



Study Report

The Status of Children with Disabilities and Inclusive Education in Central Lombok

July 2019



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July 2019

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The Governments of Australia and Indonesia are partnering through the Innovation for Indonesia’s School Children (INOVASI) program. INOVASI seeks to understand how to improve student learning outcomes in literacy and numeracy in diverse schools and districts across Indonesia. The first phase of the program (AUD49 million) began in January 2016 and will continue until June 2020. Working with Indonesia’s Ministry of Education and Culture, INOVASI has formed partnerships with 12 districts in: West Nusa Tenggara; Sumba Island, East Nusa Tenggara; North Kalimantan; and East Java.

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LIST OF ACRONYMS

AIDS	Acquired immunodeficiency syndrome
APBD	Local government budget funds (<i>anggaran pendapatan belanja daerah</i>)
Bappeda	Regional development planning agency (<i>badan perencanaan pembangunan daerah</i>)
Dapodik	Basic education data (<i>data pokok pendidikan</i>)
HIV	Human immunodeficiency virus
INOVASI	Innovation for Indonesia's School Children program
KKT teachers	Teachers sent for training in inclusive education (<i>kependidikan dan kewenangan tambahan</i>)
MoEC	Ministry of Education and Culture
MoRA	Ministry of Religious Affairs
PAUD	Early childhood education (<i>Pendidikan anak usia dini</i>)
SD	Primary school (<i>sekolah dasar</i>)
SLB	Special school (<i>sekolah luar biasa</i>)
SMA	Senior secondary school (<i>sekolah menengah atas</i>)
SMK	Vocational school (<i>sekolah menengah kejuruan</i>)
SMP	Junior secondary school (<i>sekolah menengah pertama</i>)
SNC (ABK)	Special needs children (<i>anak berkebutuhan khusus</i>)
UNESA	State University of Surabaya
UNESCO	United Nations Educational, Scientific and Cultural Organisation
WHO	World Health Organization

EXECUTIVE SUMMARY

Since Central Lombok declared itself as an inclusive district a decade ago, the district has made various efforts to provide a better life for children with disabilities including, for example, increasing the number of inclusive schools, training teachers in inclusive education and forming an inclusive working group. However, data from the district's social services office (2018) shows that there are still children with disabilities who do not attend school.

This study was conducted to explore the lives and status of children with disabilities and the implementation of inclusive education in Central Lombok. We conducted a literature review using secondary data, as well as interviews and discussions to establish the situation in the field. Various actors from the community, schools and stakeholder organisations were involved as resource people. The total numbers of participants involved in interviews and focus group discussions were 55 and 93 respectively, with balanced numbers of men and women. The basic education data (Dapodik) and the social services office data were the main sources of secondary data.

Studies show that children with disabilities in Central Lombok suffer from diverse difficulties. However, the children with physical disabilities are easier to identify. Referring to the definition of children with disabilities developed by the World Health Organization (WHO), most respondents in Central Lombok took a medical approach to describing children with disabilities. Their general attitude was to accept the children's situation. Purwanta (2018) describes this as a 'magical' approach where the disabilities of these children are considered their destiny from God.

This study takes the rights approach to describing the lives of children with disabilities in Central Lombok,. Although these children's rights – including the rights to play, to receive love, to be treated fairly and to be educated – can be fulfilled in some places, in many contexts, this is not possible. Poverty and an unsupportive environment are the main inhibiting factors in fulfilling these children's rights.

The implementation of inclusive education in Central Lombok has yet to meet the required standards. Policies to increase the number of schools offering inclusive education (known as inclusive schools) have not been accompanied by policies to strengthen inclusive ideology, encourage behavioural change and improve the quality of education. In many places, inclusion simply means the public schools accept children with disabilities as students. The quality of the education offered remains an issue but inclusive education clearly benefits both the children with disabilities and those without – providing opportunities to grow academically, emotionally and socially for children with disabilities and developing responsibility, empathy and social skills for all the students in these schools.

Considering the findings, this study recommends: 1) making a regional action plan on implementing inclusive education as a derivative of the district and higher level regulations; 2) redesigning the scheme to send teachers for training in inclusive education and complementing it with other supporting programs; 3) developing interventions for the early childhood education level; 4) improving coordination among all relevant institutions, including those not directly under the education office; 5) strengthening inclusive education centres such as disability service units and working with the special schools; 6) collaborating with professionals to conduct accurate assessments; and 7) developing programs to address non-school factors, for example ensuring that special needs children receive social assistance.

1. INTRODUCTION

Learning for all is one focus of the INOVASI program and provides the basis for encouraging inclusive education. INOVASI examines three aspects of inclusion, namely: gender, disability and ethnicity. For the disability aspect, INOVASI focuses on children with disabilities at primary school level. INOVASI's gender equality and social inclusion strategy (2018) clearly states that INOVASI will target children with disabilities in its efforts to encourage social inclusion in the partner districts.

Central Lombok is one district where INOVASI implements programs that specifically support the government in implementing inclusive education. However, data available on the lives of children with disabilities and the status of inclusive education in Central Lombok are still limited. This study provides an overview of the situation of children with disabilities in Central Lombok and how inclusive education is being carried out. This section explains the background to the study and the main questions we sought to answer.

1.1 BACKGROUND, OBJECTIVES AND STUDY QUESTIONS

Data from the Central Lombok social services office show that many recipients of school-age social assistance currently do not attend school and have never attended school. This confirms previous findings by UNESCO (2018), Adioetomo, Mont and Irwanto (2014), and the WHO and World Bank (2011) that show the tendency of children with disabilities to not attend school.

This study was conducted to explore the lives of children with disabilities in Central Lombok and examine how inclusive education is being carried out. The results will inform stakeholders in Central Lombok as well as the INOVASI internal team, enrich the literature on inclusive topics for future discourse and provide input in designing inclusive education programs in Central Lombok and later in other regions too.

To achieve these objectives, this study addresses the following key questions:

1. How many children with disabilities live in Central Lombok and what kinds of disabilities do they have?
2. What is the attitude of the community towards children with disabilities in Central Lombok?
3. How effective are the state administrators in Central Lombok in fulfilling the rights of children with disabilities?
4. How is inclusive education implemented in Central Lombok?
5. What factors support and inhibit children with disabilities in the inclusive education process in Central Lombok?
6. What recommendations can be made to improve the quality of inclusive education in Central Lombok?

2. STUDY DESIGN

This section describes three main aspects of the study design: the methodology used; the resource people consulted and the location of the study. Finally it looks at the technicalities of analysing and maintaining the quality of the data in this study.

2.1 METHODOLOGY

This study mainly used a qualitative approach in conducting the research, with the key objective being to explore the issue of inclusive education and children with disabilities. The three main methods used to explore the research questions were: a literature review, structured interviews and focus group discussions.

For the literature review, we examined relevant documents that INOVASI uses to determine the status of children with disabilities. In addition, we consulted policy documents on inclusive education at both the national and district levels. Other secondary data sources used included the children with disabilities data included in the basic education data (Dapodik) and the district social services office data on the distribution of children with disabilities.

Structured interviews and guided discussions explored the issues and responses that could not be generated by analysing secondary data. These methods also helped to verify the initial findings from the secondary data. Various participants were involved in the interviews and discussions, including students (with and without disabilities), parents, community members, teachers, school principals, school supervisors and other stakeholders. These are described in more detail in the next section.

2.2 LOCATION AND RESOURCE PEOPLE

This study was conducted in six out of the 12 sub-districts in Central Lombok. The sub-districts were chosen purposively to cover INOVASI's intervention area. INOVASI chose one partner primary school from each sub-district and one nearby kindergarten. It was important to involve kindergartens because ideally inclusive education should start as early as possible. In selecting the partner primary schools we also used Dapodik data that shows the distribution of children with disabilities in the schools.

The resource people in this study were also selected purposively using three main criteria: the representation of roles, the relevance of their roles to the issues under scrutiny and whether they could be involved (either orally or in writing) in discussions or interviews. For the children with disabilities involved as resource people, their parents or guardians were included to facilitate communication and ensure they felt comfortable.

The interviews involved 55 people consisting of 33 male and 22 female respondents. Figure 1 shows the various roles of the resource people interviewed.

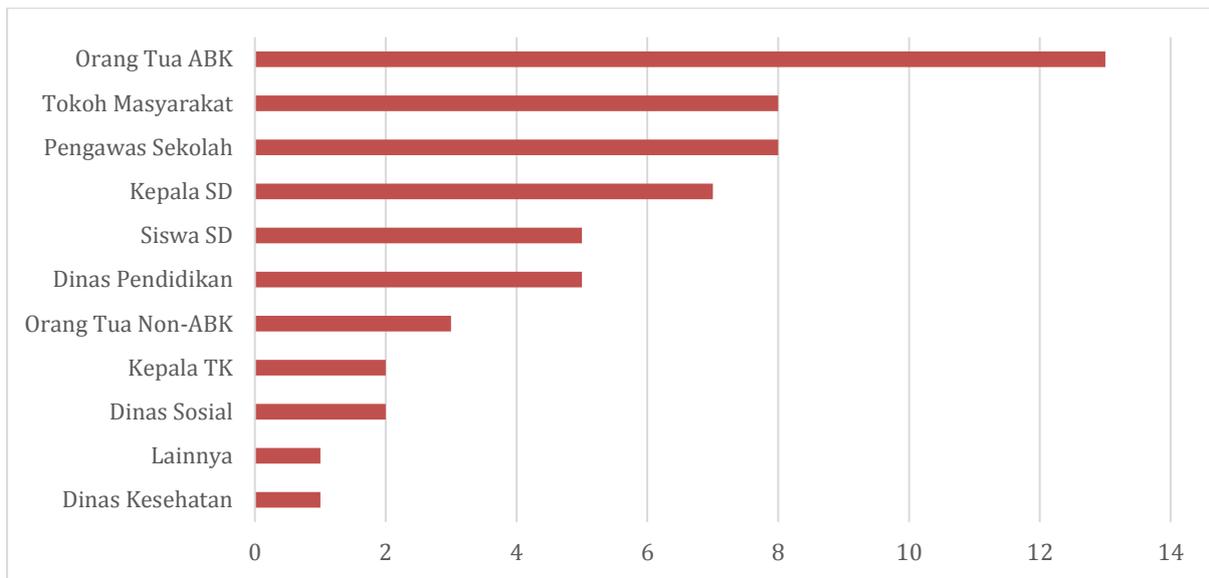


Figure 1: Resource people interviewed, based on their roles

Focus group discussions were conducted with students, teachers and community leaders and involved 93 resource people, consisting of 48 male and 45 female participants. Eight discussion sessions took place with students, eight with primary school teachers, three with kindergarten teachers and two with community leaders. Figure 2 shows the role of the resource people involved in the discussions.

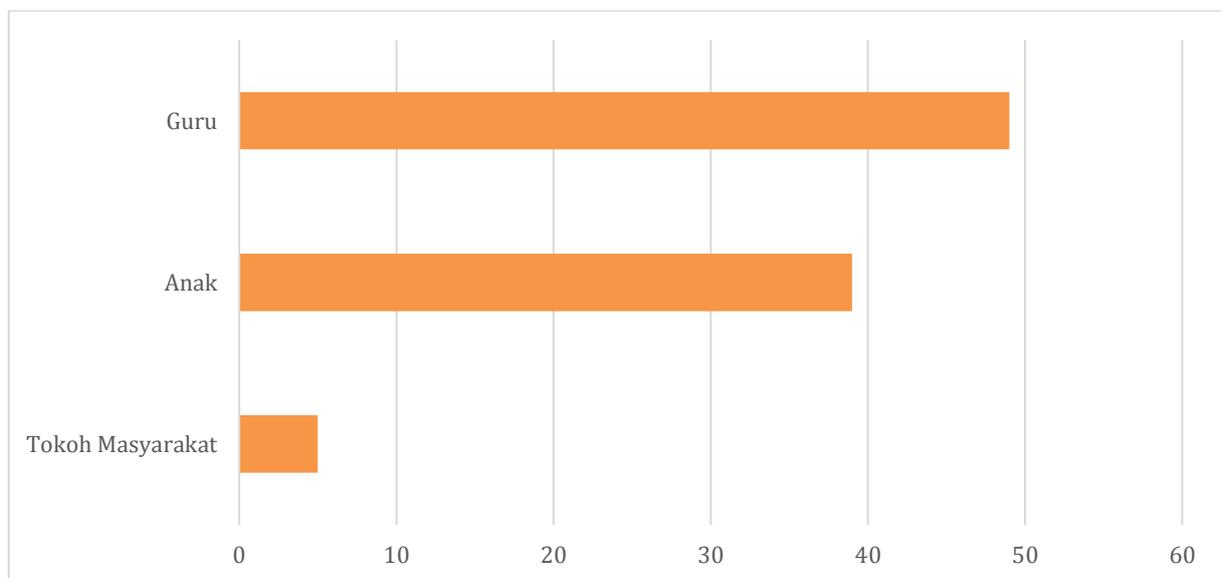


Figure 2: Resource people involved in focus group discussions, based on their roles

2.3 DATA ANALYSIS AND DATA CONTROL

In analysing the data we used several approaches to triangulate the information. First, we compared the findings obtained during interviews and focus group discussions and from examining secondary data. Next we compared the findings from the different categories and sources of resource people. Then, we triangulated the data from the different researchers and data collectors. Finally we triangulated the data from the various locations to compare findings in different contexts.

We used several ways to control the quality of the research results. Firstly, researchers were trained so that their perceptions of the research objectives and the instruments being used were aligned. The training also gave researchers an initial understanding of the issues around children with disabilities through the literature study and the relevant secondary data as well as an understanding of the concept of inclusive education in Central Lombok. Secondly, the reports on the study findings were reviewed by inclusive education experts who gave feedback and provided the technical input to ensure the quality of the data and the validity of the interpretations, especially in relation to understanding and implementing inclusive education.

3. LITERATURE REVIEW

This section examines the definitions of children with disabilities and inclusive education from several relevant sources, highlighting the broad and diverse meanings the terms have for different organisations. The diversity of these definitions shows that the issues of children with disabilities and special needs, and inclusive education, continue to evolve. In addition to relevant new findings, the increasing number of service practices for children with disabilities also makes these definitions shift.

3.1 CHILDREN WITH DISABILITIES

There are two general approaches in defining children with disabilities, namely the medical approach and the social approach (WHO, World Bank, 2011). The medical approach (or model) emphasises that the difficulties that these children face are due to medical and physical factors. Using this approach, children with limited vision, hearing, movement and the like are considered to be children with disabilities. This is the approach the public tends to take in defining children with disabilities.

WHO introduced another approach to understanding children with disabilities, the social approach (or model). This offers a broader definition that recognises not only physical limitations (internal factors) but also the limitations of less supportive environments (external factors). Using the social approach, children from economically disadvantaged groups and children whose mother tongues are different from those commonly used in class, can also be categorised as children with disabilities. This approach views disability as a result of the inability of the environment to adapt to individuals' needs rather than just their physical condition.

As a middle ground, WHO offers a biopsychosocial model that considers both medical and social factors in understanding disability (WHO & World Bank, 2011). The WHO definition of disability featured on their website is as follows:

'Disabilities is an umbrella term, covering impairments, activity limitations and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.'

The WHO definition of people with disabilities includes people with limitations in body structure or function, limitations in doing activities and barriers in participating.

This definition is rooted in the definition of disability agreed in the Convention on the Rights of Persons with Disabilities (2006).¹ Through this forum it was agreed that people with disabilities are those who have physical, mental, intellectual and sensory limitations that interact with several other obstacles and potentially inhibit their effective and full participation in the community.

¹ An international human rights treaty of the United Nations intended to protect the rights and dignity of people with disabilities

In Indonesia, the government through the Ministry of Education and Culture (MoEC) and cited in the Minister of National Education regulation No 70 of 2009, defines children with special needs as children who have physical, emotional, mental and social abnormalities or those who have special intelligence and/or special talents. Compared to the two previous definitions, this definition differs firstly by using the word 'abnormality' in the definition which has more negative connotations than the definition using the words 'limitation' and 'different'. Furthermore, the definition not only includes differences or disabilities that make children vulnerable but also exceptional qualities that give children advantages, namely children with exceptional intelligence or potential and special talents.

In addition, the Indonesian government uses another definition of disability that is cited in Law No 8 of 2016 on persons with disabilities. This law defines people with disabilities as people who experience physical, intellectual, mental and/or sensory limitations for a long period of time and who, in interacting with the environment, can experience obstacles and difficulties in participating fully and effectively with other citizens based on common rights. In contrast with the Minister of National Education regulation No 70 of 2009, this newer regulation also emphasises barriers and difficulties in participating in society. This definition is more in line with the definition developed by WHO.

Various definitions related to disability and special needs were used to analyse the findings in Central Lombok. Although the definition used by the Ministry of National Education is dominant, we noted that important actors in Central Lombok also use WHO's definition and the relatively new regulation in understanding children with disabilities.

3.2 RIGHTS OF CHILDREN WITH DISABILITIES

The rights of children, including children with disabilities, are protected through national and international legislation. These efforts began in the early 1980s. Several international documents were produced to ensure that the human rights of children with disabilities are fulfilled, for example the World Programme of Action Concerning Disabled People (1982), the Convention on the Rights of the Child (1989) and the Standard Rules on the Equalisation of Opportunities for People with Disabilities (1993). The issuance of these documents reflects an international agenda to encourage countries to actively participate in fulfilling the rights of children and particularly children with disabilities or differences.

The implementation manual prepared for the Convention on the Rights of Persons with Disabilities lists the general principles as follows:

- (a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;*
- (b) Non-discrimination;*
- (c) Full and effective participation and inclusion in society;*
- (d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;*
- (e) Equality of opportunity;*
- (f) Accessibility;*
- (g) Equality between men and women;*
- (h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities' (WNUSP, 2008:10, article 3).*

In Indonesia, the rights of people with disabilities are laid out in article 2 of Law No 8 of 2016 on disabilities. Reflecting the Convention on the Rights of Persons with Disabilities, the Indonesian government guarantees the following rights to: life; freedom from stigma; privacy; justice and legal protection; education; employment, entrepreneurship and cooperatives; health; politics; religion; sport; culture and tourism; social welfare; accessibility; public service; disaster protection; habilitation and rehabilitation; concession; data

collection; independent living and community involvement; self expression, communication and information; movement to different places and changes in citizenship; and freedom from acts of discrimination, neglect, torture and exploitation.

Although this study explores the rights to education of children with disabilities, it also investigated how far some other rights are fulfilled in Central Lombok, namely: protection, health, growth and development. The study also assesses to what extent the actors involved in this study recognise these rights and investigates how children with disabilities can access these rights.

3.3 GENERAL UNDERSTANDING OF CHILDREN WITH DISABILITIES

According to Purwanta (2018), there are three approaches in responding to the presence of children with disabilities, namely: magical, naive and critical. Purwanta, who is himself a person with disabilities as well as an academician, developed the three approaches by referring to the theory of consciousness developed by Paulo Freire.

The three approaches can be explained as follows:

1. *Magical consciousness approach*: This approach considers children's disabilities as being due to 'magical' reasons, such as God's destiny, curses caused by parents' mistakes, disturbances among the spirits and the like. People who take this view believe that the actions needed to ensure that the children with disabilities can be normal or healthy are to do charity work, give alms and ask for forgiveness. The purpose of education for children with disabilities is to prepare them to be godly servants or people of God. In this study the magical consciousness approach is also referred to as the traditional model of disability approach.
2. *Naive consciousness approach*: This approach considers disability as being due to medical problems, such as illness, heredity conditions, accidents or aging. Physical and mental deficiencies are seen as the main causes of someone being weak, incapable, helpless and so on. Actions taken to deal with children with disabilities in this approach involve physical, social or vocational rehabilitation, so that they have the skills to compete with others and succeed in their lives. This naive approach is identical to the medical model approach to disability.
3. *Critical consciousness approach*: This view emphasises that the disabilities or differences – also sometimes referred to as exceptionalities – that occur in children with disabilities are due to the process of marginalising these children and limiting their access to ways of fulfilling their human rights. People who take this view advocate that children with disabilities can obtain their rights. They believe that education can help children with disabilities develop as whole human beings who can integrate in society as individual and social beings. This approach is identical to the social model of disability approach.

These three approaches affect people's attitudes and how they act towards or treat children with disabilities. By establishing the prevalence of each of these approaches in Central Lombok, we can also assess the overall status of children with disabilities in the district.

3.4 INCLUSIVE EDUCATION IN INDONESIA

Inclusive education is one response to the criticisms directed at various countries that used segregation to provide access to education for children with disabilities. These countries generally placed children with disabilities apart from the other children in separate schools and offered them different education programs. This accentuates the differences between children with disabilities and the other children. Furthermore, this education model potentially thwarts government efforts to prepare children with disabilities to participate fully in the community.

The Salamanca Statement and Framework for Action on Special Needs for Education (1994) was a cornerstone in implementing inclusive education in Indonesia initially (Suparno, 2008). This document states that education must be carried out in an inclusive manner where all children, regardless of their various conditions and their physical and social vulnerability, have the right to receive the same education:

'Schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions. This should include disabled and gifted children, street and working children, children from remote or nomadic populations, children from linguistic, ethnic or cultural minorities and children from other disadvantaged or marginalised areas or groups' (paragraph 3).

According to the Salamanca Statement and Framework for Action on Special Needs Education (1994) inclusive education is based on the following fundamental principles, as stated in paragraph 7:

'7. The fundamental principle of the inclusive school is that all children should learn together, wherever possible, regardless of any difficulties or differences they may have. Inclusive schools must recognise and respond to the diverse needs of their students, accommodating both different styles and rates of learning and ensuring quality education to all through appropriate curricula, organisational arrangements, teaching strategies, resource use and partnerships with their communities. There should be a continuum of support and services to match the continuum of special needs encountered in every school.'

In Indonesia, Law No 20 of 2003 on the national education system guarantees quality education for children with disabilities. Specifically, the Minister of National Education regulation No 70 of 2009 concerning inclusive education defines inclusive education as follows:

'The education system that provides an opportunity for all students who have abnormalities and have the potential for intelligence and/or special talents to take part in education or learning in an educational environment together with students in general.'

This definition is in line with the Salamanca Statement and Framework for Action on Special Needs Education. Since the regulation was issued, many regions in Indonesia have begun to implement inclusive education.

The government's commitment to ensuring education for people with disabilities is also contained in article 40 of Law No 8 of 2016 that lists the following obligations:

1. Facilitate education for persons with disabilities in each path, type and level of education in accordance with their authority.
2. Implement education for people with disabilities in the national education system through inclusive education and special education.
3. Include children with disabilities in the 12-year compulsory education program.
4. Prioritise children with disabilities going to school in a location near where they live.
5. Facilitate people with disabilities who are not formally educated to obtain a diploma in primary and secondary education through an equality program.
6. Provide scholarships for students with disabilities who have the potential for high achievement but their parents cannot afford to pay for their school costs.
7. Provide tuition fees for children with disabilities whose parents or guardians cannot afford to pay for their education.

Although the enthusiasm for and accompanying efforts to organise inclusive education began in Indonesia more than ten years ago, there is still a gap in practices in the field. Mulyadi (2017), Poernomo (2016), Wibowo and Muin (2016) and Adioetomo, Mont and Irwanto (2014) show that implementing inclusive education tends to lead to integrated education only. Mattingly and McInerney (2010) explain that integration is sometimes interpreted as just including children with disabilities in public schools but these children do not necessarily study together with the other students. By contrast, in inclusive education children with

disabilities learn effectively in public schools where the entire system in the school is adapted to respond to the diverse needs of these children.

4. STUDY FINDINGS

4.1 THE PRESENCE OF CHILDREN WITH DISABILITIES IN CENTRAL LOMBOK

Several data sources can be used to establish the prevalence of children with disabilities in Central Lombok. This section describes the data collection processes and results used by several relevant institutions in Central Lombok. Results may differ between institutions as their approaches to collecting data also vary.

Data from the education office, Ministry of Education and Culture and the Ministry of Religious Affairs

The main data sources that Central Lombok district education office uses to identify children with disabilities are the basic education data (Dapodik) and the Ministry of Education and Culture (MoEC) data. Dapodik identifies children with disabilities in each school and the district education office requests this data directly from each school. The school and the teachers record the number of children with disabilities manually using a form provided by MoEC, before entering the information into the system through the Dapodik operator.

Data on children with disabilities collected for Dapodik uses the special needs classifications published by the special school coaching directorate that have been made official through Minister of National Education regulation No 70 of 2009. There are 19 categories of special needs, namely: blind, deaf, downs syndrome (mild, moderate, and severe), physically disabled (mild and moderate), emotional and behavioural disorders, speech impaired, physically and mentally disabled, HIV/AIDS, gifted, talented, learning difficulties (ADHD, dyslexia, dysgraphia and dyscalculia), slow learning, autism, victims of drug abuse and indigo.

Based on Dapodik (2018), 809 children with disabilities or special needs are spread across primary and secondary schools in Central Lombok (Figure 3). Some conclusions can be drawn from Figure 3. Firstly, the number of children with disabilities decreases with the increasing level of education, indicating that their participation rate declines in the higher levels of education. Secondly, the number of children with disabilities in special schools is still relatively high. Although there are fewer children with disabilities attending special schools than primary schools, considering the limited number of special schools in each area, they accommodate a greater proportion of the children with disabilities. This could be because not all primary schools can accommodate children with disabilities.

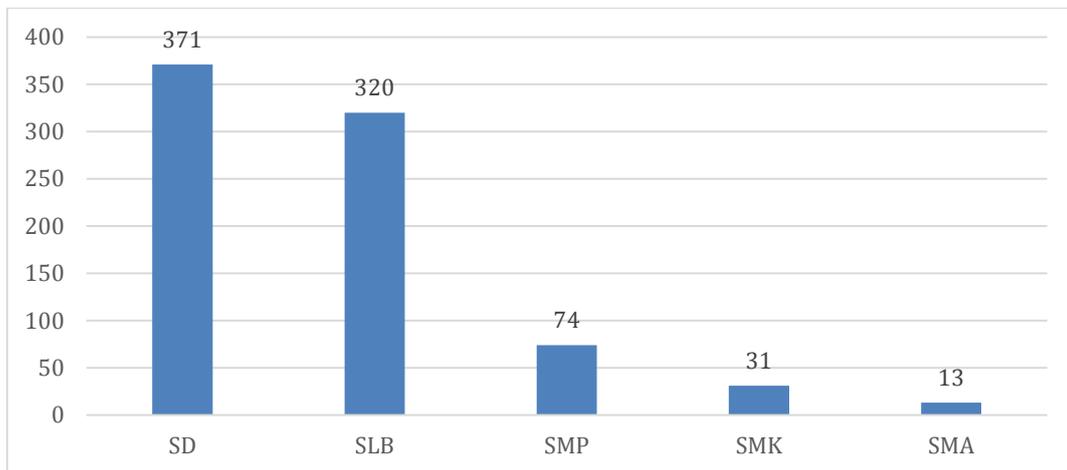


Figure 3: Number of children with disabilities based on school level

Based on the classifications, out of 809 children, 30 per cent have learning difficulties, 27 per cent are mentally disabled (both mild and moderate), 11 per cent are deaf and about 6 per cent are both physically disabled and blind. The rest are spread across other special needs areas with percentages of less than 5 per cent.

Up to now, the teachers in each school have identified children with disabilities for Dapodik although establishing the type of disability or special need requires a professional diagnosis. For example, to classify children as mentally disabled they need to undergo psychological assessments and intelligence tests and non-professionals do not have the expertise to make a diagnosis. This is clearly stated in Law No 8 of 2016 where children with disabilities must be referred to a doctor, psychologist or psychiatrist. This is important to note in using and interpreting the children with disabilities data included in Dapodik.

In the process of interviews and discussions, some teachers were aware of their limitations and lack of authority in identifying children with disabilities. Their concerns were also conveyed by one supervisor:

'Kami nggak berani memvonis anak itu begini begini. Kalau nggak ada ahlinya. Itu yang kita angkat kemarin juga. Maka kami membutuhkan bantuan dokter atau psikolog. Karena guru hanya mendiagnosa berdasarkan identifikasi dari tools yang ada' (school supervisor).

[We can't diagnose the child is this way or that way because we are not the experts. That's what we also brought up yesterday. So, we need help from a doctor or psychologist because the teacher can only diagnose based on identification using the existing tools] (school supervisor).

The education office has taken several actions to minimise errors that might occur in the identification process. The first one is giving responsibility to teachers who have participated in the further training on inclusive education (KKT teachers). The education office has given these teachers the opportunity to take non-degree courses related to inclusive education and so they have more knowledge about children with disabilities. Given the limited number of teachers with this training, the government has also provided training for classroom teachers on identifying children with disabilities.

Although Dapodik has its shortcomings, this is the only data that the education office and MoEC have relating to children with disabilities. Schools under the Ministry of Religious Affairs (MoRA) do not have data on children with disabilities. The education management information system, similar to Dapodik, developed by MoRA does not accommodate data on children with disabilities. For another perspective on the prevalence of children with disabilities in Central Lombok, the next section discusses data from the social services office.

Children with disabilities data from the social services office

Data on children with disabilities is also collected by the social services office. While Dapodik focuses on children with disabilities who are at school, the social services office records children who they assist through the welfare program for children with disability² both in school and outside of school. This data is collected by sub-district social welfare workers (TKSK). However, the basis for data collection is the poor economic status of the beneficiaries so children with disabilities who are not considered poor are not included.

Beneficiaries of the welfare program for children with disability are also commonly referred to as people with social welfare problems. The following are the 26 categories of social welfare problems:

1. Neglected toddlers
2. Homeless children
3. Children dealing with the law
4. Street children
5. Children with disability
6. Children who are victims of violence or mistreatment
7. Children who need special protection
8. Neglected seniors
9. People with disabilities
10. Prostitutes
11. People living on the street
12. Beggars
13. Scavengers
14. Minority groups
15. Former assisted citizens of correctional institutions
16. People with HIV/AIDS
17. Drug abuse victims
18. Trafficking victims
19. Victims of violence
20. Migrant workers with social problems
21. Victims of natural disasters
22. Social disaster victims
23. Women who are prone to social or economic problems
24. Poor people
25. Families with social psychological problems
26. Remote indigenous communities

The study also refers to the data from the Central Lombok social services office, namely on the beneficiaries of the welfare program for children with disabilities for the 2015–2018 period. Based on the data, 298 people with social problems were identified as people with disabilities. However, complete information that can be analysed further in this study is only available for 208 of these people.

As shown in Figure 4 and Figure 5, out of the 208 people with social problems who have disabilities, around 57 per cent are male and around 43 per cent are female. Based on age, most disability program recipients are primary school-aged children.

² The welfare program for children with disability is a government program that aims to fulfil basic needs, provide access to basic social services, develop the potential talents and creativity of the children and strengthen parental responsibility for children with disabilities.

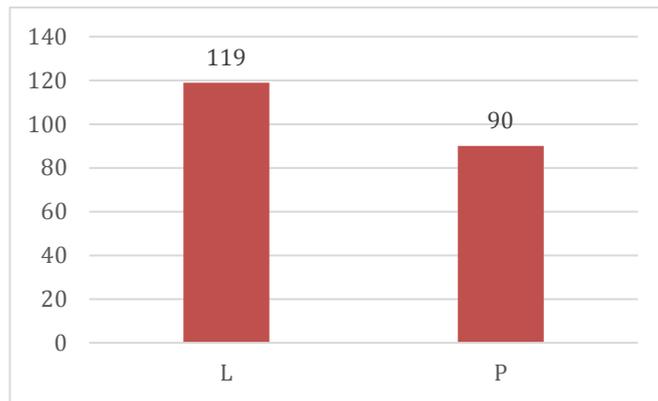


Figure 4: Number of people with disabilities based on gender

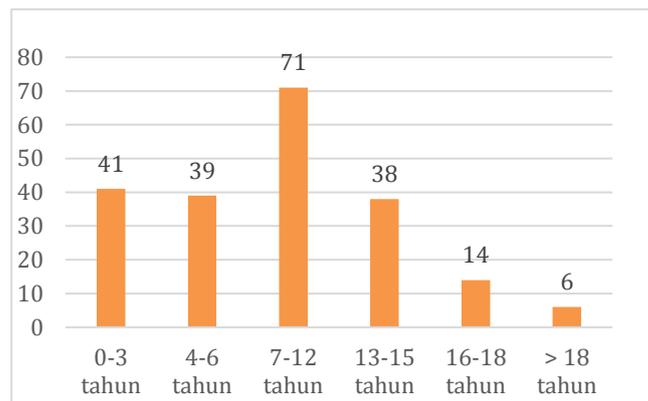


Figure 5: Number of people with disabilities based on age

Comparing the 809 children with disabilities identified in Dapodik with the 123 receiving assistance, we can conclude that not all children with disabilities receive welfare assistance. Furthermore, the social services figures include children both in school and out of school.

Out of the 71 school-aged children with disabilities identified by the social services office, 73 per cent do not attend school. The remaining 27 per cent includes 6 per cent in early childhood education or kindergarten and 21 per cent in primary schools or the equivalent. This indicates that people with disabilities are vulnerable to not attending school. The proportion of primary school-aged boys outside of school is greater at 74 per cent compared to 71 per cent for the girls. This might also be because there are more boys than girls with disabilities. Further studies could explore the numbers of children with disabilities based on gender.

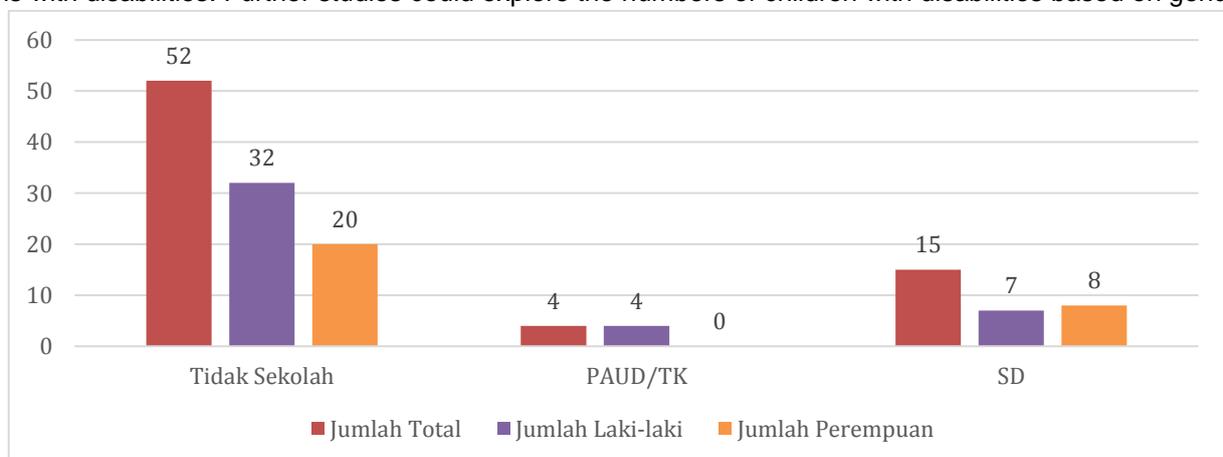


Figure 6: Number of primary-school-aged children with disabilities based on school participation

Most of these children are physically disabled or have cerebral palsy. Next are the children with physical and mental disabilities who have more than one disability. Figure 7 shows how the children are spread across the various kinds of disability.

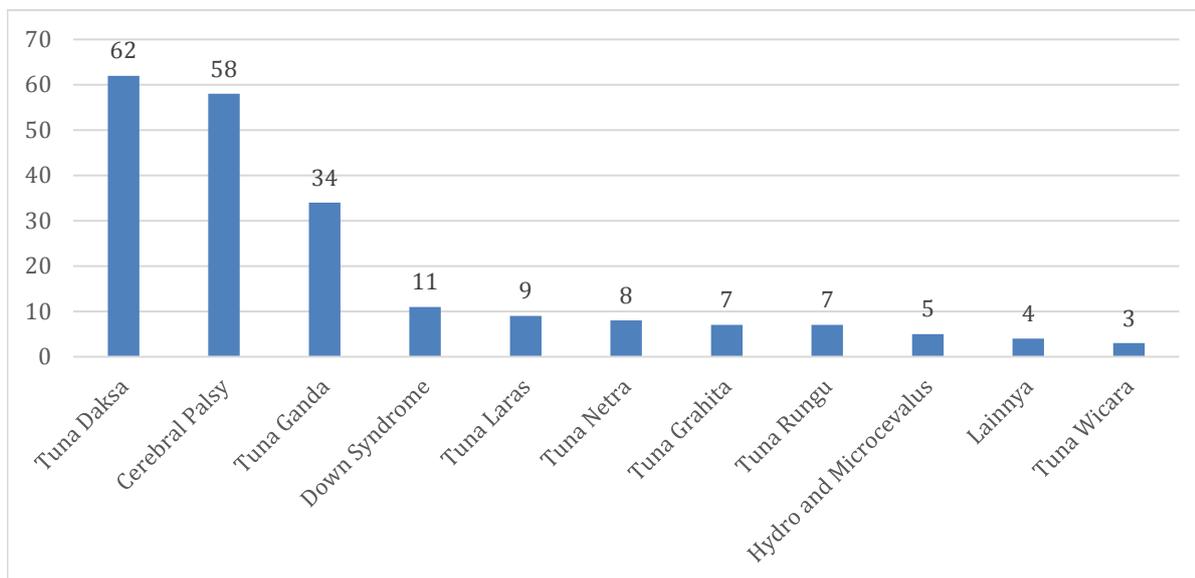


Figure 7: Number of children with disabilities based on types of disability

Although the social services office and Dapodik use different approaches and definitions of children with disabilities, both sources suggest that there are significant numbers of children with disabilities in Central Lombok district. Since neither of the data sources used professionals to conduct the process of identifying disabilities, physical disabilities that are easier to observe are the most commonly identified. If professionals were involved, they may be able to identify other disabilities relating to mental processes, that are more difficult to observe. In other words, there may be more children with disabilities than these two sources identified.

However, although this rich data is collected in the community, based on our interviews and focus group discussions, not many respondents knew about or benefitted from the data. Most of the village officials involved in this study also said that they were not aware of the data on children with disabilities in their villages. This situation may be because village officials tend to coordinate with the village community empowerment offices rather than the social services offices.

Children with disabilities data at the village level

Unlike the children with disabilities data collected by Dapodik and the social services office, data at the village level is not collected routinely. In some villages this data was not collected at all although article 119 of Law No 8 of 2016 stipulates that the village heads in urban and rural areas are obliged to collect data on children with disabilities in the surrounding environment. Interviews with village heads revealed that data on children with disabilities was only collected when the village wanted assistance. For example, in Teratak village, an informant explained that data on children with disabilities could be found in the village profile even though the numbers were limited. This data was used to coordinate with community health centres at the village level. In addition to the absence of a clear data collection system, village-level data on children with disabilities was also difficult to find because disability issues are overshadowed by the problem of stunting. A community leader explained that stunting was becoming the dominant issue in his village:

'Desa kita lagi gencar-gencarnya stunting. Data ABK sedikit, tetapi stunting ada banyak' (community leader).

[Our village is in full swing (to tackle) stunting. Children with disabilities data is very limited but there are a lot of stunting (cases)] (community leader).

The minimal focus on disability issues at the village level is also evident from the lack of programs, regulations and budget allocations to improve the lives of children with disabilities. According to our respondents, the small number of children with disabilities in one village made this issue less of a priority for village governments. The total number of children with disabilities was still estimated based on unstructured observations rather than systematic data collection.

4.2 PEOPLE'S UNDERSTANDING OF CHILDREN WITH DISABILITIES

The previous section discussed the distribution of children with disabilities based on secondary data, especially from Dapodik and the social services office. This section explores people in Central Lombok's understanding of children with disabilities, including how they identify them, their attitudes towards them and their expectations of these children.

The presence of children with disabilities in the community

Based on interviews and discussions with respondents, it is now easier to identify children with disabilities both in the community and in schools. In the schools visited for this study, we encountered a number of children with diverse disabilities. While some parents still limit the lives of their children with disabilities, for example by not sending them to school or forbidding them to leave the house, these attitudes are no longer as prevalent.

Discussions with children showed that some of them are familiar with physical and mental disabilities. Figure 8 illustrates what 'children with disabilities' means to one child. As shown in the picture, the child identified physical and mental differences, for example, not having a complete body part (such as hands and feet) and being unable to walk, see, hear or think.

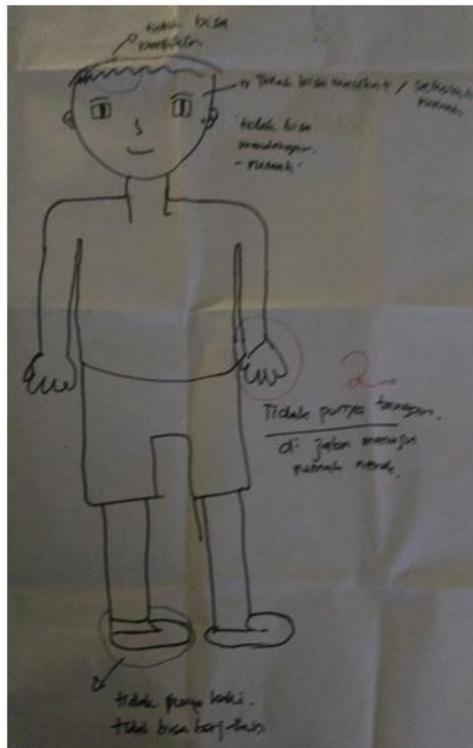


Figure 8: A child's illustration of the meaning of 'children with disabilities'

Another child explained what he understood by children with disabilities by saying that the child could not function like other children. This study concludes that children's understanding of children with disabilities is inseparable from their interaction with these children in their school and community environments. This highlights the value of interaction between children with disabilities and other children in promoting an understanding and acceptance of children with disabilities among all the children.

'Anak yang berbeda dengan kita, ada organ yang bekerja tidak sempurna seperti kita, tidak normal, tuna netra, tidak bisa berjalan, sakit mental' (child without disabilities).

[Children who are different from us, they have organs that work imperfectly, not like us, they are abnormal, blind, unable to walk, mentally ill] (child without disabilities).

The community and parents' understanding of children with disabilities was similar to the children's understanding. When asked what they understood by children with disabilities, they tended to focus on physical differences and some also mentioned mental disorders. Many of them used the word 'idiot' to describe a person with mental disorders, being unaware of the implications and insensitivity of such terminology.

'Di desa ini, anak-anak berkebutuhan khusus ini yang istilahnya idiot itu lah kasarnya' (community leader).

["In this village, special needs children are rudely termed idiots] (community leader).

Respondents from schools, including teachers, principals and supervisors, had a broader understanding of children with disabilities. Their definitions were not limited to physical characteristics as they included children who had difficulties in learning in this category. This is not surprising considering that one of the classifications used in Dapodik is learning difficulties. Dapodik also showed that a number of children with learning difficulties were identified in Central Lombok.

'Ya menurut saya ABK itu kan bukan hanya cacat fisik aja, tapi kalau di kelas anak yang lamban belajar atau kesulitan belajar itu juga ABK yang memerlukan penanganan khusus sesuai kebutuhan' (teacher).

[Yes, in my opinion, children with disabilities do not just have a physical handicap but if a child is a slow learner or has learning difficulties in the classroom, then he or she is also a child who needs special treatment] (teacher).

One teacher showed a broader understanding of the term 'children with special needs' saying that this was not always synonymous with vulnerability since children with above average intelligence also need special treatment. For example, teachers needed to provide additional tasks to channel their energy. Apart from learning difficulties, the respondents from schools included 'gifted children' as a special needs group, as in the Dapodik instrument.

This section shows that Central Lombok has children with disabilities and differences who have a variety of needs, as recorded in the data from Dapodik and the social services office. Both children and adults in the community, including parents, tend to have a narrow understanding of children with disabilities or special needs, focusing on the more obvious physical differences. Meanwhile, respondents from schools had begun to identify differences that are more related to mental processes. In addition, respondents from schools also understood that children with special needs was not always synonymous with vulnerability.

Nevertheless, caution is needed in interpreting the respondents from schools' understanding of children with learning difficulties and gifted children. These two categories require professionals to make accurate diagnoses. Without professional assistance, their interpretation of children with special needs in those categories could be potentially harmful. For example, children who cannot read may not have functional barriers in learning as their difficulties could be caused by other factors, such as teaching styles or techniques that are inappropriate or not conducive.

Both secondary data from Dapodik and the social services office and the data collected through interviews and discussions show that the medical approach to identifying children with disabilities or special needs is still dominant in Central Lombok. The issues that children with disabilities face are not considered to be a result of social factors such as a lack of support, as viewed by the social model approach. Children with disabilities are generally considered to be children with impairments and limitations in their activities while those who are somehow restricted in participating are not included in this category.

Attitudes towards children with disabilities

'Kalau yang saya lihat memang, masyarakat tidak tahu apa penyebabnya dan masyarakat tidak terlalu membicarakannya karena ini sudah takdir Tuhan' (community leader).

[From what I see, it is true that the community does not know the cause and the community does not talk too much about it because it is considered to be God's destiny] (community leader).

This was a common response when we asked informants about the attitudes towards children with disabilities in their areas. Using the three approaches proposed by Purwanta (2018), most informants tended to use the 'magical' approach in understanding children with disabilities. Besides destiny, some respondents also suggested these children represented a 'trial from the Almighty'. This approach to children with disabilities is inseparable from the context of the Lombok community where most citizens are from the Sasak tribes who are known to be strong believers and devout in practising their religion.

Understanding children with disabilities as God's destiny makes parents, communities and respondents from schools, including students, more able to accept children with disabilities. Accepting these children is considered equivalent to accepting God's destiny. This is in line with Purwanta (2018) who says that people

taking a magical approach tend to submit to God's destiny. In several research locations, people believed that assisting children with disabilities was the right thing to do as these children were destined to be less fortunate.

Besides the magical view, some people took the 'naive consciousness' approach (Purwanta, 2018) to children with disabilities. This approach explains children with disabilities as children with medical problems. For example, some people believe that children with disabilities were born prematurely. Another informant explained that children with disabilities resulted from a failed abortion process that the parents carried out.

In contrast to the magical approach which tends to be accepting, this approach encourages parents to seek medical treatment because they believe their children can be cured. An alternative to being able to cure a child with disabilities is to at least send the child to school. As one parent of a disabled child who was in kindergarten said she wanted her child to be normal and go to school like other children.

No clear classification emerged from the study regarding the religious and medical approaches. Most respondents in the follow-up study said they took both perspectives although the religious approach was more dominant in the interviews and discussions. This illustrates that while they accepted the situation of children with disabilities, they continued to believe or hope that the children could be cured. None of the respondents suggested that children's disabilities could be a result of a structured process of restrictions, showing that people did not take a critical approach to understanding children with disabilities.

In the process of gathering data, some negative views emerged with the potential to worsen the lives of children with disabilities. For example, some parents believed that children with disabilities could transmit their 'disease' to other children. This meant they reacted negatively to the idea of inclusive education where children with disabilities are in the same class as the other children. Other negative views also came from teachers who thought that children with disabilities could potentially disrupt the learning process in the classroom.

These negative attitudes are inseparable from the general lack of knowledge about children with disabilities among the actors and their limited skills in dealing with the issues that might arise. For example, the teacher who thought they could be disruptive clearly lacked the knowledge and skills to manage an inclusive classroom. However, the teacher assumed that the children with disabilities were the source of the problem. The study conducted by Adioetomo, Mont and Irwanto (2014) offers other reasons for the negative attitudes towards children with disabilities, including the fear that they will affect the school's overall performance, usually measured by test scores.

Thus the government needs to develop the capacity and understanding of the actors involved with children with disabilities to generate more positive attitudes. The urgent need for government action was also raised by one of the community leaders.

'Masih ada yang memandang ABK sebagai beban. Itu kan kasihan. Makanya sangat penting sekali penyadaran kepada masyarakat bahwa ABK memiliki hak yang sama' (community leader).

[There are still those who view children with disabilities as a burden. That's sad. So it is very important to raise awareness within the community that children with disabilities have the same rights as everybody else' (community leader).

Expectations for children with disabilities

Although all the respondents realised the limitations and differences of children with disabilities compared to other children, the actors – especially parents, the community and teachers – still had high hopes for the lives of these children. Many parents hoped that their children with disabilities could have a better life.

Parents hoped that their children with disabilities could interact with the other children at school. In addition, both parents and teachers hoped that the children with disabilities could participate in non-academic activities at school. They assumed that if these children did not succeed academically, they may be able to excel in non-academic activities.

'Ada istilah orang Sasak, jika tidak bisa bersuara dia bisa menulis, kalau tidak bisa menulis, dia bisa membedakan mana yang miliknya atau pun bukan. Selama ini tidak pernah ada yang menolak ABK untuk masuk ke sekolah ini' (principal).

[There is a saying among Sasak people: if they cannot speak, they can write, if they cannot write, they can tell which one belongs to them and which does not. So far, no children with disabilities have been refused entry to this school] (principal).

Parents' aspirations for their children with disabilities were not limited to success in their immediate lives at school, they also hoped their children could have a future by finishing their education and being able to make a living.

'Mudah-mudahan bisa sekolah sampai SMK. Supaya bisa mencari uang. Dia (anak) niat sama teman-temannya setelah tamat SMK ingin ke Australia' (parent of a child with disabilities).

[Hopefully he can continue to vocational school so he can make money. He (the son) wants to go to Australia with his friends after graduating from vocational school] (parent of a child with disabilities).

Some parents of children with disabilities also realised that they needed more knowledge and skills to help their children to fulfill these expectations as they depended on the teachers to compensate for their inability to provide appropriate interventions.

4.3 ACCESS TO RIGHTS FOR CHILDREN WITH DISABILITIES

None of the respondents in this study had detailed knowledge about the rights of children with disabilities based on the Convention on the Rights of Disabled persons and the rights laid down in Law No 8 of 2016. However, they could cite the important children's rights that are the same for all children, namely: the right to play and interact, the right to receive love, the right to get treatment and the right to study. This section discusses the fulfillment of the first three rights and the right to education is discussed in a separate section.

Fulfilling the right to play and interact for children with disabilities

This right describes the need for children to play and socialise with their peers. This study shows a diverse range of results regarding the fulfillment of these rights. Although generally the environment provided opportunities for children with disabilities to play and interact, in some places the abuse of these children was still evident.

In some schools involved in the research, children with disabilities were accepted and they interacted with their friends at school. One child who was physically disabled said that he felt happy at school because his friends were accepting and understood his limitations.

'Aku merasa sangat diterima oleh teman-teman sehingga aku merasa senang berada di sekolah. Teman-teman sekolah juga baik, mereka mengerti dengan kondisi aku yang berbeda dengan mereka. Guru di sekolah juga mendidik teman-teman agar membantu antar sesama, misalnya kalau aku mau masuk kelas, dibantu dorong atau diangkat, pas jajan juga' (child with disabilities).

[I feel so welcomed by my friends that I feel happy to be in school. My friends at school are also kind, they understand that my condition is different from them. Teachers at school also educate my friends to help others, for example, if I want to go to class, they help to push or lift my chair which also happens when I go to get some snacks] (child with disabilities).

This comment suggests that teachers have an important role in setting the norms in schools. By urging the children to help each other and particularly those more vulnerable, teachers can create a supportive environment in schools. Griffith, Cooper and Ringlaben (2002) explain that preparing the children without disabilities is a key process in implementing inclusive education. This preparation can take various forms, for example: developing their understanding and acceptance of differences and similarities; fostering a sense of caring; and devising activities for the students to interact positively with each other. In addition to the teachers' contributions to creating a supportive environment for children with disabilities, the positive attitudes of the other children will also help generate a supportive environment.

'Mereka bisa main dengan siapa saja. Berteman dengan perempuan ataupun laki-laki' (child without disabilities).

[They (children with disabilities) can play with anyone. They make friends with girls or boys] (child without disabilities).

'Anak berkebutuhan khusus ini boleh bermain bersama dengan teman yang lain' (child without disabilities).

[Special needs children may play with other friends] (child without disabilities).

Another child with disabilities said that not only did he play with his friends at school but also outside of school, such as playing soccer.

'Aku memiliki teman bermain di sekolah. Sahabatku di sekolah bernama Karim, Adin, dan Rabi. Aku biasa bermain bola di sekolah dan di rumah' (child with disabilities).

[I have playmates at school. My friends at school are named Karim, Adin and Rabbi. I usually play football with them at school and at home] (child with disabilities).

Apart from playing, the interaction between children with disabilities and other children can also be observed in the classroom. One interesting interaction we observed was the other children who were helping children with disabilities in the learning process. This was also due to the limited number of special teachers provided by the school to help these children.

'Dia tidak jelas untuk melihat. Jadi dia harus sangat dekat dengan papan tulis untuk bisa membaca sehingga diberikan kursi di depan oleh guru. Dia punya teman di kelas yang membantu pada saat pelajaran berhitung' (child without disabilities).

[His eyesight is not very clear. So, he must be seated in very close to the blackboard to be able to read, therefore the teacher assigns the chair in front for him. He has friends in class who help during numeracy lessons] (child without disabilities).

However, not all children with disabilities had a supportive environment. In some places, abuse was also evident. The most common abuse was verbal, for example, being mocked with words like 'stupid' or using other offensive labels to identify a child with disabilities. There was also abuse in the form of discrimination where the other children in the class did not want to play with the children with disabilities because of their limitations.

This kind of abuse in the school environment has a negative impact on the attitude and behaviour of children with disabilities. For example, one teacher said that children with disabilities can lose confidence when they are often ridiculed by their classmates. The negative attitudes and behaviour of the other children affected children with disabilities emotionally making them cry easily and get angry quickly. Some children with disabilities became reluctant to leave the house and come to school. To protect them from these negative attitudes, their parents also decided to keep them at home. This situation shows that the issue of abuse needs to be addressed urgently to protect these vulnerable children.

Fulfilling the right to love and affection for children with disabilities

Wibowo and Muin (2016) and Cameron and Suarez (2017) explain that the issue of poverty is often related to the issue of special needs. Poor people are also more vulnerable to disabilities and special needs. This was confirmed through a field study conducted in Central Lombok where most people with disabilities came from disadvantaged family backgrounds. Many of them were the children of poor and poorly-educated parents. Some of them were born to parents who also had disabilities.

In addition to information from the interviews, analysing the data from the social services office also showed that most of fathers of children with disabilities worked as farmers and labourers while their mothers were farmers or housewives as shown in Figure 9 and Figure 10.

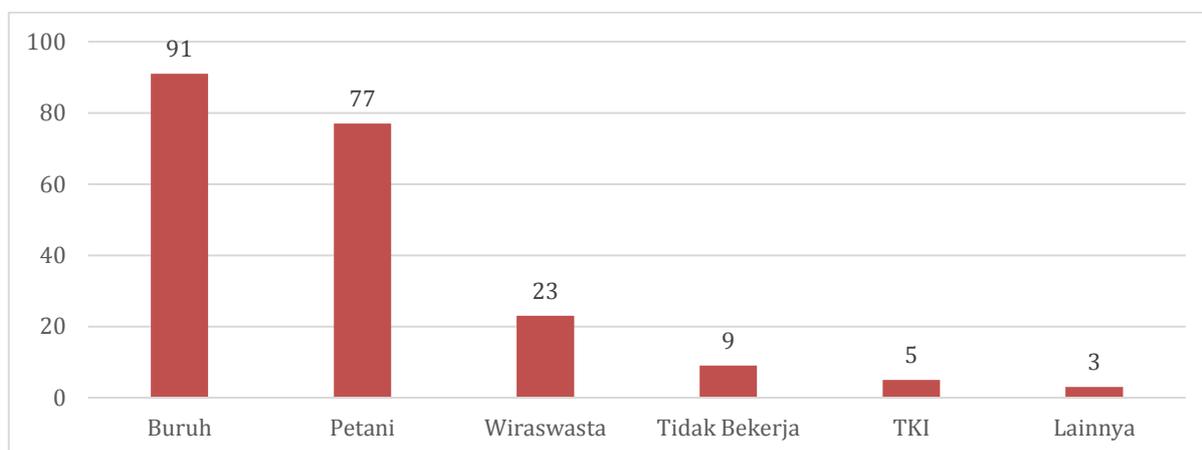


Figure 9: Fathers of children with disabilities: occupations

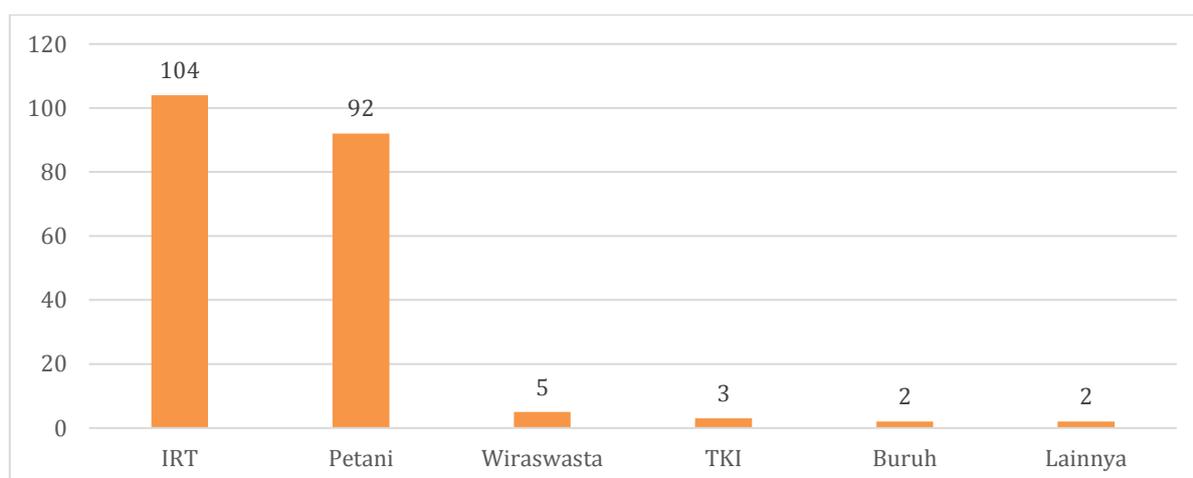


Figure 10: Mothers of children with disabilities: occupations

Some children with disabilities were not living with their biological parents but were taken care of by their grandparents or step-parents. Three main reasons for this arose during data collection. Firstly, the parents were divorced so the children lived with one parent or with their grandparents. Secondly, with the limited

opportunities in Lombok, the parents worked as migrant workers to secure better jobs elsewhere. Finally, a number of children with disabilities were orphans as both their parents had died.

These situations add to the vulnerability of children with disabilities. Apart from potentially getting less attention, they are also vulnerable to inappropriate treatment. Some teachers in this study also complained that some parents did not give their children with disabilities the care and attention they needed. One complaint came from a teacher in a public school who had a child with disabilities in his class:

'Kami selama ini, faktor dari orang tuanya terkait ABK, saya rasa masih kurang memadai, tidak ada perhatian sama sekali' (teacher).

[During this time, the factor of his parents affected the child with disabilities, I think his parents' care for their child is still inadequate, they give the child no attention at all' (teacher).

This disadvantaged situation also had a negative impact on other family members. For example, the brother was often asked to look after the child with disabilities, both in and out of school. This situation also arose with one of the children with disabilities who went to school at a religious school (*madrasah*):

'Di rumah tinggal dengan kakak, belajar sama kakak. Bapak bekerja, kadang pulang kadang tidak. Ibu bekerja di Malaysia' (child with disabilities).

["At home (I) live with my brother, study with my brother. My father works, sometimes he comes home sometimes he doesn't. My mother works in Malaysia] (child with disabilities).

Lack of attention from parents was not a problem for all the children with disabilities in Central Lombok. Parents in better socio-economic situations were observed allocating time to care for their children. One example was a high achieving child we encountered in this study who was physically disabled and always managed to achieve a high rank in her class. A factor that might have contributed to this success was the attention and time the parents, especially the mother, took to look after and care for their child:

'Bagi saya tidak terlalu sulit merawat ABK karena sudah menjadi rutinitas mulai dari memandikan, memberikan makan, mengantar, menunggu hingga pulang sekolah. Setiap hari kita bersihkan dia, di apa, segala macam itu. Saya angkat, semasa saya kuat angkat, ya saya angkat. Jika sudah tidak kuat, ya apa boleh buat, dia jalan sendiri' (mother of child with disabilities).

[For me it is not too difficult to take care of my child with disabilities because it has become a routine, starting from bathing, feeding, dropping off and waiting to go home from school. Every day we bath him and all kinds of things. I carry him, as long as I am strong enough, I will carry him. If I feel I am not strong enough and I can't do it, he will need to walk on his own] (mother of child with disabilities).

In addition to allocating time to pay attention to their children at home, another form of parental support was to help their children with their studies at school. Some parents even sat in class during the lesson, especially if their child had just started school in an early grade. As with the previous story, the main actors here were the mothers.

These stories show that parents, in this case mostly the mothers, play an important role in the lives of their children with disabilities. Although many parents successfully fulfil their children's rights to love and attention, many other children with disabilities do not receive the love and attention they need, especially in their families. The problems of poverty, lack of knowledge and other disadvantaged situations, such as divorce and death, contribute to their failure to obtain this right. Therefore, the attention and nurturing from teachers in schools becomes an important means of compensating these children for the rights they do not enjoy at home.

Fulfilling the right to medical treatment for children with disabilities

This right states that all children with disabilities must have the medical treatment and other help they need to live a life that is considered healthy, both physically and psychologically. However, the discussions and interviews in this study indicated that fulfilling the rights to treatment for children with disabilities is a major challenge.

As in other districts, the access to health facilities – health centres, clinics and hospitals – for children with disabilities is limited in Central Lombok. The most appropriate treatment centre that parents of children with disabilities identified was in Mataram. However, due to limited budgets, transport, equipment and time, parents were reluctant to take their children there. Some parents said that the social security healthcare program gave them free access to hospital services. However, this scheme not cover the cost of travelling with the child and family members from their village to the provincial capital.

In addition to the lack of facilities and high costs (including travel and accommodation), Central Lombok also does not yet have sufficient professional personnel to handle children with disabilities. Some parents complained that their children had been wrongly diagnosed by the doctor, resulting in wrong treatment at an early stage.

‘Saya pernah ke dokter, katanya syaraf motoriknya lambat berkembang. Disuruh mandikan pakai air hangat bertahun-tahun tetapi tidak ada perkembangan’ (parent of a child with disabilities).

[I went to a doctor, he said that his motor nerves were slow to develop. I was told to bathe him using warm water and this went on for years but there was no development] (parent of a child with disabilities).

In addition to medical treatment, some parents also chose alternative and traditional medicine. Usually this treatment is identical to the religious approach and involves joint prayers or consultations with religious leaders. Parents' preference for this type of treatment is inseparable from their belief that having a child with disabilities is due to God's power. Although this approach potentially increases parents' acceptance of their children's condition, traditional medicine that takes a religious approach does not help overcome the medical problems that these children might experience.

4.4 INCLUSIVE EDUCATION AND FULFILLING THE RIGHTS TO EDUCATION FOR CHILDREN WITH DISABILITIES

This section explains how Central Lombok district implements inclusive education. Before discussing its implementation, we outline the policies and regulations that form the umbrella for inclusive education activities. The study also explores how the relevant actors understand the numerous rules relating to inclusive education. To conclude this section, we present the supporting and inhibiting factors for realising inclusive education in Central Lombok.

Inclusive education policies and programs in Central Lombok

On 24 September 2012 the Central Lombok district government declared itself an inclusive district. One of the commitments made in the declaration was to implementing inclusive education in Central Lombok. After the declaration, the district government issued two main policies, the Central Lombok district head regulation No 39 of 2013 concerning special education and special services and the Central Lombok education office head decree No 22 of 2016 concerning inclusive education organising schools. These local policies referred to two higher-level regulations, the Minister of National Education regulation No 70 of 2009 concerning inclusive education and the West Nusa Tenggara governor's regulation No 2 of 2016 concerning the organisation of inclusive education.

The Central Lombok district declaration and the accompanying policies were issued in response to the primary school participation rate that had not yet reached 100 per cent. One factor contributing to this failure to achieve full participation was that some children with disabilities were not in school. At that time, parents were possibly still ashamed to send their children to school and the schools may not have been ready to enrol their children.

By issuing regulation No 39 of 2013 on special services, the related agencies are expected to participate in ensuring a better life for children with disabilities. The education office was expected to contribute and although it seemed slow to act, the Central Lombok education office head issued decree No 22 of 2016 concerning inclusive education organising schools to designate the inclusive schools in the district. This decree appoints several schools as inclusive schools. Previously, children with disabilities could only attend special schools so this regulation gave greater access to education for children with disabilities. In addition, Central Lombok took other actions to create a more inclusive district, as shown in Table 1.

Table 1: Policies and programs to promote inclusive education in Central Lombok

Policy or program	Description
Establishing an inclusive working group	The inclusive working group consists of the head of the education office as the chairperson of the group with members, such as the education office secretary, relevant stakeholders from the regional development planning agency (Bappeda), the education council, principals and officials from the sub-district level education offices. The main task of the inclusive working group is to disseminate inclusive education, serve and foster schools that implement inclusive education, including new schools, and facilitate other schools to become inclusive schools. Since 2012, the inclusive working group has carried out these activities with funding from the local government budget (APBD).
Implementing inclusive education	To date, 120 primary schools in Central Lombok provide inclusive education out of a total of 598 primary schools and 19 junior secondary schools provide inclusive education out of a total of 169 junior secondary schools. Selecting these inclusive schools was based on data on the presence of children with disabilities in a school. Referring to the data, the education office issues a decree on the inclusive school.
Building human resources capacity	To prepare teachers to manage inclusive education, in 2014, the Central Lombok district government in collaboration with the State University of Surabaya (UNESA) held two-semester inclusive education training for selected teachers in Central Lombok. This activity was fully funded by the APBD. By 2018, 30 teachers had participated in this program.
Strengthening the capacity of special schools	In Central Lombok, four special schools are considered the most experienced in providing education for children with disabilities. Although special schools are currently coordinated under the provincial education office, the Central Lombok education office took the initiative to make these schools learning centres for inclusive school teachers – in terms of managing children with disabilities and disseminating information on these issues. One program involves special school teachers visiting inclusive schools to build the teachers' capacity in effective inclusive education.

Understanding the actors in inclusive education

Although Central Lombok declared itself an inclusive district more than five years ago and issued several policies and programs to support inclusive education, up to the time of this study, many district stakeholders still did not know what the government had done to make Central Lombok into an inclusive district. For example, one of INOVASI's partner teachers did not know about the policies related to inclusive education:

'Kami tidak tahu ada aturan khusus inklusi. Kami baru mendengar setelah ada pelatihan dari INOVASI yang diadakan 1 bulan yang lalu. Katanya mau jadi pilot. Katanya ada pelatihan bagi guru untuk penerapan inklusi. Ini tahunya 1 bulan yang lalu. Kami tidak tahu pendanaan bagi anak berkebutuhan khusus juga' (teacher).

[We did not know that there are specific regulations on inclusion. We just heard about it after the training from INOVASI which was held a month ago. They said it was going to be a pilot program. They said that there was training for teachers to implement inclusive education. We only found out about this a month ago. We didn't know about the funding for children with special needs either] (teacher).

Those who already knew about the regulations regarding inclusive education were unable to explain them in detail. They understood that Central Lombok had become an inclusive district but had not heard about the government program relating to it. This was also expressed by one of INOVASI's partner teachers:

"Pelaksanaan UU atau aturan tentang anak berkebutuhan khusus, intinya dia bisa punya hak yang sama dengan non anak berkebutuhan khusus. Kalau implementasinya belum terasa. Kita dituntut oleh pemerintah. Sampai saat ini tuntutan pemerintah terhadap kita belum terpenuhi karena fasilitas dan sarannya belum ada. Baik dari tenaga kependidikannya pun saya rasa kurang. Kalau kita-kita ini cuma tahu garis besarnya, tapi cara untuk menangani anak berkebutuhan khusus (misalnya tuna rungu, tuna netra) kita tidak bisa menangani, kita belum mengerti bagaimana hurufnya tuna rungu dan brailnya" (teacher).

[(Regarding) the implementation of the law or regulations on children with special needs, essentially they can have the same rights as children without special needs. If the implementation has not been felt yet, we are urged to do something by the government. Until now, the government's demands of us have not been fulfilled because the facilities and infrastructure are not available yet. I think there are not sufficient education personnel. For us, we only know the basic ideas but in terms of how to deal with special needs children (for example the deaf or blind), we cannot do it, we do not even understand the letters the deaf use or braille] (teacher).

This comment shows that the teacher understands that inclusive education means that children with disabilities have the same right to attend school as the other children. This understanding was also evident throughout the study. Respondents were aware that children with disabilities now have the opportunity to attend public schools that have implemented inclusive education and they are no longer restricted to the special schools. Teachers and principals, especially in schools designated as inclusive schools, also understand that they must accept any children with disabilities who want to attend their schools.

However, the respondents' understanding of inclusive education did not always reflect its underlying purpose. This is in line with the findings of Mulyadi (2017) who observed that there are some misconceptions about inclusive education in the field. Simply giving children with disabilities access to school is not enough to fulfil their educational rights since their learning needs which may be different from other children's also need to be catered for. Inclusive education encourages teachers and actors to provide educational stimuli that are appropriate to the needs and characteristics of all the children.

The next section discusses the implementation of inclusive education at the school level. How the school actors understand inclusive education is reflected in how they carry it out in their schools.

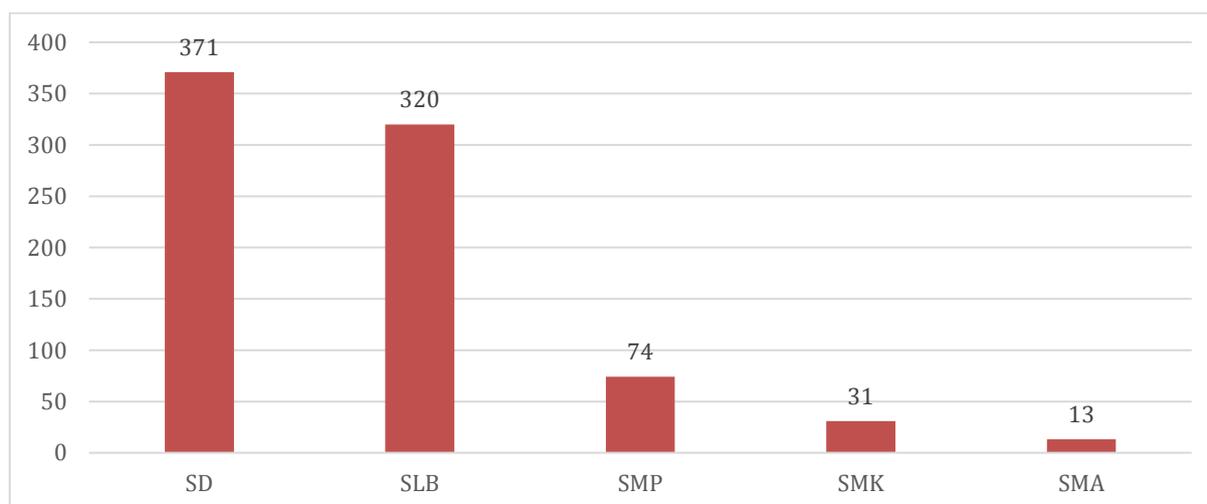
Access to inclusive education for children with disabilities

The study found that the number of children with disabilities accessing public schools has increased in recent years and this is most likely because the schools are no longer allowed to turn away these children. As in other regions the registration process for entering schools in Central Lombok does not involve an academic selection process for public schools or *madrasahs* (religious schools under the Ministry of Religious Affairs). As long as children meet the administrative requirements of age and address they have the right to an education at the school. This is in line with Law No 8 of 2016 which mandates the government to prioritise children with disabilities going to schools close to where they live.

Parents of children with disabilities are grateful for these policies and reported that they now send their children to the public schools nearest to their homes. This is also a more economical choice as the special schools were often some distance away. Most children with disabilities are from underprivileged families with limited funds for transport and equipment. The increased enrolment of children with disabilities was also observed during this study since we encountered a number of children with disabilities in the schools we visited. Most of these children had physical disabilities although some also had mental limitations. Interviews with school supervisors showed that inclusive schools accepted children with physical disabilities but they still preferred to direct children with mental disabilities to special schools. This is because schools do not have the expertise to provide the best education for children with mental limitations.

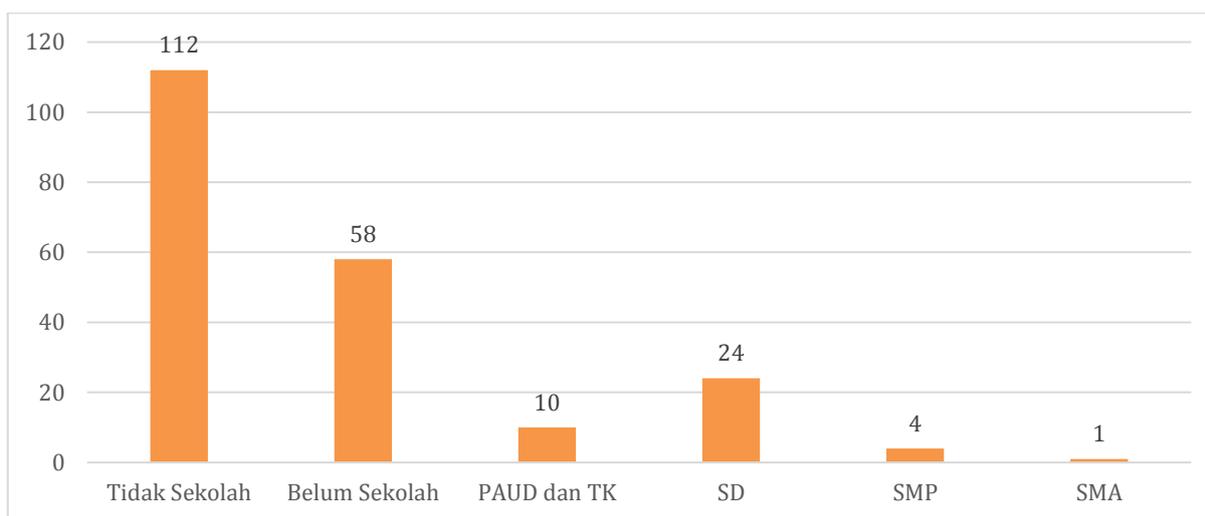
Although children with disabilities now have greater opportunities to attend school some of these children are not yet in school. This is in line with the findings of the social services office. In addition to children with particularly severe conditions, other children with disabilities at risk of not going to school tend to come from disadvantaged family backgrounds, for example, they may be from poor families, they may be orphans or their parents may lack education.

Children with disabilities' school attendance levels decline with the increasing level of education suggesting that they are at risk of dropping out of school. The decreasing access of children with disabilities in higher levels of education are evident in the data from Dapodik and the social services office, as shown in Figure 11 and Figure 12.



Source: Dapodik, 2018

Figure 11: Distribution of children with disabilities based on education level



Source: Social services office data

Figure 12: Distribution of children with disabilities based on education level

Several factors potentially inhibit access to higher education for children with disabilities, namely:

1. Secondary schools tend to be located farther away from their homes and the logistics and cost of transport make it difficult for them to get to school. Parents are working and are often too busy to take their children with disabilities some distance to school.
2. Children's disabilities can become more severe as they get older. Children who have physical illnesses, such as an enlarged stomach or head, are prone to dropping out of school because the disease begins to disrupt their life functions too much.
3. Some children with disabilities find they can no longer follow the subject matter in the classroom as the level increases and the material becomes increasingly complex.
4. Children with disabilities may have to stop school to continue their medical treatment. Some conditions require intensive treatment that disrupts their daily schedules, forcing parents to decide not to continue with their schooling.
5. The various abuses that children with disabilities can suffer, especially in school, may make them reluctant to return to school.

To ensure that children with disabilities have access to higher education, the government needs to consider these issues that result in them dropping out of school. Interventions to deal with these problems cannot be solved by simply requiring schools to accept the children. Policies need to be devised to address some of the non-school factors.

In investigating the issue of gender during interviews and discussions, most respondents said there was no difference in access to education between girls and boys with disabilities. All children with disabilities have the same opportunities to obtain education, especially basic education. However, Dapodik (2018) shows there are still gender gaps in securing educational rights, as shown in Figure 13.

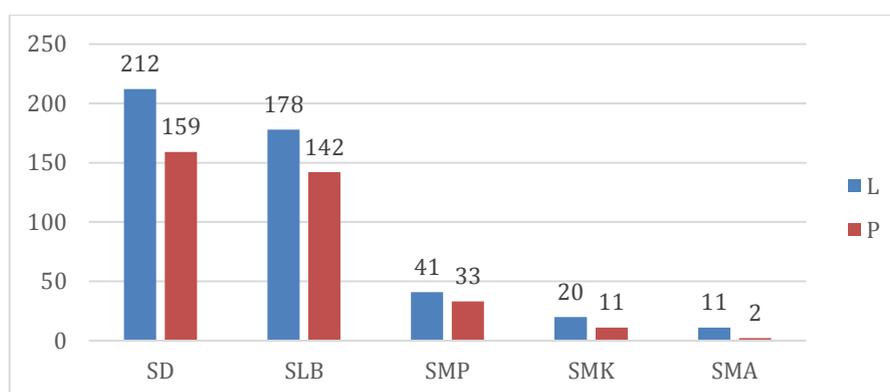


Figure 13: Participation in education for children with disabilities based on gender

One parent of a child with disabilities who is also a school supervisor suggested that the gender differences in secondary education may still reflect the views in the community that boys are the successors so they have to go to secondary school. The Dapodik data shows that the gender gap increases the higher the level of education. However the numbers of all children with disabilities gets smaller at higher education levels.

‘Tidak ada perbedaan gender untuk tataran sekolah dasar, tapi untuk sekolah yang lebih tinggi kayaknya ada. Misalnya anak lamban belajar, pasti dia akan diupayakan dilanjutkan pembelajarannya ke madrasah atau SMP (laki-laki) untuk usia di atas SD. Karena masih ada pandangan di masyarakat anak laki-laki itu penerus, jadi apapun harus dimaksimalkan. Jangankan orang yang tidak terdidik, saya misalnya, saya punya anak autisme, saya mati-matian perjuangankan. Saya anak 2 perempuan dan laki-laki. Laki-laki yang autisme dengan harapan ada peluang normal di atas 30 tahun’ (school supervisor).

[There is no gender difference for the primary level but for higher school levels there seems to be. For example, boys who are slow to learn will surely be pushed to continue learning in madrasahs or junior secondary schools to levels above primary school. There is still this view in the community that the boy is the successor, so anything must be maximised. Let alone people who are not educated. Take my example. I have an autistic child, I desperately struggle. I have two girls and boys. For autistic men, there is still hope of becoming normal when they are over 30 years old] (school supervisor).

The quality of learning in inclusive education

The previous section established that access to education is increasing for children with disabilities, especially at the basic level. More schools are accepting children with disabilities but if this access is to enhance these children’s future lives, the government must also ensure that they receive an acceptable quality of education. This is a risk in Central Lombok as some children with disabilities we encountered in the inclusive schools were still not able to read and write fluently although they were in the higher grades. This section looks more closely at how inclusive education is carried out in several schools in Central Lombok.

Children with disabilities are not separated from the other children so all the children are in the same class with the same teacher. Due to limited space and teaching staff, teachers also prefer to use this approach. One child with disabilities revealed that he feels happy that he can learn with the other children. According to the students, any differentiation between them in learning and daily life would limit the opportunities for friendships between children with disabilities and the other children.

‘Kalau dipisah, aku merasa tidak betah. Aku rasa kalau aku di sekolah khusus, aku ndak nyaman’ (child with disabilities).

[When we are separated, I feel uncomfortable. I guess if I'm in a special school, I'm not comfortable] (child with disabilities).

Some teachers have arranged their classes to make them more friendly for children with disabilities. For example, children with low vision can sit at the front of the class. Equally, children with learning difficulties sit closer so the teacher can pay them more attention. To make learning easier, teachers also create a supportive classroom environment. One approach the teachers use is peer tutoring where children who are relatively quick at learning assist the other children and especially the children with disabilities, who may still be experiencing difficulties.

All the children are being taught the 2013 curriculum but in some schools, the teachers have adjusted the level of difficulty of the lessons to suit the abilities of the children. For example, in numeracy lessons the children with learning difficulties may be given easier problems to calculate.

'Ya di kelas 5 ada yang sulit belajar Matematika. Anak ini kalau kita ajarkan materi sesuai dengan teman lainnya, anak ini kurang mengerti. Kita buat bagaimana materinya disederhanakan, misal 25x25 nah anak ini belum bisa. Nah kita rendahkan angkanya 5x5. Lalu bagaimana penyelesaiannya secara bertahap supaya anak ini nyambung lah walaupun bentuk materi yang kita berikan lebih sederhana. Karena intelegensi anak kan berbeda' (teacher).

[Yes, in grade 5 there is a difficulty in learning mathematics. If we teach material according to the other children, this child does not understand. So we simplify the material. For example, if a child cannot solve 25x25, we lower the figures to 5x5 so they can solve it and then gradually the children can understand the concepts even though the material that we gave them was simpler. This is because the children's intelligence is different] (teacher).

In some schools, teachers have also modified the learning plans to meet the different needs of children with disabilities. Interviews with school supervisors showed that teachers who have children with disabilities in their classes need to explain how they will deliver learning. Their methods have to be included in their lesson plans.

Another strategy that teachers in several schools have developed is to evaluate learning more equitably. They adjust the minimum pass mark for the children with learning difficulties or limited mental capacity. For example, if the usual pass mark for answering 10 questions in mathematics is 70, they lower the target for the children with learning difficulties or ask them to answer fewer questions.

'Kalau kita dari segi evaluasi ya misal anak itu kita kasih 10 soal normalnya, mereka kita kasih 5 soal sampai sesuai kebutuhan anak ini. Bukan berarti anak ini KKM-nya harus sama dengan anak normal. Kita akan khususkan KKM-nya' (teacher).

[For us, in terms of evaluation, for example, we may normally give ten questions to the students but we give five questions to suit the needs of a particular child. It does not mean that this child's minimum pass mark must be the same as the others. We just adjust his minimum pass mark] (teacher).

However these strategies to cater for children with disabilities, were not evident in many schools. In several other schools, the teachers taught the same material using the same methods for all the children making no allowances for their different abilities. As they are no longer allowed to keep the students in the same grade for the new school year, the children move on to the next grade without necessarily achieving the required standard. This contributes to the phenomenon of children with disabilities in the higher grades who do not have the competences of the lower grade students.

This uniform approach to teaching and evaluating all the students in the class that is still commonly found in inclusive schools in Central Lombok is not in line with the fundamental principles of inclusive education based on the Salamanca Statement and Framework for Action on Special Needs Education (1994). According to this document, inclusive education must ensure that children with special needs learn together with the other students and the teacher adapts the material and approaches to the different needs, styles and learning abilities of the students based on their initial assessments. While some schools are already moving in this direction, many other inclusive schools are lagging behind and do not fulfil these fundamental principles. These schools may put children with disabilities in the same class as the other children but they make no adjustments to ensure that learning takes place for everyone in the class.

The low quality of inclusive learning is largely the result of the limited number and quality of teachers involved in inclusive education. During the study, many teachers were aware that they were not providing the best education for the children with disabilities in their classes. Apart from not having a background in this area, teachers also said that the briefing from the government had not been adequate. They complained that the new responsibility they had to accept children with disabilities was not supported by the facilities and training they needed to succeed.

One scheme that the Central Lombok education office introduced to help teachers provide quality inclusive education to children with disabilities is to send selected teachers (known as KKT teachers) to the University of Surabaya for specific training in implementing inclusive education and catering for students' special needs. Some schools have benefitted from this scheme and the trained teachers have helped all the teachers in the school to implement inclusive education more effectively. However not all the trained teachers are still involved in this project. Most of the teachers sent for training have been 'honorary' teachers who do not have the same status as the better-paid civil servant teachers. It is thought that the imbalance of their duties compared to their wages has detracted from their commitment and from the success of this scheme.

Benefits of inclusive education

While inclusive education in Central Lombok is not yet ideal and there are still obstacles to overcome, the benefits of the system are already evident. These benefits are not only felt by the children with disabilities but also by their peers, especially in developing their social skills.

Children with disabilities recognise schools as a place they can develop themselves. The lack of stimulus at home makes them and their parents dependent on the stimuli they get at school. One child with disabilities who was an achiever said that he was very happy to be at school because he could meet and play with other friends. In addition to honing their talents and abilities, schools give children with disabilities the opportunity to develop their individual characters. Despite any limitations they may face in inclusive schools, the children can identify their strengths and gain confidence through their friendships with the other children.

'Di sekolah lebih banyak aktivitas, kalau di rumah cuma tidur aja' (child with disabilities).

[At school there is more activity, if I am at home I just sleep](child with disabilities).

Children with disabilities who attend inclusive schools tend to have better communication and social skills. They are better able to regulate their emotions probably due to the rules in schools that they need to obey. Also these children become more independent and responsible as they understand that they cannot always depend on their parents.

The other children learning together with the children with disabilities also improve their social skills. One school supervisor explained that the students become more aware of the differences in people's lives. The teachers encourage them to befriend and help children with disabilities and they become more sensitive and develop an empathy for others in their surrounding environment. This was evident, for example, in how they

were willing to guide children who were finding the lessons difficult and to push other children's wheelchairs to take them home.

These findings are in line with Adioetomo, Mont and Irwanto (2014) who concluded that inclusive education offers a more effective way of educating children. The benefits of inclusive education are not limited to students' learning outcomes but extend to social benefits, especially in creating an inclusive and cohesive society. Mattingly and McInerney (2010) also explain how inclusive education has the potential to reduce discrimination. This analysis shows that implementing inclusive education could contribute to Central Lombok becoming a more inclusive district overall.

Other types of education for children with disabilities

Alternative education for children with disabilities is limited in Central Lombok as they can generally only attend inclusive schools or special schools. As there are not many special schools most parents now choose inclusive schools for their children. According to a school supervisor, two other schools that are not too far away accept children with disabilities and use an adjusted curriculum but these are international-level schools for children from families in the upper socio-economic levels. There is no homeschooling education model for children with disabilities but parents who have the means can arrange for teachers to come to their homes to give their children private lessons.

Education at religious schools (madrasah) is a common alternative in Central Lombok since most people in the district are Muslim. These schools include religious teaching and students learn to read the Koran although this is often taught outside school hours.

'Alternatif yang paling mungkin adalah melalui pendidikan agama. Kita terobos dari situ' (community leader).

[The most likely alternative is through religious education. We start from there] (community leader).

Cooperation between actors implementing inclusive education

In collecting the data for this study, collaboration among stakeholders did not seem well established. The inclusive education program is considered the domain of the education office even though the inclusive working group includes representatives from various other services. From a series of interviews with stakeholders, only those from the education office seemed to fully understand the concept of inclusive education and the Central Lombok government aspirations. The interviewees from other areas knew little about the current programs, suggesting a lack of coordination among the internal working groups.

'Masih kurang untuk koordinasi, karena mungkin ada program tersendiri misalnya Dinas Sosial untuk program disabilitas iya, tetapi dia tidak fokus ke pendidikan. Begitu juga ke Dinas Kesehatan kan harusnya ada hubungan. Saya kira masih kurang, saya kira belum koordinasi. Saya diundang pembuatan pokja tahun 2018, itu memang ada saya lihat ada Dinsos, Pengawas, Dinkes. Pokja itu juga tidak maksimal. Agar lebih maksimal harus sering-sering berkoordinasi, di WA grup sering memberi masukan, kekurangan, kebutuhan. Mungkin mereka sibuk. Dinas Sosial waktu bikin road map kan hanya duduk-duduk. Sebenarnya jika mereka menemukan 1 data, 1 keyakinan untuk bersama, tapi ini beda-beda prinsip. Karena tidak pernah berkoordinasi. Bikin perbup, tidak mengundang Dinas Sosial' (stakeholder).

[There has not been much coordination as there may be separate programs, such as the disability program in the social services office, that does not focus on education. Likewise, the health office must be involved. I think something is still lacking – I think it's not coordinated. I was invited to create a working group in 2018 and I did note that there were social service officers, supervisors and health officers. But the working group is also not maximised. For maximum benefit, you have to coordinate

frequently, in working groups (we should) provide input frequently, (explain our) shortcomings and needs. Maybe they are busy. When we were making the road map, the social services office representatives were just sitting around. Actually, if they could contribute even one piece of information, (they would have) the same commitment (which is) to (work) together. Instead, they have different principles. As they never coordinate, they come up with the regulations without inviting contributions from the social services office representative] (stakeholder).

These comments suggest that even though the working group has been set up, coordination between the different units has not gone well so far. The education, social services and health offices each carry out their duties without referring to one another. The respondent also implies that the problem occurred at the beginning when the regulations were issued without involving some of the relevant agencies. To improve coordination, the government needs to clearly identify the programs that each agency is responsible for and then develop effective coordination channels between each of these programs.

Lack of coordination not only occurs among the agencies under the Central Lombok government but also with other non-governmental organisations that focus on inclusive education. These organisations conduct several programs relating to inclusive education, for example, the Endri Foundation helps children with disabilities fulfil their potential and Handicap International trains teachers to manage children with disabilities and inclusive education. At the village level, some villages nominate children with disabilities to benefit from the local charity tax, zakat. These potential partners should not be ignored. The government needs to identify and work with such organisations that focus on inclusive education to ensure their programs are synchronised with the government's own aims and priorities.

Supporting and challenging factors in inclusive education

The analyses in the previous section illustrate that the lives of children with disabilities and their access to school does not always run smoothly; barriers are still common in some contexts. This section summarises the general factors affecting the lives of children with disabilities and the particular issues that arise in their education, as well as the factors that continue to hamper them in achieving a better quality life.

The Central Lombok government commitment to creating an inclusive district is a key supporting factor. Although the reforms have taken some time, the district has issued regulations and set up programs to improve the lives of children with disabilities, including by making more schools into inclusive schools.

Another supporting factor is the shift towards more positive attitudes to children with disabilities in the community which is pivotal to building a supportive environment. Parents no longer need to feel ashamed of their children with disabilities and are more likely to send them to school. Although some children with disabilities do not go to school, the current trend is for parents to send these children to school, especially those with physical disabilities.

The presence of local and international non-governmental organisations that focus on improving the lives of children with disabilities is another supporting factor in Central Lombok. These programs, including INOVASI with its focus on improving teacher capacity, must be aligned with the government's own aspirations for children with disabilities in Central Lombok.

However several factors still inhibit government efforts to create an inclusive district. Policies and programs to support these efforts are not always implemented effectively due to the lack of coordination both within the inclusive working group and among other institutions outside of government. In addition not many institutions are aware of the data that is available on children with disabilities in Central Lombok and they have not shared their own data with the various stakeholders.

Another obstacle to achieving government aims is the lack of emphasis on programs to improve the quality of education. While government appoints more schools as inclusive schools every year, the schools and

teachers are not sufficiently primed to take on this responsibility. Many teachers complained that the preparation from government was limited and one teacher said he had never had any training.

This limited training means that teachers do not have the knowledge and skills to implement inclusive education effectively. This can lead to a situation where children with disabilities could be sitting in class but not learning at all. Opening access to schools is a positive move but needs to be accompanied by efforts to develop the capacity of the teachers and provide appropriate facilities in the schools if the children are to receive a quality education. The scheme to train teachers in inclusive education was a potential solution but numbers were limited and the teachers were unevenly distributed. In addition, these teachers are mainly honorary teachers without the status of civil servants and they needed some incentives and recognition to motivate them to fulfil their vital roles in the inclusive schools.

In addition to the issue of quality, is the issue of timing. Interventions to introduce inclusive education in Central Lombok tend to focus on the basic education level and start in primary schools rather than at the early childhood education or equivalent level. The data collected shows that inclusive education programs for the early childhood development level are limited and there is no coordination with the education level above. This late intervention in the education of children with disabilities potentially makes them more vulnerable.

Other than school-related obstacles, some non-school factors can hinder progress in inclusive education, for example, the limited number of professionals such as pediatricians and psychologists in Central Lombok who can assess children with disabilities early on. Parents end up consulting traditional doctors who cannot guarantee an accurate diagnosis. Some parents also choose a religious approach to treating their children with disabilities. While this makes them more accepting of their child's condition, it does not treat the medical problems that they may have.

Finally, the inhibiting factor that cannot be ignored is the economic limitations of many parents of children with disabilities. In some contexts, this is the main cause of children with disabilities dropping out of school. Some underprivileged families with children with disabilities receive social security assistance to cover their health, education and daily living costs but some families receive no support. This anomalous situation needs more investigation.

5. CONCLUSIONS AND RECOMMENDATIONS

'Di Gemel saya jumpai, anak kelas 6 hanya bisa membaca 7 huruf. Tetapi kalau disuruh menulis, nggak bisa dia' (school supervisor).

[In Gemel I found a grade six child who can only read seven letters. And when he was asked to write something, he couldn't do it] (school supervisor).

This comment reflects one of the main conclusions from the study of children with disabilities in Central Lombok. Although children with disabilities now have greater access to schools, the implementation of inclusive education in the field is still far from perfect. This finding confirms the findings of Mulyadi (2017), Poernomo (2016), Wibowo and Muin (2016) and Adioetomo, Mont and Irwanto (2014) who also found that major challenges remain in implementing inclusive education. This section summarises the conclusions of the study that involved the following range of respondents: students, children with disabilities, parents of children with disabilities, community leaders, teachers, principals, school supervisors and other stakeholders.

5.1 CONCLUSIONS

The secondary data and data obtained through interviews and discussions show that there are children with disabilities in Central Lombok and they have diverse needs. Respondents more commonly identified children

with physical limitations indicating that they do not tend to use the social approach to understand children with disabilities or special needs. However respondents working in schools, especially teachers, had a broader understanding of children with special needs that included children with learning difficulties as well as children with exceptional talents.

Regarding people's attitudes to children with disabilities, generally respondents were positive and accepted the presence of the children, both in schools and communities. However negative attitudes were still evident in that some people used negative labels, such as 'idiots' for children with mental disabilities and some children with disabilities were still verbally abused or mocked. The acceptance of children with disabilities also reflects the magical approach to understanding disability taken by some people, including parents, where these children are God's destiny or a message or test from above so they must be accepted.

Realising the limitations of their children with disabilities does not necessarily mean that parents have low expectations of these children. Some parents have great hopes that their children with disabilities can become more independent and be able to make a living when they grow up. These expectations encourage the parents to try to fulfill the rights of their children, especially their rights to friendship, affection, treatment, and education. However, children from disadvantaged family backgrounds and in less supportive environments are not always able to obtain these rights.

Regarding the rights of children with disabilities, although not all the respondents knew about the rights stipulated in the Convention on the Rights of Persons with Disabilities and in Law No 8 of 2016, they were aware that children with disabilities have the same rights as other children. They are familiar with these rights and mentioned, for example, the right to interact and play with other children, the right to receive love and the right to education. The Central Lombok government's own efforts to fulfill the right to education for children with disabilities are reflected in the increasing number of inclusive schools and various policies and programs relating to inclusive education. The benefits of inclusive education are not only felt by children with disabilities who gain academically, emotionally and socially but by the other children in the school who develop their social skills, empathy and sense of community responsibility.

However, at the time of this study government efforts still focused on increasing access to schools for children with disabilities rather than on improving the quality of inclusive education offered. Teachers complained about the lack of training and facilities provided by government to help them deliver a quality education to children with disabilities. In some schools inclusive education was just integrated education where children with disabilities were in the same classes as other children but the teachers did not teach according to their needs and abilities.

In addition to the lack of emphasis on quality, another obstacle in implementing inclusive education in Central Lombok is the lack of coordination between agencies and institutions. Non-school factors also affect the education of children with disabilities and government programs to address these factors are limited. Some children with disabilities still have difficulty getting appropriate treatment and some have not received social assistance to meet their daily needs.

Nevertheless, this study also found several supporting factors in the district and some of these could be made more effective. The government is committed to making Central Lombok an inclusive district. In addition, several other non-governmental organisations in Central Lombok focus on inclusive education. Finally, the community, especially the parents, have begun to realise the importance of education for their children with disabilities. These three elements provide strong capital to create a friendlier environment for children with disabilities.

5.2 RECOMMENDATIONS

This study explored the lives of children with disabilities in Central Lombok, in terms of their presence, the attitude of the community towards them and how their rights, especially to education, can be fulfilled. Although the respondents reported that conditions are better for children with disabilities, there is more to be done. This section recommends the improvements that could be made. Given that children with disabilities' problems cannot be solved simply by intervening in school factors, the recommendations also target factors outside of school.

At the stakeholder level, two issues need attention, namely policy and coordination. Regarding policy, the government needs to develop policies to strengthen the ideology of inclusion and improve the quality of inclusive schools. It needs to develop a regional action plan on inclusive education with clear stages in implementing activities accompanied by measurable achievement indicators issued in the form of district regulations.

Good policies can only be implemented effectively if all the relevant institutions coordinate and government needs to ensure this happens, especially among institutions in the inclusive working group. Several coordination issues arose in the study. Programs from the various organisations involved in inclusive education need to coordinate. The inclusive working group needs to identify and synchronise with programs in related government services. In addition, the group needs to involve non-governmental organisations at the local level with the potential to improve the quality of services for children with disabilities in schools and communities. Existing programs should be able to support each other but not overlap.

Data on children with disabilities also needs to be coordinated. The two main sources of data regarding the distribution of children with disabilities in Central Lombok are Dapodik and the social services office. They use different approaches to retrieving data but if they coordinated they could support each other and develop a comprehensive database. Finally, the inclusive working group needs to hold routine meetings to discuss current issues relating to children with disabilities and report on problems, progress and achievements.

At the school level, inclusive education needs to be strengthened, for example by enlisting the expertise from the special schools. Teachers and principals need resources to better understand inclusive education. They also need information on special services, including health, assistive devices and other special needs. Teachers' working groups need to offer support and training by focusing on the issue of inclusive education. Teachers trained in inclusive education (KKT teachers), teachers from special schools and school supervisors are three key sources of support for the teachers' working groups in developing the teachers' understanding of inclusive education and children with disabilities.

The scheme to send honorary teachers for additional non-degree training on inclusive education could help overcome the lack of expertise in schools. However, this scheme needs to be accompanied by a clear plan for their contribution after they are trained. The government could appoint these teachers as regional honorary teachers or as facilitators to develop the capacity of other teachers. Government will need to ensure that their teaching hours can be calculated in Dapodik. Most importantly, to ensure these teachers effectively improve the quality of inclusive education, government needs to devise an incentive scheme to motivate and retain them in the system.

One essential skill that teachers need to improve is their ability to identify the particular issues or disabilities that each child is facing. They need help from professionals in conducting assessments. This is crucial because the initial assessment will affect the intervention the child receives. If the professional support is not available, teachers should not be asked to assess a child's mental capacity as they do not have the requisite knowledge and skills. However, teachers can make assessments on functions that they can observe and that still relate to the learning process.

In addition, the government needs to develop programs for early childhood education and equivalent levels. Early intervention can prevent greater vulnerability in children with disabilities. So far, programs at this level are limited. Some actions government can take include: recruiting early childhood education teachers to join the teacher training scheme; working with mother and child healthcare centres; and enlisting help from other stakeholders in the villages. Government can encourage village governments to participate in creating a more friendly society for children with disabilities, for example, by collecting data at the village level before the children start school and allocating village funds to support children with disabilities in their daily lives.

At the village and community level, considering that most children with disabilities are from disadvantaged families, government needs to ensure that these children receive assistance, for example, medical assistance from the social security system, benefits from the Family Hope program and education support from the Smart Indonesia card scheme. Children with disabilities' rights to this assistance are also guaranteed under Law No 8 of 2016. This is another reason why village officials need to help by collecting accurate data on the children with disabilities in their areas, long before these children start primary school and are included in Dapodik.

Another way to encourage behaviour change at all levels of stakeholders in the community and in the government is to develop disability service units in every institution or community organisation. These units will ensure that communities and government services consider inclusion issues in all their activities.

5.3 INOVASI'S INCLUSION AND DISABILITY PILOT: SETARA

Central Lombok is the only INOVASI partner district that is implementing the inclusion and disability pilot known as SETARA. This pilot began in 2018 and aligns with the Central Lombok district government agenda to encourage inclusive education, especially at the primary level. The pilot involves local facilitators who are educational actors in Central Lombok and the aim is for the pilot to continue after INOVASI has withdrawn.

There are several key activities in the SETARA pilot. The first is to develop a special module on inclusive education and managing special needs children. This module aims to develop teachers' understanding of children with disabilities and inclusive education, and improve their skills in implementing inclusive education in their classrooms. As the findings of this study show, teachers need this extra training, given the limited opportunities available for capacity building in this area.

The pilot is also developing the student learning profiles system that is a tool for teachers to assess children for certain functions associated with learning activities. This tool is not used to classify the students in medical or psychological terms, as currently found in Dapodik, so it is relatively easy for teachers to use. This instrument was developed by referring to the Washington Group child functioning module that UNICEF also uses.

Given the limited number of medical professionals and psychologists in Central Lombok, the student learning profiles system helps teachers, especially in inclusive schools, to assess their students more easily. They can then use the results of these assessments to design learning scenarios that meet the needs of each student. The aim is to promote truly inclusive education that is not restricted to simply including children with disabilities in the classroom.

The SETARA pilot has also developed several inclusive education modules to be combined with the literacy short course materials. These modules cover inclusive approaches to different subjects, including literacy, and numeracy. The modules reflect INOVASI's efforts to mainstream inclusion in all contexts.

The results of this pilot so far have not been analysed or evaluated systematically to assess its impact on the teachers involved in Central Lombok. The monitoring process is still underway through a series of spotchecks. However, this study indicates that the SETARA pilot has improved teachers' knowledge and

understanding of inclusive education. The student learning profiles system has also helped teachers make initial assessments of their students and draw up plans for relevant learning programs.

The SETARA pilot will not be able to solve all the problems discussed earlier. INOVASI still needs to ensure that the pilot involves more teachers, including teachers at the early childhood education or equivalent levels and other local actors, especially non-governmental organisations working on this issue. The issue of program sustainability also needs to be considered. Strengthening the role of the facilitators and the dissemination system are two key ways to ensure the program will continue. INOVASI needs to encourage government to implement the SETARA pilot and other relevant activities as part of its development agenda in Central Lombok. One approach is to facilitate the development of an inclusive education road map. This is discussed in the next section.

5.4 DEVELOPING AN INCLUSIVE EDUCATION ROAD MAP

One of the main obstacles to inclusive education in Central Lombok is the lack of coordination between institutions. So far, only the education office seems to understand the inclusive education agenda in the district. This issue was raised by government stakeholders who do not work in the education office but they realise that inclusive education will involve cooperation across government sectors. The inclusive working group, consisting of representatives from various agencies, has not resolved the problem. Each organisation works independently, including non-governmental organisations that also work on their own initiative.

To overcome this, INOVASI is helping the district government develop a road map for inclusive education in Central Lombok. In addition to describing what the government wants to achieve and its detailed targets towards these aims, the road map also describes the coordination and synchronisation between organisations and programs that will help achieve the intended targets.

Several basic principles and processes are involved in developing an inclusive education road map and these are still underway, namely:

1. Problems must be clearly defined through a structured method involving all relevant actors.
2. The various agencies and related organisations must be involved in an initial process to identify the roles and contributions of each organisation.
3. Inclusive education must take place at all levels of education and begin as early as possible.
4. Program development must consider non-school factors that are considered critical to the lives of children with disabilities.
5. Programs must stipulate their operational achievements and targets and develop an explicit plan to evaluate the programs' achievements.

This road map should overcome several factors at the stakeholder level that inhibit the implementation of inclusive education. Initial socialisation and regular meetings to discuss the implementation of the road map will be important in ensuring that it is implemented effectively in the district and does not just remain a plan on paper.

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