INCLUSIVE SUPPORT AND EDUCATION OF CHILDREN WITH SPECIAL NEEDS; 
ISSUES, CHALLENGES, AND RESPONSES
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Abstract
There has been a growing number of children with special needs lately with or without diagnose from professionals. According to the recent data, 1 out of 10 students is dyslexic, 1 in 59 children is autistic, and 6000 babies are born with down syndrome annually. The increasing prevalence is quite alarming while there is no adequate research and proper intervention to help the children grow functionally and live inclusively, particularly in Indonesia. The intervention and support given to these children are mostly in partial services, and share less connection one another. Psychologists, pediatricians, therapists, teachers, care-takers, policy-makers, and parents work in their own area and competencies without communicating or connecting to each other. These partial and disconnected services may be contradictory and far from proper intervention needed by the children. Moreover, the parents, teachers, and community have lack of sufficient information and support to raise these children and are let alone to seek help, and eventually feel helpless. In most cases, the children are stigmatized and are not treated equally in term of getting access to health and educational services. And many of them are let undiagnosed and improperly treated to grow more functionally. This research is aim at reviewing issues around special needs services, the challenges faced by parents, teachers, and professionals, as well as the responses to the problems that have been done to support the children. This research uses grounded-theory approach, and the data is generated from professionals (paediatrician and psychologist), parents, teachers, and therapist. The research is conducted in Jepara, Central Java, yet may use national and international data to compare. The findings suggest that albeit some efforts done by the government, professionals, parents, and special education practitioners, yet the efforts and results seem far from satisfaction. The collaboration, inclusive approach, and sustainable programs highly benefit to the future trajectory of the children which can help them to be more independent, adaptive, and functional.

Key words; special needs, intervention, inclusive, interconnected services

Introduction
Children with special needs are in most cases subject to neglect in educational services in Indonesia, particularly in Jepara, Central Java. There are many reasons why this issue does not become public concern despite its alarming growth and their number is growing. There is no exact data how many children with special needs in Jepara because there is no regular research on it. This phenomena is just like an iceberg, that the actual number is much bigger than what people may see since the impairment or disorders are subtle and invisible to the common eye. According to UNICEF (2017) children with disabilities are one of the marginalized and excluded group in society who face discrimination, lack of adequate policies and legislation which hinder their rights to healthcare and educational services.

Children with developmental disorders (autism, asperger, down syndrome, cerebral palsy, intellectual disabilities, ADHD, etc.) may have shown vivid characteristics on the surface that these children require special attention and intervention. Yet, this acknowledgement does not mean that the intervention is already available for them. Parents, teachers, and even professionals often feel baffled how to support this kids. Moreover, the problem is compounded with the non-visible impairments found in specific learning disorders like speech and language disorders, dyslexia,
dyscalculia, dysgraphia, and even specifically executive function. There is a deep and comprehensive assessment to figure out that the children have such problem since they may be seen as active and exuberant kids to the common eye, but are struggling in reading and writing.

According to the recent data, over one billion people or around 15% of the world’s population experience some form of disability (World bank, 2018). In more specific cases, 1 in 59 has been diagnosed having autism spectrum disorder (ASD) (Autism Speaks, 2018), around 2 up to 3 children out of 1000 are diagnosed with cerebral palsy (Dan & Paneth, 2017; cerebralpalsy.org), and 1 in 10 people is identified as dyslexic (Dyslexia International, 2014). This data gives a picture at glance that the prevalence of children with special needs is surprisingly high.

Children of disabilities or special needs frequently face stigma and discrimination which may lead to their exclusion (UNICEF, 2012), therefore, these give them barriers to get social acceptance and access to health and educational services. The issues arise from parents’ ignorance, unstructured management system, the scarcity of information and education to the parents, adverse efforts and pricey intervention, until fragmented and partial services in discussion about children with special needs or disabilities. Based on those circumstances, there have been lack of support and intervention, as well as access to healthcare and education. The barriers become clearer to those who are underprivileged or disadvantaged families. Peer and Reid (2012) has cited from several researches and suggested that the children from affluent and advantaged families have higher achievement levels compared to those who are from the less ones. The families of higher socioeconomic groups tend to seek help and demand available support once they recognise learning difficulties perceived by their kids.

Provisions of the intervention and support given to the children with special needs or disabilities have been addressed in regard with the effectiveness and success to make the children more adaptive and functional. WHO (2018) suggests that community-based rehabilitation (CBR) may become an approach to enhance the quality of life for people with disabilities, meet their basic needs, and ensure the inclusion and participation. CBR is implemented through the combined efforts of people with disabilities, their families and communities, and relevant government and non-government health, education, vocational, social, other services which is called as multisectoral approach. UNICEF (2012) also propose the enhancement of the quality of education by involving community and promoting accessible and inclusive learning space as well as investing in teacher training and inclusive education. Indonesian government through the policies by ministry of health also suggest a more integrated, inclusive and sustainable pathway in enhancing the quality of children’s healthcare. Furthermore, UNICEF (2017) promotes equity-based approach as the foundation of disability service and management.

The inclusive intervention for children with special needs is aimed at achieving social equality as well as providing additional resources to the special need children. Mittler (2000, in Reid, 2010) suggested that successful inclusion policies need to promote inclusion whenever possible. The intervention and support provided to children with special needs are supposed to be inclusive and sustainable which remains beyond the expectation although endeavours have been taken partially in health or educational services.

Stigma, lack of education to parents, disconnected services, late detection and intervention, and unsystemized, less sustainable, and less inclusive disability management become early signs of under qualified intervention to children with disabilities or special needs generally in Indonesia, particularly in Jepara. Therefore, this study is aim at examining issues arisen in the discourse of special needs services, along with the challenges faced by parents, teachers, professionals, and therapists as well as the responses to the problems that have been done to support the children.
The policies of the government does not walk in the same line with the practice. Promoting inclusion of children with special needs in healthcare and education sectors without preparing all elements which work in this area is of hardship. The government has issued regulation of ministry of health on efforts of children’s health which states that the endeavours to support children’s health are supposed to be done in inclusive, integrated, and sustainable way. Likewise, the ministry of health stated the rehabilitation provisions and policy for disabilities needs to be comprehensively conducted by hospitals and community based health services by using the resources available in the community. Yet in fact, this is only a “hanging” policy which is not well execute in practical undertakings amidst the complexity of the issue.

Children with special needs or disabilities

The term of children with special needs or Anak Berkebutuhan Khusus (in Bahasa) is recently quite common in Indonesian educational context, albeit a lot of people are not really familiar with this term and need further explanation to grasp the meaning. In this study, the term of children with special needs refers to children with developmental disabilities in general. Therefore, the term of special needs and disabilities are interchangeable in this study. The specific cases do not become the concern of this study, instead it takes more attention on how supporting services and education addressed and given to the children.

References show that disability can refer to both physical, sensory, mental, intellectual impairments. The International Classification of Functioning, Disability, and Health (ICF) defines disability as an umbrella term for impairments, activity limitations, and participation restrictions. Disability is the interaction between individuals with health conditions or impairments and personal and environmental factors. Thus, each type of disability requires specific health, rehabilitation, educational, and social support needs (WHO, 2011)

According to WHO (2018) disabilities is an umbrella term wish refers to impairments, activity limitations, and participation restrictions in real life situations. This is not only a matter of health problem, but also a complex situation faced by people with disabilities that require intervention to remove environmental and social barriers. Sousa (2016) stated that special needs students refer to children how are diagnosed and classified as having specific learning problems, including speech, reading, writing, mathematics, and emotional and behavioral disorders.

Early intervention and Inclusion

There are piles of evidence that early intervention and support to the developmentally-impaired children benefit to their optimum development and give trajectory of better significant improvements. Early intervention become investments which yield significant long term benefits that narrow the gap between the advantaged and disadvantaged families which promotes productivity in the long run (Young, 2014), will benefit to the academic preparedness and achievements (Zucker, 2010), enhance the children’s functional skills and abilities as well as increase to the health and wellbeing outcomes (The Royal Australian College of Physicians, 2013). Early intervention is also the most effective and cost effective in terms of reaching a child’s potential and reducing the impact of failure on their self-esteem (Fawcett, 2015). Therefore, there is a need to give early intervention for children with special needs as well as additional necessary supporting actions that are more accessible and inclusive (WHO, 2017)

Inclusion

According to Tomlison (1997, in Reid 2010) stated that inclusion is fitting the resources to the need of the students. In addition, WHO (2017) describes that the children of special needs vary
in terms of the range of impairments, the degree, and the risk factors contributing to the development of the children. The differences and uniqueness give impacts to the management of intervention. The intervention provided to the children with special needs should be accessible, inclusive, and supportive. Likewise, the diagnostic assessment made for the child should be comprehensive which is yielded by collaborative way among professionals. It also requires interdisciplinary approach (allied medical and healthcare, early education, family, and local support) which enable optimizing children’s potentials.

The philosophy of inclusion (or integration) is that children whose individual differences are accepted in general activities with appropriate adaptation or assistance (Batshaw, 2000). This philosophy then leads to provisions that knowledge on children with special needs or disabilities does not only belong to medical professionals or specialists. Teachers are then supposed to know better about syndromes and developmental disorders (Reid, 2010) in order to be able to design better educational programs which meet to children’s learning styles. Furthermore, Tomlinson (1997, in Reid, 2010) defines inclusion as “matching the resources we have to the learning styles and educational needs of the students”. Florian (2005 in Reid, 2010) added that inclusion does not deny any individual differences, yet it does accommodate the individual needs which are beneficial for the children to be able to fit-in to their environment. Moreover, in inclusive setting, the individual differences should be managed using equity approach which focuses on individual needs and learning styles (Reid, 2005; UNICEF, 2017; Peer & Reid, 2012).

Inclusive Education

The Salamanca agreement (UNESCO, 1994) states that every child has a right to education and that those with special educational needs must have access to regular schools which should accommodate them within a child centered pedagogy capable of meeting the needs. It also stated that mainstream schools with an inclusive approach were the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all. The framework proclaimed that every person with a disability has the right to express their wishes with regard to their education, as far as this can be ascertained. It highlighted the inherent right of parents to be consulted on the form of education that best suited the needs of the children.

Albeit the considerable merit gained by inclusive education or schooling, the actual practicalities of inclusion is challenging. Reid (2005) suggests that inclusion involves understanding differences in learning styles and preferences, collaboration of all stakeholders, additional resources, including individual educational plans which are not easy to manage.

Method

This study is conducted using grounded theory approach in order to generate and develop a theory from the empirical data gathered through interview (Johnson & Christensen, 2012). Using this approach, once the data is gathered, the the steps of analysis are done; open coding, axial coding, and selective coding. Interview is done to 2 paediatricians, 2 psychologists, 7 special teachers of inclusive elementary school, 11 parents of children with special needs, and 1 head therapist. Data gathering is conducted using direct interview to all informants using open questions to get a more comprehensive data.

Results

In total there are 2 pediatricians, 2 psychologists, 1 head therapist, 11 parents of children with special needs, and 7 special educational teachers involved in this study. All the parents are of
children with special needs at around 8-10 years of age who are served in inclusive elementary school (9 children) and 1 in special school. They consist of 3 dyslexics, 1 dyslexic-gifted, 2 down syndromes, 2 intellectual disability, 1 hear impairment, 1 autistic, and 1 cerebral palsy. All the teachers work in Sekolah Semai, inclusive elementary school. During interview, the conversations were tapped, and then analyzed to figure out the common issues delivered by the informants.

**Issues emerged**

From the data collection, some major issues addressed by the involved informants regarding with the support and education of children with special needs. From the perspective of parents, they feel that they have lack information about their baby’s condition since birth either from the obstetrician or midwife as well as pediatrician. During the early months of their infants’ life, they are let unknown about their infants’ comprehensive condition, especially those whose congenital problems and risks during pregnancy (down syndrome, hear impairment, and cerebral palsy). The parents said that the paedicians and midwives gave very little information about their kids. The mothers also said that they were never asked about the developmental problems which may lead to a certain diagnosis. Furthermore, some of the parents involved in this research said that the children did not get any proper detection albeit their mothers had suspected there was something wrong with their children’s deviant development. The doctors or medical professionals whom they seek information said that the child is fine and the problems will disappear in the future. In some cases, the professionals even give wrong diagnosis. Moreover, Puskesmas (community health center) and Posyandu (integrated health care post) where the mothers regularly check their newborn babies’ and infants’ health and where they may access immunisation have rarely paid attention on the developmental milestones, rather focus more on the physical growth and nutrition. Contrary to ideal procedures addressed by WHO, the ministry of health, and professionals of children with disabilities about the importance of early detection and early intervention (Fawcett, 201; Reid, 2017; Batshaw, 1997, The Royal Australasian College of Physics, 2013; Permenkes, 2014), the practices are quite beyond the idealism which require early detection and intervention whenever deviations from milestones founded.

Some of the parents said that the therapies or intervention to their child require high cost and a lot of time and energy which they cannot afford. The traditional ways become their option amidst the long and pricey medication or clinical intervention that are suggested by the professionals. The parents said that stigma and discrimination becomes one of the daily issues in regard with raising the special need child. It doesn’t happen all the time, yet seeing their child was being rejected and excluded from their play peers and even by the school is quite heartbreaking. All the parents involved in this study explained that they are not ashamed of having an impaired child and remain confident bringing them in public places, yet there are couple of spouses who remain denials with their child condition and extended families who are resistant with the child’s presence.

From the perspective of pediatrician, there are several issues regarding the management of children with developmental disorders. First, there is no clinical pathway in supporting mother and children healthcare. For example, the obstetrician handles the mother and the baby birth, the pediatrician is supposed to be involved couple months before delivery date to prepare the lactation program for the mother and baby in order to be successful. Moreover, they admit that the pattern or standard of operation between professionals on service differs one to another. The languages and terminologies used are not the same and some have different interpretations. This situation makes the information and standards cannot be interconnected and reported using the same words. The meaning of success of intervention according to paediatrician may differ from the meaning of success according to the therapists. Sometimes, the paediatricians and the psychologists have different diagnose despite they work in the same hospital.
Another issue addressed by the pediatricians is about less competent professionals. The paediatricians admitted that neuro paediatrician perspective is quite new in children health services, particularly in Indonesia. Therefore, there are many professionals who issue misdiagnosis because the overlapping characteristics of the impairments may lead to the wrong conclusion. The issue on developmental disorders (not to mention the specific learning difficulties) is relatively new to many pediatricians and psychologists since they learn little during their study. Once they do not update by themselves, they may issue wrong diagnosis about the patients. Wrong diagnosis surely will lead to the improper intervention. This situation is compounded with the number of patients who are diagnosed as having developmental problems with comorbidities. The doctors said that the patients of developmental disorders in the hospital is around 40-50% of the total patients coming to the hospital. This does not mention the patients with specific learning difficulties such as dyslexics, dyscalculics, and dysgraphics which are relatively new and mostly overlooked and stated only as “delayed speech”.

The teachers of students with special needs highlight the diverse condition and degrees of the students of special needs, and many of them come to school without diagnosis. This condition makes the teachers need quite sometime to do observation to the children, deep interviews with the parents, and close consultation with the school coordinator of special needs program. The teachers also feel that they have less capacity in handling the children, though they feel ready to learn and support the children. In Jepara, there are 4 state elementary school which are appointed by the government to be inclusive schools, yet they said that they are not prepared and ready yet. Therefore, many parents of special need children enroll their children to the one and only a private inclusive school which is Sekolah Semai. The increasing number of students of disabilities enrolled in the school is an issue that needs to be taken into account. This means that there are a lot of children with special needs who are willing to be enrolled in mainstream school, yet most of the mainstream schools cannot accept them. Therefore, the special school becomes the alternative option for them. Most of mainstream schools do not want to accept the students of special needs since they feel unprepared to serve the students. The stigma haunt the schools that the students of special needs will slow down the pace of the whole students. There is still a belief among the parents that the disorders or impairments of the students with special needs will be “contagious” and they threaten the school not to accept such students, otherwise they will take their children out from school. This issue becomes the cause as well as the effect of the stigma about the children with disabilities as these children are scarcely included in mainstream social settings.

The high number of children with special needs become the issue of the district hospital whose the only therapy services compare to other hospitals or clinics. The high amount of children of special needs and the few therapists available in the hospital have made the intervention is less effective. Each child has only 15 minutes while they are supposed to have at least one hour per therapy session. The high number of cases is unbalanced with the high quality and sufficient resources remains unresolved problem. A lot of parents then seek another therapy center for accessing intervention for their children. According to the owner of the center (which the researcher her as a head therapist) the number of children going to the center is increasing, yet she said that her center is better than from the hospital in term of time allocation and variety of programs offered. In one on one session, the intervention lasts at least one hour.

Challenges

There are so many challenges faced by all the informants in dealing with the children of special needs. Parents said that lack of support, information, and parenting education about their child’s condition and trajectory pathway is the most challenging side in raising the child. It is their
challenge to advocate their child to seek help and access to education. Being rejected and get bullied in the previous schools make the parents get wondered with the future condition and status. To the parents, the unmet vision and different perspective between the spouses or between the couples with the extended family is also a challenge faced in daily basis. They feel that raising a child with special needs is a perplexing and never ending efforts. They sometimes get stucked with the conditions of the child which show little progress or no progress at all. The child becomes the center of attention and cost expense. Moreover, some of the mothers also have a job outside home which makes them unable to spend more time for the child. At many times, choosing either caring the child by being full time mother or keeping the job so they are able to afford their children’s health and educational services is of a perplexion which is hard to decide.

The parents find difficulty in finding suitable therapy for their children. Parents need to travel long way to obtain therapy regularly which is sometimes difficult to manage. Two of the parents extend the therapy activities at home, yet the child often refuse to be given the therapy. Unsuccessful intervention, compounded with spouses’ reluctance to help, is another challenging situation.

In the perspective of paediatricians, there are several challenges faced in dealing with the children of special needs. First, the parents who have been inform and educated about the condition of the children but remains calm and do not exert efforts to seek further intervention. At many times, the parents even do not show up in follow up consultation. They believe that it is mainly because of the low education of the parents, which is in the paediatrician’ words “the parents already know, but they do not understand what they should do next”. The lack of understanding and awareness of the importance of early intervention challenge the idealism shared by the doctors. Moreover, the paediatricians highlight the disconnectedness in special need management. Although paediatrician, obstetrician, psychologist, other specialties, and therapists work in the same hospital, yet there is no structured and interconnected system to handle the children. Moreover, the doctor said that despite the number of children with disabilities is alarming which requires fast and sound response, the government has its urgent priority regarding to the health of children that is reducing stunting growth among Indonesian infants. Therefore, all concentration of activism, education, nutrition program, and promotion seem to focus more on that issue rather to the more complicated ones which also need to tackle in the fastest and best way possible. The phycologist, on the other hand, explained about the lackness of qualified human resource in doing therapies. The number of patients does not correspond with the number of the therapists needed.

According to teachers, the challenges of supporting special need students lays on parents, complexity of children’s impairments and how to design programs suitable for the children, the whole participation of the school stakeholdres, and the school infrastructure. Parents of children with special needs may have different expectation from school despite the adverse condition of the children. Beside that, parents tend to be compliant and submissive in a way that there is imbalance participation between home and school. Unfortunately, with such lack of involvement, yet the parents tend to get a lot better result for their child. Therefore, making the parents understand about their child is a big challenge for teachers. Likewise, some of the special need teachers also addressed the importance of the sameness of mindset and vision of all the stakeholders within the school (reguler students, class teachers, and staffs).

Meanwhile the therapist stated that education for parents is of a challenge since most of her clients are from underpriviledge families with low educational level. Beside that, the “on and off” clients also creates unsatisfactorily results.
Responses

In response with the diagnosis delivered by paediatrician or psychologist, some of parents in this study try to seek further information, either seeking another specialist’s second opinion or seeing therapist for intervention. There is a parent of down syndrom child who give traditional remedy albeit there is not any proofs of the notions. The parents would do anything people suggested to them although it may sound illogical. Stories conveyed by all the parents whose dyslexic children have informed that they only get information from the paediatricians or psychologists that the child merely suffered from delayed speech and would be someday able to speak. That the delayed speech is an early sign of a specific learning difficulty had not been mentioned to the parents (probably the professionals might not professionally upgraded with recent updates). Therefore, parents have no idea how to tackle with the expressive language disorder until later when the child reach 4-6 years old, they are able to speak. It make the parents relief for couple years until they found out that their child is struggling in paying attention, regulating their emotion and behavior, as well having problems in reading and writing. Moreover, knowing the the child is having impairment and learning difficulty, they choose either inclusive school or special school. They realizes that their child cannot fit in the mainstream schools.

The paediatrician has exerted efforts to make the services within the hospital interconnected and systemized. He believed that it will take a long way to get there. He initiated to start a more inclusive and comprehensive services in his own clinic. However, building a collaboration with other specialists and therapists is not easy. The paediatricians said that they try their best to inform the parents and give referral whenever they think they cannot tackle the patients’ condition.

Acknowledging that the children of special needs come to school either without diagnose nor a diagnose with little information, the teachers then need to exert effort to know better about the students they are responsible to. The characteristics of the children become the foundation to design individual educational plans (IEP) at school. In response with this situation, teachers build a close communication with the parents to know better about the children. Beside that, the teachers continually upgrade their capacities through internal training and coordination with the coordinator of curriculum and special needs program as well attending several seminars and workshops on special needs.

Discussion

From the data analysis above there are some findings that should be taken into account. Inclusive support and education which require involvements of all elements contributing directly to the children, interconnected services, long-life support, and social acceptance are very crucial for optimizing the potentials of the children. The support should be done since the pregnancy and child’s early years by giving sufficient information, education, and even access to all the parents. The early identification and intervention will surely give fruitful benefits both to the parents and the child. Beside that, partial and disconnected services to the child make the parents and teachers get baffled about the trajectory and educational program plan which are suitable for the child. Young (2014) criticized the social policies and programs which are too often fragmented and unconnected, focusing only on one problem at a time. She suggested to design programs which are more comprehensive, equitable, and cost effective to optimize children’s optimum potentials. She called it “equity from the start”.

While the detection or diagnosis is suggested to be taken as early as possible and become the guidance of further intervention, yet the diagnostic labels may result into stigma associated with terms such as disorder or impairment, delay, or difficulties (Beitchman & Brownlie, 2013). To reduce the stigma and discrimination faced by the children and families in their community, WHO
argued that community-based rehabilitation gives positive impacts to challenge negative attitudes particularly in rural communities. Thus, the community-based healthcare needs to maximise the services as well as education to parents. In addition to that, schools are supposed to make them prepared by giving sufficient training for the teachers how to accommodate the individual differences and learning styles which includes the children with disabilities. This may reduce stigma and wrong “labelling” in the society promoted by schools.

The inclusive support also means that the children are supposed to get very early support since pregnancy and their critical ages in early years by having early detection and early intervention. This can only happen if there is a common awareness and responsibility among caretakers and professionals in making sure that the parents are well informed and get the best options possible in every particular condition. Based on the interview with parents, they feel that the professionals have given lack of information about their infants and some of them even said that the paediatricians do not feel discomfort with the infant’s developmental issues. The Posyandu also mostly focus more on physical growth rather looking closely to the children’s development compared to the normal milestones. The paediatricians stated that the situation is rooted from the unskilled cadres, lack of allotted time during the service, and also the unwillingness of the mums in looking seriously on their own infants’ development.

Early detection benefit not only to provide early intervention which optimize developmental and health outcomes, but also can provide primary, secondary, and tertiary prevention (The Royal Australasian College of Physics, 2013). If it works that way, the children’s condition will be much better, more functional, and more adaptive. Fawcett (2015) addresses the importance of early detection and intervention on dyslexia which she considers as the most effective and cost effective in gaining a child’s potentials and reducing the impact of failure on self-esteem as well reducing negative impacts which appear as the early intervention is absence for the child. Programs oriented toward less severely affected children, which enrolled children before 6 months of age with high support of parents involvements may gain the best outcome (The Royal Australasian College of Physician, 2013). Early intervention will give positive long-term impacts. Early intervention can provide primary, secondary, and tertiary prevention, promote health and wellbeing, and maximise developmental outcomes (Australasian, 2013).

In addition to that, the environmental preparation and supports are supposed to be taken into account. Environmental preparations include reducing environmental risks which make the children become more disabled. Kiling (et. al., 2018) addresses some environmental risks which are commonly found in Indonesia, such as; poverty, stigma and discrimination, poor interaction with parents and caregivers, violence, abuse and neglect, and limited access to programs and service.

Parents could become a challenge in ensuring optimal service to the children. Paediatricians and special needs teachers at school face quite similar situation regarding with the parents’ reaction and expectation toward their children. According to paediatricians, some parents get known about their child’s diagnosis, yet they do not understand and acknowledge steps to be done afterwards. Some others show denial and get shocked with the diagnosis and then is followed with resistance to seek more help. Although they have been informed by the paediatricians, yet they seems reluctant to put more efforts to take further intervention. Despite the condition, the professional should try to understand the reasons why parents reject the clinical intervention, whether their resistance relates to personal values, cultural or religious beliefs, unmet expectations, or financial capacity (Batshaw, 2000). The special need teachers should also try to understand the diverse condition of families who start to access educational services at schools. Batshaw (2000) suggests that teachers should be well informed about the child and prepare the sufficient accommodation to support the child, particularly in inclusive setting since some children with special needs will need

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encouragement and assistance in socializing and developing friendships. Furthermore, there is a need to build the same vision and expectation between parents and school. Some parents share a high demand that school must give similar curriculum and access to their child despite their disabilities. Some teachers also found that parents tend to neglect about the children individual program addressed by school. The school may take some time to educate the parents in order to make the targets feasible and promotive to make the children more adaptive and functional.

In line with the vision of UNICEF (2017), every child are supposed to grow up healthy, protected from harm and educated, so they can reach their full potential no matter how the condition of the child, including the most vulnerable ones. This will get best outcome only if all the elements who are responsible to the development of the children connect each other, have the same awareness, and share similar understanding. Moreover, the government put this issue into priority programs which is supported with policies on special needs management through all kinds of services (health, education, social, law, etc.)

Conclusion

To sum up, the service and program management to support the children with special needs is still far from satisfaction. Professionals and educational and social agencies need to be regularly upgraded to better serve parents and children, particularly to the marginalized and vulnerable ones. The collaboration, inclusive approach, and sustainable programs highly benefit to the future trajectory of the children which can help them to be more independent, adaptive, and functional. Moreover, the concern should also on how prepare the kids in optimizing their potentials, talents, and productivity. This bring the consequences that the support is done far early from pregnancy and early years of critical period of the children by supplementing parents with information, access of intervention, and guided programs. By early detection and intervention to the children with special needs using inclusive-equity approach, the future outcomes will be significantly better and beneficial for the children.

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