

DIFFICULTIES FACED BY PARENTS IN TEACHING SELF-CARE SKILLS TO CHILDREN WITH PHYSICAL DISABILITIES AT HOME: A STUDY AT BINH MINH APPLIED PSYCHOLOGY CENTER, VINH TRU COMMUNE, NINH BINH PROVINCE

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Abstract: Teaching self-care skills to children with physical disabilities at home is important for promoting independence and reducing reliance on caregivers. However, parents may encounter difficulties that extend beyond instructional techniques and include psychological and physical strain, time constraints, and limited access to support resources. This study examined the difficulties reported by parents and caregivers of children with physical disabilities at Binh Minh Applied Psychology Center. A mixed-methods design was used, combining a questionnaire survey of 74 parents and caregivers with in-depth interviews. The findings showed that 78.4% of respondents lacked information about social welfare, health services, or support policies; 75.7% reported insufficient knowledge of appropriate teaching methods; and 75.7% reported insufficient time to provide consistent daily guidance. Psychological stress and loss of patience were reported by 70.3% of respondents, and the same proportion reported physical fatigue associated with continuous caregiving. The results indicate that parents' difficulties are multidimensional and arise at the intersection of caregiving capacity, family conditions, and access to formal support systems. From a social work perspective, effective support should combine practical capacity building, psychosocial support, peer and family support, and improved linkage to health, rehabilitation, education, and social welfare resources.

Keywords: parents; physical disabilities; self-care skills; family caregiving; social work.

1. INTRODUCTION

The ability to perform self-care activities is an important component of independence, participation, and quality of life for children with disabilities. For children with physical disabilities, limitations in mobility, coordination, and motor performance can make routine daily activities more difficult and increase reliance on caregivers. The World Health Organization and UNICEF (2023) emphasize the need for child- and family-centered support systems in which caregiver information, family support, and coordinated multidisciplinary services are key components.

Families, particularly parents, play a central role in creating repeated opportunities for children to practice self-care skills in everyday life. At the same time, caring for and teaching a child with a physical disability can place substantial demands on parental time, physical health, emotional well-being, and access to external resources. Family-centered care research indicates that parents need not only information but also meaningful participation in decision-making, practical guidance, and support that is responsive to family circumstances (Almasri et al., 2018; McCarthy & Guerin, 2022).

From a social work perspective, parental difficulties should not be interpreted solely as individual limitations. They are better understood in relation to the child's functional characteristics, the caregiver's capacities and well-being, family resources, and the accessibility of formal support systems. Identifying the specific barriers encountered by parents is therefore important for designing support that strengthens both caregiving capacity and the family's connection to services.

This study aimed to examine the difficulties faced by parents in teaching self-care skills to children with physical disabilities at home and to discuss implications for social work support to parents and families.

2. METHODS

2.1. Study design, setting, and period

The study used a descriptive mixed-methods design combining quantitative and qualitative data to identify and clarify the difficulties faced by parents when teaching self-care skills to children with physical disabilities at home.

The study was conducted at Binh Minh Applied Psychology Center, currently located in Vinh Tru Commune, Ninh Binh Province. At the time of data collection in 2024-2025, the Center was located in Vinh Tru Township, Ly Nhan District, Ha Nam Province. Following the 2025 administrative reorganization, this locality became part of Vinh Tru Commune, Ninh Binh Province.

The present article focuses specifically on parental difficulties. Other data from the broader study are used only when necessary to contextualize or interpret the findings.

2.2. Study participants

Participants included 74 parents and caregivers of children with physical disabilities who were receiving services at Binh Minh Applied Psychology Center. Selected characteristics of the participants and their children are presented in Table 1.

Table 1. Selected characteristics of study participants

Characteristic	Category	%
Relationship to the child	Mother	68.9
	Father	27.0
	Grandparent	1.4
	Other caregiver	2.7
Caregiver age	Under 30 years	8.1
	30-40 years	74.3
	Over 40 years	17.6
Duration of the child's attendance at the Center	Under 6 months	16.2
	6-12 months	26.2
	1-3 years	48.1
	Over 3 years	9.5
Level of mobility and independent performance	Performs most simple daily activities independently	52.7
	Needs partial assistance and/or assistive devices	33.8
	Needs direct assistance in most daily activities	12.2
	Not yet determined	1.4

Most respondents were mothers, and the majority were between 30 and 40 years of age. Children varied in their level of independence in daily activities, indicating that the amount and type of assistance required from caregivers differed across families.

2.3. Survey instrument and analytic domains

Quantitative data were collected using a questionnaire for parents and caregivers of children with physical disabilities. For this article, seven items concerning difficulties in teaching self-care skills at home were selected and organized into four analytic domains: knowledge and instructional skills; psychological and physical burden; time constraints; and access to services and support resources.

Each difficulty item used a dichotomous response format (agree/disagree). The four-domain organization was used solely to structure the presentation and interpretation of findings; it was not intended to constitute or validate a new measurement scale.

2.4. Data collection

Quantitative data were collected through questionnaires completed by the 74 participating parents and caregivers. The survey focused on difficulties encountered when supporting children to perform self-care activities at home.

In-depth interviews were also conducted with selected parents and relevant staff members at the Center. The interviews explored concrete caregiving situations, caregiver emotional responses, strategies used when children resisted participation, and barriers to accessing support resources. Qualitative data were used to supplement and explain the quantitative findings.

2.5. Data analysis

Quantitative data were analyzed descriptively using frequencies and percentages. Findings were organized according to the four analytic domains described above. Interview data were summarized according to corresponding themes and compared with the survey findings to clarify parents' lived experiences. Because the study was descriptive, the results are interpreted as self-reported difficulties and are not used to establish causal relationships.

3. RESULTS

3.1. Difficulties in knowledge and instructional skills

Parents reported notable difficulties in identifying appropriate self-care goals and in using practical teaching strategies.

Table 2. Difficulties in parental knowledge and instructional skills

Difficulty	Agree (%)	Disagree (%)
Does not know which skills are appropriate to the child's current abilities and mobility level	67.6	32.4
Lacks appropriate teaching methods such as task analysis, modeling, or correct assistance	75.7	24.3
Has difficulty managing crying, tantrums, or refusal to perform tasks independently	56.8	43.2

The most commonly reported difficulty in this domain was the lack of appropriate teaching methods (75.7%). In addition, 67.6% of respondents reported uncertainty about which skills were suitable for the child's current functional level. These findings suggest that parental motivation to foster independence does not necessarily translate into confidence or competence in structuring self-care practice.

More than half of the respondents (56.8%) also reported difficulty responding to crying, tantrums, or refusal. Interview accounts indicated that, when children became distressed or resisted participation, some parents lost patience and eventually completed the task for the child. Thus, difficulties extended beyond teaching motor sequences and also involved sustaining cooperation during practice.

3.2. Psychological and physical burden

The demands of continuous caregiving were also reflected in parents' psychological and physical well-being.

Table 3. Psychological and physical difficulties reported by parents

Difficulty	Agree (%)	Disagree (%)
Feels tired, stressed, impatient, or angry when the child performs tasks slowly or awkwardly	70.3	29.7
Experiences physical fatigue because caregiving and daily assistance are continuous	70.3	29.7

Seventy percent of respondents reported stress, impatience, or anger when children performed tasks slowly or awkwardly, and an identical proportion reported physical fatigue associated with continuous caregiving. Interview data suggested that caregivers could strongly value the child's independence yet still become frustrated when practice was prolonged, unsuccessful, or accompanied by distress.

3.3. Time constraints

Time emerged as another substantial barrier to consistent practice at home.

Table 4. Time-related difficulty in teaching self-care skills

Difficulty	Agree (%)	Disagree (%)
Busy work schedule and insufficient time to patiently guide the child every day	75.7	24.3

A total of 75.7% of respondents reported that work demands left insufficient time for consistent daily guidance. Because most participants were of working age, caregiving often occurred alongside employment and other household responsibilities. In time-pressured situations, parents may complete tasks for the child because doing so is faster, even when they recognize the importance of encouraging independence.

3.4. Difficulties in accessing services and support resources

The highest reported difficulty concerned access to information about formal support.

Table 5. Difficulty in accessing services and support resources

Difficulty	Agree (%)	Disagree (%)
Lacks information about social welfare, health services, or support policies for the child and family	78.4	21.6

A total of 78.4% of respondents reported insufficient information about social welfare services, health services, or support policies. This was the most frequently reported difficulty among all seven items. The finding indicates that parental difficulties extend beyond the immediate caregiving context and include challenges in identifying and accessing resources outside the family.

4. DISCUSSION

4.1. Knowledge and instructional difficulties

The high prevalence of difficulties in selecting appropriate skills, applying teaching methods, and managing children's refusal suggests that parents need more than general information. They require practical strategies that can be used in everyday caregiving situations. This is consistent with family-centered care literature emphasizing tailored information, parental participation, and capacity building as core elements of support for families of children with physical disabilities (Almasri et al., 2018; McCarthy & Guerin, 2022).

From a social work perspective, support should therefore include practice-based guidance on selecting achievable goals, breaking tasks into manageable steps, adjusting assistance, and responding to resistance without prematurely taking over the activity.

4.2. Psychological and physical burden

The findings on stress, impatience, and physical fatigue indicate that parents are not only key caregivers but also individuals with support needs of their own. Elangkovan and Shorey (2020) similarly found that parents of children with cerebral palsy commonly experience emotional strain, demanding caregiving routines, and difficulty balancing multiple life roles.

Evidence from Vietnam also suggests that caregiver well-being is shaped by the social resources available to families. Nguyen and Berry (2013) reported an association between social capital and mental health among mothers of children with disabilities. This reinforces the importance of psychosocial support, peer support, and stronger family networks alongside skills training.

4.3. Time constraints

Insufficient time reflects tension between caregiving, employment, and other family responsibilities. Under time pressure, parents may choose to complete tasks for the child even when they understand the developmental value of independent practice.

Support programs should therefore fit the realities of family life. Rather than adding a separate and demanding training routine, self-care practice can be embedded in ordinary daily activities through short, specific, and achievable goals.

4.4. Access to services and support resources

The high proportion of parents lacking information about services and policies suggests that difficulties are located not only within the caregiver but also in the interface between families and support systems. Access to information and services is a recurrent need identified in family-centered care and caregiving research (Almasri et al., 2018; Elangkovan & Shorey, 2020).

This is an area in which social work can contribute directly through information provision, policy guidance, service linkage, and coordination across health, rehabilitation, education, and social welfare systems.

4.5. Implications for social work support

Taken together, the four domains of difficulty indicate that parental support needs are multidimensional. Parents require practical knowledge and skills, psychosocial support, realistic strategies that fit available time, and improved access to external resources. This aligns with a family-centered orientation in which families are recognized both as active partners in intervention and as service users with legitimate support needs (McCarthy & Guerin, 2022).

Three broad directions for social work practice emerge from the findings. First, capacity-building activities should help parents select appropriate self-care goals, use task analysis and modeling, gradually reduce assistance, and manage situations in which children resist participation. Second, psychosocial support should address caregiver stress and strengthen peer and family support. Third, social workers should strengthen resource linkage and coordination by helping families access relevant information, policies, and services across health, rehabilitation, education, and social welfare.

These forms of support should be integrated rather than delivered in isolation. Limited teaching skills may increase stress; time pressure and fatigue may reduce consistency; and weak access to information may leave families managing complex needs with insufficient external support. Social work interventions should therefore be based on a holistic assessment of each family's circumstances and resources.

5. CONCLUSION AND RECOMMENDATIONS

5.1. Conclusion

Parents of children with physical disabilities reported difficulties across four interrelated domains: knowledge and instructional skills, psychological and physical burden, time constraints, and access to services and support resources. The most frequently reported difficulty was insufficient information about social welfare, health services, and support policies (78.4%). Lack of appropriate teaching methods and insufficient time were each reported by 75.7%, while psychological stress and physical fatigue were each reported by 70.3%.

The findings show that parental difficulties cannot be reduced to instructional technique alone. They also reflect caregiver burden, family conditions, and the accessibility of formal support systems. From a social work perspective, parents should be recognized both as essential resources in promoting children's independence and as individuals with support needs of their own.

5.2. Recommendations

Service providers working with children with physical disabilities should strengthen practice-based guidance for parents, particularly in selecting appropriate tasks, breaking activities into smaller steps, modeling, gradually reducing assistance, and managing children's resistance. Support should be flexible and integrated into everyday family routines so that it is feasible for working caregivers.

Social work services should also pay greater attention to caregiver psychosocial well-being, peer support, and shared family responsibility. At the same time, social workers should strengthen their role in information provision, policy guidance, service referral, and coordination across health, rehabilitation, education, and social welfare systems so that families can access relevant resources more effectively.

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