These findings suggest that family functioning provides incremental explanatory value beyond parental acceptance. However, the non-significant effect of parental acceptance in the final model should not be interpreted as indicating that parental acceptance is unimportant. Rather, it suggests that parental acceptance and family functioning share overlapping variance, and that parental acceptance did not explain additional variance after the broader family context was taken into account.

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