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# Structured Parenting and Child Independence in Autism: A Socioeconomic Comparison

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**Abstract**

The presence of a neurodevelopmental disorder characterized by persistent social-communicative impairments and restricted behavioural patterns significantly disrupts family organizational structures and established daily routines. Families navigating the care of a child with such a diagnosis encounter multifaceted challenges, including considerable time commitments necessitated by engagement in intensive therapeutic modalities and substantial financial burdens. Furthermore, caregivers must maintain considerable scheduling adaptability to address the individualized behavioural profiles and developmental requirements of their diagnosed offspring. This investigation employed a qualitative phenomenological methodology encompassing structured observation protocols, semi-structured interviewing procedures, and documentary analysis. The final sample encompassed 12 dyadic parent-child units from heterogeneous socioeconomic backgrounds, spanning upper to middle-class socioeconomic classifications. The findings reveal that upper-middle-class families tend to implement structured and consistent parenting strategies, including the use of visual schedules, family-based monitoring systems, and regular progress evaluations, which support the development of children's independence. In contrast, lower-middle-class families often rely on adaptive and improvised strategies due to financial constraints and work-related fatigue, resulting in less consistent intervention practices. The study also found that while higher socioeconomic status is associated with more structured parenting approaches, it is also linked to higher levels of parental stress due to increased expectations and involvement in intensive interventions.

**Keywords:** *Autism Spectrum Disorder, Parenting Perspective, Family Context, Socioeconomic Status, Early Childhood Education.*

## INTRODUCTION

Autism Spectrum Disorder is a neurodevelopmental condition characterized by persistent deficits in reciprocal social communication and social interaction, alongside the manifestation of restricted, repetitive patterns of behavioural engagement and interest specialization (American Speech-Language-Hearing Association, 2024; First, 2013). This diagnostic condition encompasses what were previously designated as early infantile autism, childhood autism, Kanner's autism, high-functioning autism, atypical autism, pervasive developmental disorder not otherwise specified, childhood disintegrative disorder, and Asperger's disorder. The core diagnostic features include persistent deficits in social-emotional reciprocity, deficits in nonverbal communicative behaviours, and highly restricted, fixated interests with abnormal intensity or focus (First, 2013).

This condition exists along a dimensional continuum, with symptom severity ranging from minimal to profound presentations. These developmental challenges typically evidence onset during early developmental periods and demonstrate longitudinal persistence throughout the individual's lifespan. Contemporary epidemiological surveillance indicates escalating diagnostic prevalence rates; recent data from the Centres for Disease Control and Prevention documented identification of approximately one affected child per 31 children across diverse populations (Shaw et al., 2025), thereby underscoring the urgent necessity for accessible, evidence-based supportive systems designed to address the multifaceted requirements of this demographic across the full developmental trajectory.

Families undertaking the parental responsibilities associated with rearing a child displaying this diagnostic profile encounter an expansive spectrum of psychosocial and logistical consequences. Research demonstrates that families with children with ASD experience significant household chaos, which is directly associated with lower adaptive functioning across all developmental domains (Chen et al., 2024). The fundamental constraint on available temporal resources stems primarily from the extensive developmental requirements of the identified child, necessitating participation in specialist-delivered therapeutic interventions of considerable intensity and duration (Brady et al., 2020). Additionally, familial units must manifest pronounced behavioural and scheduling flexibility to accommodate the distinctive behavioural profiles, communication modalities, and stimulus sensitivities characterizing the diagnosed individual.

Concurrently, families confront substantial financial pressures emanating from multiple vectors: the direct costs associated with accessing specialist treatment services, the geographic disparities necessitating extensive travel for therapeutic access, and the consequent diminution of parental employment capacity and earnings generation. This convergence of temporal and economic constraints contributes substantially to the cumulative burden experienced by the family system (Brady et al., 2020).

Research consistently demonstrates that parents of children with autism spectrum presentations experience substantially elevated levels of parenting-related stress and psychological distress compared to parents of neurotypically developing children. Comprehensive assessment data reveal that 94.6% of parents of children with ASD experience stress at or above clinical thresholds, contrasted with significantly lower rates in control populations (Negi et al., 2024). Notably, stress levels are significantly higher among parents from higher socioeconomic backgrounds and metropolitan areas, suggesting that diagnostic

awareness and intensive intervention exposure contribute substantially to parental stress burden (Negi et al., 2024).

Research indicates that elevated levels of parenting-related stress and psychological distress in parents of young children with ASD have the potential to disrupt family function and may impair the effectiveness of early interventions. Studies have documented that children receiving high levels of intervention demonstrated diminished improvement when their parents manifested high levels of stress (Brady et al., 2020). Additionally, parental stress demonstrates significant associations with child behaviour problems, creating bidirectional effects on family functioning (Rezendes & Scarpa, 2011).

Parents of children with neurodevelopmental diagnoses typically manifest a commitment toward facilitating the development of maximum autonomous functioning in their offspring. The cultivation of self-care skills and activities of daily living (ADLs) constitutes a central focus of parental intervention efforts. These skills encompass fundamental self-maintenance competencies including personal hygiene, independent feeding, autonomous dressing, independent toileting, and bathing routines (Butterfly Paediatric Therapy, 2025; Rabell, 2024). Research documents that when children master these self-care competencies, they gain pride in their independence and strengthen their confidence in everyday situations, while simultaneously reducing caregiver burden and family stress (Rabell, 2024).

Despite extensive literature on parenting stress and intervention effectiveness in ASD, limited research has specifically examined how socioeconomic stratification shapes family-centered strategies for fostering independence and self-care skills in children with ASD within Indonesian contexts. Most studies have examined the relationship between socioeconomic status, parental stress, and intervention outcomes. However, these factors are often analyzed separately and rarely integrated within the context of real-life family parenting practices, particularly in fostering children's independence and daily living skills. Therefore, this study seeks to address this gap.

In the Indonesian context, the distinction between upper-middle and lower-middle socioeconomic groups is particularly relevant for intervention policies, as access to autism-related services remains uneven and largely influenced by family resources. Many intervention programs, including therapy services and specialized education, are not fully supported by public systems and often require significant out-of-pocket expenses, which become a major barrier for families (Asa et al., 2021). In practice, the high cost of therapy and limited availability of affordable services have been widely reported by institutions and community organizations in Indonesia, indicating that even middle-income families may struggle to access consistent intervention. This situation highlights a clear inequality of access, as high therapy costs disproportionately limit lower-middle-class families' ability to obtain consistent and intensive interventions, thereby widening the gap in developmental support for children with autism. Furthermore, broader structural inequalities and limited inclusive support systems continue to restrict access to services for children with disabilities, including autism, particularly in low- and middle-income settings(Abdillah et al., 2025). Therefore, understanding how socioeconomic differences shape family-level parenting practices is essential for developing inclusive, context-sensitive, and accessible intervention policies. Comparing socioeconomic status is crucial for independence interventions, as it shapes families' access to therapeutic resources, the consistency of structured parenting practices, and

the level of parental involvement, all of which are key determinants in the development of autonomy in children with autism.

This study aims to explore how families from different socioeconomic strata implement family-centered parenting strategies to foster independence in children with ASD. The research questions guiding this study are: How do upper-middle and lower-middle socioeconomic families differ in implementing structured independence training? How are parental stress and intervention consistency experienced and managed across different socioeconomic groups? What contextual factors are perceived by families as shaping the implementation of independence-building strategies?

To address those questions, we conducted a study at The Insan Cemerlan Foudnation. The Insan Cemerlang Foundation, situated in Tanjungsepreh, Maospati District, Magetan Regency, represents an organizational entity providing specialized services addressing the requirements of children with diverse special needs presentations. The institutional programming encompasses diagnostic categories including Down syndrome, attention-regulation difficulties, and autism spectrum presentations. A cornerstone of the institution's service delivery model involves family-centerer programming emphasizing parental engagement and familial capacity development.

## METHODS

### Research Subjects and Sample Characteristics

This investigation implemented a qualitative phenomenological design, with data collection occurring over a six-month period at the Insan Cemerlang Foundation in Magetan, East Java. This organization provides specialized support services for children presenting with Down syndrome, attention-regulation challenges, and autism spectrum disorders. Data sources incorporated both internal documentation (descriptive records of children's family functioning and domestic circumstances) and external sources (direct participant narratives and family demographic documentation).

The final sample comprised 12 distinct parent-child dyadic units stratified across two discrete socioeconomic categories. The classification of upper-middle and lower-middle socioeconomic groups was determined using a combination of indicators, including parental occupation, estimated household income, and access to educational and therapeutic resources, following general socioeconomic stratification frameworks commonly used in the Indonesian context. The sample division achieved parity across classification systems, with six familial units designated as upper-class (with parents identified as entrepreneurial proprietors in the garment manufacturing sector) and six units classified as middle-class (with parental occupations centerer on commercial retail activities). Demographic characterization revealed parental age ranging from 32 to 50 years (mean age of 45.6 years), whereas children's ages ranged from 10 to 15 years (mean age of 12.8 years) at the study's inception. Comparative statistical analysis confirmed the absence of significant age distribution differences across classification categories for either parental or child participants.

### Data Collection

The investigation employed a qualitative phenomenological approach emphasizing naturalistic inquiry within authentic environmental contexts. The methodological armamentarium incorporated three complementary data collection strategies: structured and

unstructured observation protocols, semi-structured interview procedures conducted with open-ended questioning techniques, and systematic review and analysis of extant documentary materials. The development of interview questions and observation protocols was guided by phenomenological inquiry principles (Creswell & Poth, 2017) and supported by frameworks on family-centered intervention and structured teaching in autism (Mesibov et al., 2004), focusing on exploring parents' lived experiences and daily parenting practices. The overall analytic procedure followed an iterative four-stage framework comprising data aggregation, data reduction emphasizing salient themes, systematic presentation of organized findings, and rigorous verification processes (Kostiukow et al., 2019).

Interview transcriptions underwent dual analytic procedures incorporating both unrestricted categorical coding and axial coding procedures to identify relational patterns. Supplementary data collection included parental completion of standardized measurement instruments assessing constructs including family organizational functioning, dispositional optimism patterns, and the presence of depressive symptomatology indicators.

**Data Analysis Procedures**

The data analytic methodology integrated information from three complementary sources: systematic field observations, semi-structured qualitative interviews, and documentary evidence. The analytical framework consisted of four sequential stages: systematic data compilation, focused reduction eliminating peripheral information, structured presentation of synthesized findings, and verification procedures ensuring accuracy and credibility. To enhance credibility, a member checking process was conducted by sharing interview summaries with selected participants to confirm the accuracy of the interpretations.

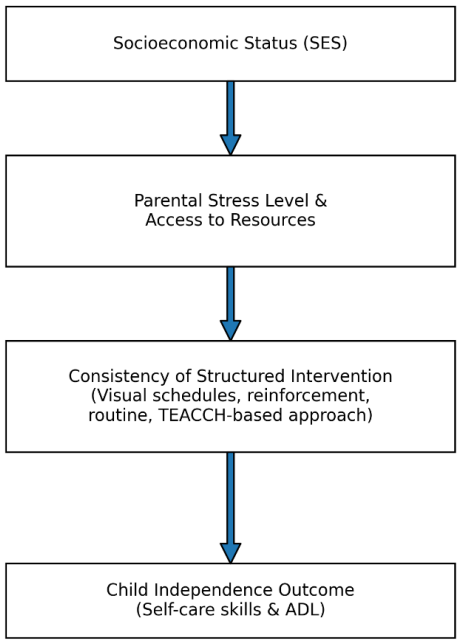


Figure 1. Conceptual Model of Family Socioeconomic Factors and Child Independence in ASD

The investigation established trustworthiness through application of a four-dimensional evaluative framework encompassing validity (accuracy of data representation), dependability (consistency of procedures across data collection), confirmability (objectivity and reduction of

investigator bias), and transferability (applicability of findings to analogous contexts) (Miles et al., 2013). Based on the integration of literature review and empirical field design, a conceptual framework was formulated to guide data interpretation. This framework illustrates the assumed relationship between socioeconomic status, parental stress and resource access, consistency of structured intervention, and child independence outcomes, as presented in Figure 1.

## RESULTS AND DISUSSION

### Comparative Analysis of Family Socioeconomic Classification and Parenting Dynamics

Case Illustration One: Upper-Middle-Class Family Structure

The initial case participant consisted of a male child, age six years, possessing an autism spectrum diagnosis, whose family occupied upper-middle-class economic status with both parents engaged in commercial enterprise. Despite the substantial occupational demands and scheduling constraints facing the parents, these caregivers demonstrated unwavering commitment to providing proximal supervision and active support facilitating their child's progression toward functional autonomy. During the preliminary phases of caregiving implementation, the parental unit encountered considerable difficulty managing the child's routine activities. When introducing novel behavioural expectations, the child frequently exhibited dysregulated responses characterized by anger expression, vocalization, and object manipulation. Notwithstanding these behavioural challenges, the parental unit persistently applied diverse strategic approaches designed to maintain the habituation process and behavioural progression.

This child demonstrated prominent dispositional characteristics and assertive personality features. The combination of autism spectrum presentation and dominant personality characteristics necessitated enhanced environmental stimulation to optimize developmental advancement. The family system functions as a fundamental agent facilitating behavioural development. When a male child receives consistent guidance toward cultivating autonomous behavioural functioning and psychological independence, such children demonstrate increased likelihood of developing resilience and operational self-sufficiency. This highlights the paramount role of parental guidance in optimizing developmental outcomes (Brady et al., 2020).

Over time, a significant developmental milestone emerged: the child, previously requiring verbal assistance for all routine tasks, progressively achieved independent task completion. The family's educational strategy, centerer on autonomous development principles, primarily utilized temporal scheduling and sequenced routine implementation. Through sustained habituation practice, implemented via diverse methodological approaches, the child achieved functional independence levels consonant with family expectations. In contrast, families with more stable resources tend to implement structured systems:

> "*Kami punya 'family contract'... tiap minggu evaluasi progres anak bersama keluarga*" (we have a 'family contract'… every week we evaluate the child's *progress* together as a family) (Interview, 26 January 2025).

This pattern was also confirmed through observation. During the observation, the child was able to follow structured routines such as dressing and brushing teeth with minimal prompting. Visual schedules were placed in accessible areas, and the child appeared to refer to them before performing each activity. The parent provided brief verbal reinforcement, which

supported the child's consistency in completing tasks independently. This suggests that the availability of resources and parental capacity in upper-middle-class families enables the implementation of structured, consistent, and goal-oriented parenting practices, which play a significant role in fostering children's independence.

Case Illustration Two: Middle-Class Family Structure

The subsequent research participant, a six-year-old male from a lower-middle-class family with parents engaged in independent commercial trade activities, originated from a family system recognizing the crucial role of parental involvement in development. However, this family confronted a substantial constraint: insufficient provision of developmental stimulation and guidance opportunities. The parents' occupational schedules and economic pressures frequently culminated in physical and emotional fatigue, substantially diminishing their capacity for enthusiastic engagement with their child even during available temporal periods. As one parent expressed:

> "*Kadang* saya *nangis di kamar mandi saking lelahnya… pagi urus anak, siang* jualan*, malam tunggu suami pulang capek*" (sometimes I cry in the bathroom because I'm so exhausted… in the morning I take care of my child, in the afternoon I work selling, and at night I wait for my husband to come home tired) (Interview, 25 January 2025).

This finding indicates that lower-middle-class families experience significant constraints in providing consistent developmental stimulation due to economic pressures and parental fatigue. Although parents demonstrate awareness of the importance of their role, limited time, energy, and resources reduce the consistency and quality of their involvement in structured parenting practices.

This condition is consistent with previous research showing that families with limited socioeconomic resources often face greater challenges in maintaining consistent intervention practices, as financial strain and work demands contribute to parental stress and reduced engagement (Brady et al., 2020; Osborne et al., 2008). Furthermore, parental stress has been shown to negatively affect the effectiveness of interventions and child developmental outcomes, particularly in families managing children with autism spectrum disorder (Rezendes & Scarpa, 2011).

**Self-Development Processes in Children with Autism Spectrum Presentations**

Self-development encompasses the systematic process of facilitating a child's acquisition of self-reliant behaviour patterns, autono3mous self-maintenance competencies, and fundamental activities of daily living (ADL) functionality (Butterfly Paediatric Therapy, 2025). However, individuals presenting with autism spectrum characteristics frequently encounter substantial difficulty in mastering such foundational skills, including independent toileting, self-directed nutritional intake, autonomous dressing, and independent bathing. This is reflected in parental practices, for example:

> "Saya *bikin sendiri dari kardus bekas… gambar print di warnet, laminating pakai plastik bekas*" (I made it myself using used cardboard… I printed the pictures at an internet café and laminated them using recycled plastic) (Interview, 25 January 2025).

This was also observed during field observations. During one session, the child initially refused to take a bath, showing signs of sensory distress such as crying, avoiding contact with water, and resisting instructions from the parent. The parent then used gradual prompting, starting by guiding the child to touch the water briefly, followed by introducing simple visual supports illustrating the bathing sequence. With repeated encouragement and step-by-step guidance, the child was eventually able to participate in parts of the bathing routine, although still requiring assistance. This finding suggests that resource limitations do not necessarily hinder intervention efforts, but instead encourage adaptive creativity among parents, which becomes a meaningful factor in supporting children's independence. Research documents that many autistic individuals have not mastered basic daily living skills such as independent dressing and eating, personal hygiene, or the ability to perform household tasks (Leicspart.nhs.uk, 2024). These difficulties often correlate with the child's developmental status during early infancy, particularly in presentations of mild pervasive developmental disorder manifestations.

Contemporary research demonstrates that children with autism spectrum presentations evidence a decelerated trajectory in self-development skill acquisition relative to their neurotypically developing age-matched peers. Such developmental delays frequently derive from underlying deficits in nonverbal cognitive processing, which significantly influences the acquisition rate of foundational behavioural competencies (Zwick, 2017).

**Nutritional and Dietary Management Approaches**

Within the present investigation, one predominant intervention methodology employed by parental participants involved the implementation of nutritionally restrictive dietary regimens targeting the child with autism spectrum presentation. This dietary approach necessitated the elimination of particular food categories, specifically including eggs, milk products, chocolate confections, refined sugars, gluten-containing substances, and certain manufactured food preparations. Parental observations subsequent to dietary intervention implementation revealed positive impacts on behavioural functioning, specifically encompassing increased behavioural regularity and diminished aggressive behavioural manifestations.

These empirical observations align with the theoretical perspective articulated by the Indonesian Autism Foundation, which acknowledges dietary management as a therapeutic modality. The organization identifies the gluten-free, casein-free (GFCF) dietary approach as a prevalent therapeutic methodology addressing autism spectrum symptomatology, particularly manifestations of aggressive behavioural expression. The mechanistic basis for this dietary approach involves the systematic removal of gluten, a protein polymer found in cereal grains including wheat and oats, and casein, a protein constituent present in milk-derived and dairy food preparations (Ghalichi et al., 2016).

**Personal Hygiene and Self-Care Activities**

The investigation's findings indicate that particular self-maintenance activities, explicitly encompassing elimination-related hygiene, bathing routines, clothing management, and grooming procedures, present substantial difficulty for school-age children presenting with autism spectrum identification. The documented difficulty stems from heterogeneity in fine motor skill development across the participating children. Research documents that self-care

activities, also known as activities of daily living (ADLs), including feeding, toileting, dressing, and grooming, present particular challenge for children with autism (Leicspart.nhs.uk, 2024; Rabell, 2024).

The implementation of effective self-care skill development requires structured, visual-based learning strategies. Research indicates that breaking down tasks into steps, using visual supports such as pictorial instructions, and creating predictable routines substantially improves skill acquisition (Rabell, 2024). Effective strategies include practice with adapted tools (e.g., large buttons, zipper boards, elastic waists), sensory-smart supports (e.g., soft-bristle toothbrushes, alternative toothpaste), and systematic reinforcement through repetitive practice (Rabell, 2024).

**Toilet Training and Elimination Management**

The acquisition of toileting competence is operationalized as a systematic effort directed toward developing the child's capacity to exercise volitional control over micturition and defecation processes (Joinson et al., 2009). The present investigation documented that toilet training constitutes a prominent challenge for caregivers of children with autism spectrum presentations. The investigated sample revealed that most children with autism spectrum presentations demonstrated atypical sensory responses to elimination-related environmental factors, including aversion reactions to porcelain surface tactile qualities or ambient temperature conditions, difficulty with the anatomic posture prerequisites for toilet utilization, and absolute refusal to utilize toilet facilities existing outside the familiar home environment (Rabell, 2024).

Research indicates that effective toilet training strategies for autistic children involve scheduled sits, clear visual supports, clothing that is easy to manage, and calm routines for cleanup and resets (Rabell, 2024). Breaking down toileting into manageable steps, using visual schedules, and creating sensory-friendly bathroom environments substantially improve success rates (Leicspart.nhs.uk, 2024).

**Communication and Social Interaction Development**

A fundamental aspiration articulated by parents of children with autism spectrum presentations concerns the achievement of functional independence in quotidian life contexts. The present investigation's findings revealed that the complete sample of participating children with autism spectrum presentations demonstrated communicative disorders demonstrating severity disproportionate to their chronological age classifications. These communicative deficits encompassed absence of reciprocal communicative exchange, diminished verbal fluency, restricted capacity for decoding and encoding written symbolic information, and broader relational interaction challenges (First, 2013).

Communication competence constitutes a foundational capability enabling the child's interactional engagement with surrounding environmental contexts, necessitating continuous instructional emphasis on communicative skill development. In populations with autism spectrum presentations, maintenance of environmental consistency represents the most efficacious pedagogical approach. Such consistency requires systematic implementation across all behavioural and experiential domains, encompassing social interaction patterns, behavioural expectation establishment, and quotidian experiences (National Research Council, 2001).

**Parenting Processes and Independence Development in Autism Spectrum Presentations**

The investigation reveals that parental factors substantially influence intervention effectiveness and child developmental outcomes. Research demonstrates that parents of children with ASD consistently report elevated levels of parenting-related stress and psychological distress (Brady et al., 2020; Osborne et al., 2008). The psychological journey encompassing acceptance of a child with special needs diagnoses constitutes an extended developmental trajectory, progressing from preliminary direct-engagement modalities toward comprehensive awareness and psychological acceptance (First, 2013; Hodgdon, 1999).

**Parent-Implemented Interventions and Stress Reduction**

Research examining the effects of early autism intervention on parents demonstrates that parental stress outcomes vary substantially depending on intervention characteristics. Parent-mediated interventions show promise in reducing parental stress when appropriately designed and implemented. Studies reveal that parent-coaching interventions teaching parents to more effectively interact with and teach their young child with ASD demonstrate secondary positive effects on parental adjustment and well-being (Osborne et al., 2008).

The significant investment of time, energy, and resources required to parent a child with ASD, including participating in interventions, necessitates explicit attention to parental psychological well-being as a legitimate intervention target. Research on interventions directly targeting parent stress, including acceptance and commitment therapy (ACT), family systems therapy, and mindfulness-based parenting programs, demonstrates support for stress reduction, increases in psychological well-being, and decreased child problem behaviour (Brady et al., 2020; Osborne et al., 2008; Rezendes & Scarpa, 2011).

**Self-Development and Independence Acquisition Processes**

Structured Teaching and Visual Supports

Based on the findings, parents implemented structured routines and visual supports in daily activities to facilitate children's understanding and independence. The preliminary phases of parental intervention for children with autism spectrum presentations emphasize facilitating understanding through perpetual habituation processes grounded in structured teaching methodologies. The TEACCH (Treatment and Education of Autistic and Related Communication-Handicapped Children) approach, an evidence-based program from the University of North Carolina, provides a comprehensive framework for structured teaching (Mesibov et al., 2004). This methodology comprises three core components:

Multimodal Communication Methodology: Parental figures employ both verbal and visual instructional methodologies, utilizing photographic supports for facilitating comprehension (Gratefulcareaba.com, 2025; Mesibov et al., 2004). They systematically label household objects to clarify their functional purposes and appropriate utilization procedures. The TEACCH approach emphasizes that visual communication is generally much easier to understand and more accessible for individuals with autism, reducing confusion and anxiety while building independence and competence (Deolinda, 2025).

Mastery of Self-Care Skills: The instructional curriculum emphasizes foundational activities of daily living, encompassing autonomous elimination management, independent dressing, table-related behavioural protocols, and personal hygiene maintenance. The

instruction is designed to in still lifelong habits related to cleanliness, health maintenance, and organizational orderliness (Rabell, 2024).

Consistent Reinforcement: Learning receives systematic reinforcement through repetitive and sustained activities designed to enhance memory consolidation and skill retention. Implementation occurs through gentle, patient demeanour, utilizing calm vocalization patterns and supportive physical guidance (Hodgdon, 1999). The TEACCH approach emphasizes that activities need to be visually clear and meaningful, with visual instructions telling the child what needs to be done, visual organization providing required materials in organized fashion, and visual clarity ensuring the task is comprehensible rather than overwhelming (Deolinda, 2025).

Temporal Scheduling and Environmental Organization

Following this foundational phase, the implementation of systematic scheduling for the child's daily activities becomes essential. All activities, spanning morning through evening periods, conform to predetermined schedules presented in multiple formats. A comprehensive master schedule, specifying complete daily routines, appears in enlarged text and receives prominent display in high-traffic household areas. Concurrently, localized mini-schedules appear in activity-specific locations, such as toilet-entry areas, kitchen, and family gathering spaces.

This approach aligns with structured pedagogical principles, which utilize diverse visual elements facilitating individual comprehension, mastery acquisition, and environmental engagement. Research documents that visual schedules serve multiple critical functions: they clarify that activities happen within specific time periods, assist the student in transitioning independently between activities and environments, and alert the student to changes that might occur (Stokes, 2025). Importantly, visual schedules should be conceptualized as "prosthetic" or “assistive technology” devices rather than temporary supports from which students should be “weaned” (Stokes, 2025).

Positive Reinforcement and Motivation

Based on the findings, parents used simple forms of positive reinforcement, such as verbal praise, gestures, and preferred items, to encourage children’s participation in daily activities. The use of positive reinforcement constitutes a vital strategy for promoting autonomous activity in children with autism spectrum presentations. Positive reinforcement, a cornerstone of Applied Behaviour Analysis (ABA) therapy, involves rewarding positive behaviours to increase their occurrence, thereby fostering an engaging and constructive learning environment (Advanced Autism Services, 2025). Such rewards need not assume monetary form; non-material recognition strategies, encompassing verbal affirmation, physical gestures (for example, thumbs-up gestures), or preferred nutritional items, demonstrate substantial efficacy (Advanced Autism Services, 2025; Rabell, 2024).

Research demonstrates that positive reinforcement approaches should be individualized to each child's preferences and strengths. Immediate reinforcement is crucial, meaning rewards should be administered immediately after the desired behaviour occurs to strengthen the association. Strategies include identifying and using high-value reinforcers tailored to the child's individual interests and preferences, employing low-demand requests alongside high-

value rewards to keep the child engaged and motivated, and gradually fading reinforcement as behaviours become established (Rabell, 2024).

The efficacy of positive reinforcement is well-established in research literature. Studies reveal that children undergoing intensive behaviour therapy emphasizing positive reinforcement often achieved remarkable improvements, with many becoming less distinguishable from typically developing peers (Advanced Autism Services, 2025). Research further indicates that positive reinforcement significantly boosts desired behaviours in children with autism spectrum disorder across multiple domains (Communicationclubhouse.com, 2024).

Family Environment and Child Development

For children with ASD, the acquisition of appropriate social skills can suffer substantial impairment through exposure to familial environments characterized by conflictual dynamics and strained relationships. In such settings, caregivers may demonstrate maladaptive social behavioural patterns, complicating the child's acquisition and adoption of constructive social behaviours. Investigation of family relationships demonstrates that negative family relationship patterns exert greater influence on the manifestation of ASD symptoms relative to positive family interactional patterns (Kelly et al., 2008).

This finding demonstrates consistency with documented autistic child preferences for environmental predictability, structural organization, and temporal stability. Given such sensitivities, the adverse consequences of domestic instability and emotional distress on behavioural functioning and psychological welfare prove unsurprising. Research on family functioning demonstrates that household chaos, characterized by noise, crowding, lack of organization, and unpredictability, is directly associated with lower adaptive functioning in children across all developmental domains, including children with autism (Chen et al., 2024).

## Discussion

The present investigation's accumulated evidence provides comprehensive examination of the obstacles and strategic approaches associated with rearing children with autism spectrum presentations, emphasizing the fundamental significance of familial systems and environmental contexts in determining developmental success. The investigation clearly documents contrasting presentations between economically divergent families.

### Socioeconomic Influences on Parenting and Child Outcomes

The middle-class family, despite occupational scheduling pressures, possessed the financial capacity and temporal availability enabling consistent supervision and assistance, incorporating structured methodologies such as temporal scheduling protocols, visual supports, and systematic reinforcement procedures. Such circumstances facilitated substantial independence acquisition by the child. Conversely, the lower-middle-class family confronted major constraints. Despite positive intentions, economic pressures and emotional fatigue substantially impeded adequate environmental stimulation and guidance provision.

Research documents this pattern more broadly: parental socioeconomic status and access to resources significantly influence service use and intervention outcomes for children with ASD (Osborne et al., 2008). Families with higher socioeconomic status have greater capacity to access specialist services, participate in intensive interventions, and implement structured

home-based programming, all of which contribute to improved child outcomes but may paradoxically increase parental stress (Negi et al., 2024).

The findings suggest that socioeconomic status does not merely function as a financial variable, but as a structural determinant shaping parental psychological capacity, access to resources, and the consistency of structured intervention practices. In this study, differences in economic positioning were associated with variations in parental energy allocation, stress regulation, and the ability to sustain systematic independence training. Socioeconomic status, therefore, operates as a contextual force that indirectly organizes the daily ecology of the child, influencing how routines are maintained, how reinforcement is delivered, and how educational strategies are implemented within the home environment.

Furthermore, the data indicate that child independence outcomes are not solely the product of intervention techniques themselves, but of the stability and coherence of the caregiving system in which those techniques are embedded. Structured strategies such as visual scheduling, reinforcement, and TEACCH-based routines appear most effective when implemented consistently within a psychologically regulated and resource-supported family environment. This suggests that intervention effectiveness should be understood through a systemic lens, where parental well-being and socioeconomic context function as mediating conditions rather than peripheral background variables.

**Consistency, Structure, and Learning Effectiveness**

The investigation's materials persistently emphasize that progression depends substantially upon consistency and environmental structure. Whether addressing self-development (encompassing daily living skill training), dietary intervention, or communicative skill development, structured methodological approaches demonstrate superior efficacy. Temporal scheduling practices, visual communicative devices, positive reinforcement mechanisms, and TEACCH-based structured teaching represent exemplary strategies successfully facilitating independence cultivation.

The TEACCH approach and related structured teaching methodologies provide evidence-based frameworks for creating environments supporting learning and independence. These approaches utilize physical organization, visual supports, consistent schedules, and individualized instruction to address the specific learning characteristics of children with autism (Mesibov et al., 2004). Research on these methodologies demonstrates effectiveness across diverse settings and populations (Gratefulcareaba.com, 2025).

**Emotional and Psychological Dimensions of Parenting**

The investigation's findings reveal that parental responsibility related to children with autism spectrum presentations associates with chronic stress manifestation. Parental stress levels reach clinical thresholds for the vast majority of parents (94.6%) of children with ASD (Negi et al., 2024). Research identifies multiple stressor categories contributing to parental burden, including child behaviour difficulties, financial constraints, limited-service availability, and demands on parental time and energy (Brady et al., 2020).

**Systems-Level Barriers to Effective Caregiving**

Notwithstanding parental efforts, numerous systemic impediments complicate caregiving functions. The investigation identifies several consequential challenges: deficient professional

consensus regarding diagnostic and management procedures, constrained public service availability and social assistance mechanisms, and restricted community autism awareness. This constellation of obstacles obligates parents to function not exclusively as primary caregivers but additionally as care management coordinators, a role demonstrating exceptional demand, particularly for resource-constrained families.

Research on barriers to service access documents parental challenges including significant delays in detection and diagnosis of ASD, considerable barriers to accessing and receiving adequate healthcare within public systems, lack of inclusive education programs, difficulties in accessing special education services, limited availability of public benefits and social services, and perceived lack of support from professional providers (Abualait et al., 2024). These systemic barriers necessitate that parents often create and manage their own networks of specialists and service providers, particularly when financial resources permit (Abualait et al., 2024).

## CONCLUSION

This study demonstrates that socioeconomic status plays a significant role in shaping how families implement parenting strategies to foster independence in children with autism spectrum disorder. Families with higher socioeconomic resources tend to apply more structured, consistent, and systematic approaches, supported by access to intervention tools and greater time flexibility. In contrast, families with limited economic resources rely on adaptive and creative strategies within constrained conditions, often facing higher levels of fatigue and reduced consistency in implementation. Despite these differences, the findings indicate that the development of independence is strongly influenced by the consistency of parental involvement, the use of structured routines, and the presence of supportive family environments rather than economic status alone.

Based on these findings, it is recommended that intervention programs and educational services adopt a family-centered approach that considers socioeconomic differences and provides accessible, context-sensitive support for parents. Strengthening community-based support systems, increasing access to affordable intervention resources, and offering practical guidance for home-based structured practices are essential to enhance the effectiveness of independence-building strategies across diverse family contexts.

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