



# Inclusive Early Childhood Education for Children with Disabilities in Indonesia

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## Acknowledgements

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# Executive summary

**Children with disabilities are often left out of the education system globally, and in Indonesia they still tend to be overlooked at preschool level.** People with disabilities are estimated to comprise 15 percent of the world's population, and in many countries children with disabilities are more likely to remain out of school than other children across all education levels.<sup>1</sup> Globally, having disabilities can double the chance of never accessing school,<sup>2</sup> and even if they go to school they tend to drop out before completing primary education. Indonesia is no exception, and despite the government's efforts in recent decades, in particular, inclusive early childhood education (ECE) for children with disabilities is still significantly overlooked in policy, practice and empirical research. Rather, inclusive education policy and programs often highlight primary and secondary education, meanwhile inclusion is not a key focus in ECE in Indonesia.

**This study addresses the dearth of research on inclusive ECE in Indonesia.** Given the critical importance of access to education from the early years onwards, and the potential positive impact of ECE on children's lives, this study has a specific focus on children aged four to six. It examines current practices and key issues from multiple perspectives to tackle several interrelated issues – What makes preschools inclusive for children with disabilities? How does inclusive ECE work? Why does it work in this way? – with an aim to inform future policy formation and practice. In terms of method, this study comprises multiple focus group discussions with key stakeholders, reaching almost 70 participants across Indonesia, ranging from teachers, school principals, school committees, parents of children with disabilities, local organizations working with people with disabilities, NGOs and teacher associations, to local and central governments from different sectors including education, health, social affairs and child protection.

**Multilevel analysis of this rich data revealed hidden and complex issues related to inclusive ECE in Indonesia.** Gaps are identified between policy interventions, school dilemmas and struggles in classrooms, and between the supply and demand side, especially considering the perspectives of parents of children with disabilities, who tend to be overlooked despite their key role in their children's education. Meanings of 'inclusive' preschools and 'qualified' teachers are questioned and redefined based on the analysis of multiple perspectives. The analysis prompts a review of the understanding of 'inclusive' preschools from simply providing access by declaring that a preschool is inclusive, to focusing on the importance of the process of inclusion. Teacher quality remains a key challenge and requires transformation, from no or one-off training that tend to leave teachers unskilled in practice, into an ongoing, more relevant and effective training model that meets teachers' needs. Moreover, the study reveals wider structural issues including the economic burden borne by parents of children with disabilities that can affect their children's access to education and their learning outcomes, and it shows the great need for synergies across sectors and systems at multiple levels, which leads to the recommendation for a multi-sectoral approach to inclusive preschool education in Indonesia.

**Inclusive preschools need to be promoted not merely for but with multiple stakeholders.** Current interventions are often assumed to meeting expectations and demands of teachers and parents, but this study reveals gaps and how the current dynamics can create perverse results, resulting in the effective exclusion of children with disabilities. There is a need to create spaces to enable continued discussion and support for teachers, parents, local governments, and communities that will lead to more effective, fair and sustainable development of inclusive preschool education in Indonesia.

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<sup>1</sup> UNICEF (2021)

<sup>2</sup> WHO & World Bank (2011)

# Ringkasan Eksekutif

**Anak-anak penyandang disabilitas seringkali tidak diikutsertakan dalam sistem pendidikan di dunia. Di Indonesia, mereka masih cenderung terabaikan, khususnya di tingkat Pendidikan Anak Usia Dini (PAUD).** Penyandang disabilitas diperkirakan mencapai 15% dari populasi dunia. Jika dilihat dari semua jenjang pendidikan di banyak negara, anak-anak penyandang disabilitas cenderung tidak bersekolah dibandingkan dengan anak-anak non-disabilitas.<sup>1</sup> Secara global, dapat dikatakan bahwa penyandang disabilitas punya kemungkinan lebih besar untuk tidak pernah mengakses bangku sekolah.<sup>2</sup> Bahkan jika mereka bersekolah pun, mereka punya kecenderungan untuk putus sekolah sebelum menyelesaikan pendidikan dasar. Hal ini pun terjadi di Indonesia. Meskipun pemerintah telah melakukan berbagai upaya selama beberapa dekade terakhir ini, namun pendidikan anak usia dini inklusif bagi anak penyandang disabilitas masih terabaikan secara signifikan, baik dalam kebijakan, praktik, maupun penelitian empiris. Kebijakan dan program pendidikan inklusif yang ada lebih sering menyoroti pendidikan dasar dan menengah. Inklusi belum menjadi fokus utama dalam pendidikan anak usia dini di Indonesia.

**Kajian ini membahas kelangkaan penelitian tentang Pendidikan Anak Usia Dini Inklusif (PAUD Inklusif) di Indonesia.** Mengingat pentingnya akses terhadap pendidikan sejak usia dini hingga ke jenjang selanjutnya dan potensi dampak positif pendidikan anak usia dini bagi kehidupan anak, kajian ini difokuskan pada anak usia empat hingga enam tahun. Studi ini mengkaji praktik-praktik yang terjadi saat ini sekaligus isu-isu utama dari berbagai perspektif untuk menjawab beberapa pertanyaan yang saling berkaitan, khususnya yang bertujuan untuk menginformasikan pembentukan kebijakan dan praktik di masa depan, yaitu: Apa saja faktor yang membentuk pendidikan anak usia dini inklusif? Bagaimana cara kerja PAUD Inklusif? Mengapa PAUD Inklusif dapat bekerja dengan cara seperti ini? Studi ini menggunakan metode diskusi kelompok terfokus dengan para pemangku kepentingan utama, melibatkan hampir 70 peserta dari seluruh Indonesia, mulai dari guru, kepala sekolah, komite sekolah, orang tua anak penyandang disabilitas, organisasi lokal yang bekerja dengan penyandang disabilitas, lembaga swadaya masyarakat dan asosiasi guru, hingga pemerintah daerah dan pusat dari berbagai sektor termasuk pendidikan, kesehatan, sosial, dan perlindungan anak.

**Hasil analisis multilevel terhadap data yang diperoleh dari studi ini mengungkap isu-isu yang tersembunyi dan kompleks terkait pendidikan anak usia dini inklusif di Indonesia.** Hal-hal yang berhasil diidentifikasi adalah adanya kesenjangan hubungan antara intervensi kebijakan, dilema yang terjadi di sekolah dan kesulitan-kesulitan yang dihadapi di kelas, serta sisi penyediaan dan permintaan. Identifikasi ini mempertimbangkan perspektif orang tua anak penyandang disabilitas yang cenderung terabaikan, padahal merekalah yang punya peranan penting dalam pendidikan anak-anak mereka. Makna pendidikan anak usia dini “inklusif” dan guru yang “berkualitas” dipertanyakan dan didefinisikan ulang berdasarkan analisis multiperspektif. Analisis ini kemudian mendorong peninjauan ulang terhadap pemahaman tentang pendidikan anak usia dini yang “inklusif” karena makna “inklusif” tidak hanya sekadar tempelan semata, namun “inklusif” sebagai sebuah proses terjadinya inklusi. Kualitas guru juga masih menjadi tantangan utama dan diperlukan adanya suatu perubahan terkait hal ini. Selama ini pelatihan untuk guru hanya dilakukan satu kali dan cenderung massal, atau bahkan di beberapa daerah tidak ada sama sekali. Kurangnya pelatihan untuk guru ini menjadikan guru tidak terampil sehingga kualitas pengajaran menjadi rendah. Dibutuhkan suatu model pelatihan baru yang berkelanjutan, relevan, dan lebih efektif. Selain itu, studi ini juga mengungkap isu-isu struktural yang lebih luas, termasuk beban ekonomi yang ditanggung oleh orang tua dari anak penyandang disabilitas K yang nantinya dapat mempengaruhi akses pendidikan dan hasil belajar anak, dan perlunya sinergi antar sektor dan sistem di berbagai tingkatan kebijakan sehingga dapat berujung pada rekomendasi pendekatan multisektor untuk PAUD Inklusif di Indonesia.

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<sup>1</sup> UNICEF (2021)

<sup>2</sup> WHO dan World Bank (2011)

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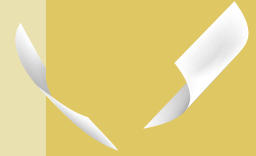
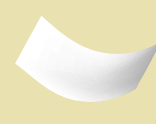
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## Acronyms

<b>ADHD</b>	Attention Deficit and Hyperactivity Disorder
<b>ASD</b>	Autism Spectrum Disorder
<b>BAN-PAUD</b>	National Accreditation Agency for Early Childhood Education ( <i>Badan Akreditasi Nasional–Pendidikan Anak Usia Dini</i> )
<b>BOP</b>	Education Operational Assistance ( <i>Bantuan Operasional Pendidikan</i> )
<b>ECE</b>	Early Childhood Education
<b>ECED</b>	Early Childhood Education and Development
<b>DSU</b>	Disability Service Units
<b>FGD</b>	Focus group discussion
<b>Gol</b>	Government of Indonesia
<b>GPK</b>	Teachers trained in inclusive education ( <i>Guru Pembimbing Khusus</i> )
<b>KB</b>	Play group ( <i>Kelompok Bermain</i> )
<b>Himpaudi</b>	Early childhood teacher association
<b>IDR</b>	Indonesian Rupiah
<b>IE</b>	Inclusive Education
<b>IEP</b>	Individual Education Program
<b>MoECRT</b>	Ministry of Education, Culture, Research and Technology
<b>MoH</b>	Ministry of Health
<b>MoHA</b>	Ministry of Home Affairs
<b>MoRA</b>	Ministry of Religious Affairs
<b>MoSA</b>	Ministry of Social Affairs
<b>MoWECP</b>	Ministry of Women’s Empowerment and Child Protection
<b>MSS</b>	Minimum Service Standards
<b>NGO</b>	Non-Government Organization
<b>PAUD</b>	Early Childhood Education Program ( <i>Pendidikan Anak Usia Dini</i> )
<b>Puskesmas</b>	Sub-district Community Health Clinics
<b>SPS</b>	Early Childhood units ( <i>Satuan PAUD Sejenis</i> )
<b>SSET</b>	(Directorate of) Secondary and Special Education Teachers
<b>TK</b>	Preschool ( <i>Taman Kanak-kanak</i> )
<b>TPA</b>	Day care centers ( <i>Tempat Penitipan Anak</i> )
<b>UNESCO</b>	United Nations Educational, Scientific, and Cultural Organization
<b>UNICEF</b>	United Nations Children’s Fund
<b>WHO</b>	World Health Organization

## 1

## Introduction



**Early Childhood Education (ECE) for children with disabilities matters as it can disrupt the disability-poverty cycle, however it requires both parental involvement and coordination across sectors at national and local level.** Inclusive early childhood education and development has been promoted to provide children with disabilities with opportunities to have equal learning opportunities, socialize with their peers, participate in society over time and provide better chances throughout life.<sup>3</sup> Early identification, assessment and intervention matter because poor health, nutrition, learning and safety can result in development delays, exacerbate the effect of disabilities, impede access to primary education and reproduce the disability-poverty cycle where disability leads to poverty and poverty leads to disability.<sup>4</sup> For this cycle to end, ECE is a key opportunity for policy intervention, especially in low- and middle-income countries. Cross-sectoral approaches and parental involvement is crucial to ensure equitable access to ECE for children most in need, especially young children with disabilities.

**However, inclusion in ECE<sup>5</sup> has received very limited attention compared to primary and secondary education in Indonesia.** According to existing studies, one of the greatest challenges is the lack of early identification, assessment and early intervention mechanisms<sup>6</sup> to support access and quality of learning for children with disabilities. Key barriers include;

- a) lack of teacher competencies in early identification and intervention

- b) isolation of families of children with disabilities in communities
- c) limited coordination of policies and services of ECE

Key issues in teacher competence include 1) lack of knowledge and skills in assessing the characteristics and learning needs as well as developing individual education programs (IEPs) and curricula for children with disabilities,<sup>7</sup> 2) lack of training to improve their competence,<sup>8</sup> 3) teachers' negative attitudes toward children with disabilities.<sup>9</sup> In addition, families of children with disabilities and low-income families may especially find it difficult to access education and health services to obtain appropriate early identification.<sup>10</sup> In many inclusive schools, parents of typically developing children do not have sufficient knowledge about inclusive schools and children with disabilities, which can lead to discriminatory attitudes.<sup>11</sup>

**Moreover, poor coordination of policies and services of ECE in Indonesia has been a fundamental issue.<sup>12</sup>** In addition to the education sector, the health and social sectors play an important role in providing support for young children with disabilities and their families, but it is unclear how health, social and education sectors coordinate effectively at a local level to support early identification of children with disabilities prior to the start of primary education. The lack of a mechanism to provide early identification and intervention of children with disabilities is a key issue because this can have significant impacts on children's development, school

<sup>3</sup> UNESCO (2020)

<sup>4</sup> UNESCO (2020); WHO & World Bank (2011)

<sup>5</sup> In this study, ECE in Indonesia mainly focuses on TK A and B, ages 4-5 and 5-6

<sup>6</sup> In this study, key terms are defined as follows to clarify different phases of support, based on World Health Organization & United Nations Children's Fund (UNICEF) (2012). *Early identification* can include screening and follow-up systems that can ensure that children who are identified through screening subsequently receive assessments and appropriate services. *Assessment* is the process to better understand the needs of children with disabilities and their families. This can include a diagnosis and assessment of strengths of the child and needed interventions. Identification and assessment can involve teams of trained professionals. *Early intervention* refers to service provision based on early identification and assessment. This study focuses on inclusive early childhood education as key service provision, which can ensure optimal development for children with disabilities by providing opportunities for learning focusing on the needs of each child. It is important to critically analyze current situation and identify key challenges in each phase including early identification, assessment and intervention.

<sup>7</sup> Ardianingsih & Mahmudah (2017); Nurhayatun & Budi Susetyo (2020)

<sup>8</sup> Diana et al. (2017); Ujianti (2020)

<sup>9</sup> Nurhayatun & Budi Susetyo (2020)

<sup>10</sup> Suhendri et al. (2019)

<sup>11</sup> Arman & Kurniawati (2019)

<sup>12</sup> Formen & Nuttall (2014)



readiness and educational transition. Without adequate early identification and interventions, these children's development remains unknown and teachers cannot provide appropriate education services to them.

Previous research tends to analyze implementation of inclusive education in ECE with very limited sample sizes

such as teachers from one kindergarten,<sup>13</sup> without fully examining the causes of key issues in each context, including differences between urban and rural areas, as well as structural causes. This study therefore seeks to fill in the research gaps, by exploring feasible mechanisms for early identification, assessment and interventions for children with disabilities in Indonesia.

## 1 Overview of inclusive education and early childhood education in Indonesia

**Despite efforts to expand policies and support to promote inclusive education, children with disabilities are still underserved in Indonesia's education system overall.**

While 99,467 children with disabilities were enrolled in inclusive schools in 2020,<sup>14</sup> almost 30 percent of those with disabilities do not have access to education, and of those enrolled in school, 46 per cent do not complete primary education, compared to 95 per cent for children without disabilities. Currently, inclusive schools tend to serve children attending mandatory education (aged 7-18), and only 19.5 per cent of inclusive schools serve children aged 4-6. Meanwhile only 13 per cent of inclusive schools have teachers trained on inclusive education, and out of a total of more than 3.3 million<sup>15</sup> teachers in Indonesia, so far a total of 8,603 are trained in inclusive education as of 2022, the greater proportion of whom are from public schools (70 percent).<sup>16</sup>

**While early childhood education is acknowledged to be a key stage in human development, in Indonesia it is not included in mandatory education and thus receives significantly fewer resources.** According to the World Bank (2020), the Directorate of ECED received only 4.5 percent of the MoECRT budget, or about IDR 1.8 trillion, despite the proven benefits of investment in ECE and limited access to ECE among children from disadvantaged backgrounds in Indonesia.<sup>17</sup> Thus, there is considerable room for increasing funding to

the subsector at a national level, and there is also the potential for local governments to assign higher priority to ECE as it lies within their remit, and local budgets are available for ECE services.

**Based on MoECRT data, Indonesia has a total of 205,613 Early Childhood Education and Development (ECED) centers under MoECRT, of which 96,958 are preschools for children aged four to six, most of which are privately run.**<sup>18</sup> Indonesia's ECED services under MoECRT consist of a formal system including preschools (Taman Kanak-Kanak or TK) serving children aged four to six in a classroom, formal setting, (referred to here as preschools and the focus of this study), and a nonformal system including playgroup (Kelompok Bermain or KB), day care centers (Tempat Penitipan Anak or TPA) and similar Early Childhood units (Satuan PAUD Sejenis or SPS) serving children from birth to age six.<sup>19</sup> While the Ministry of Religious Affairs (MoRA) oversees significant numbers of mainly private preschools, data on these is in the process of collection. Preschools are administered by city/district governments in the decentralized education system in Indonesia, while the central government is responsible for an overall supervision. The overwhelming majority of preschools are private institutions, and 95 percent are private.<sup>20</sup> This large percentage of private institutions imposes a challenge for the central government to ensure equitable access to ECE.<sup>21</sup>

<sup>13</sup> Anggia & Harun (2019)

<sup>14</sup> DAPODIK, Ministry of Education, Culture, Research and Technology (MoECRT), (2021)

<sup>15</sup> <https://dapo.kemdikbud.go.id/guru>

<sup>16</sup> SSET (2022). Availability Of Special Supervisor Teachers (GPK) in Education Units Organizing Inclusive Education (SPPI)

<sup>17</sup> Indonesia Public Expenditure Review: Spending for Better Results, World Bank, 2020. <https://openknowledge.worldbank.org/handle/10986/33954>

<sup>18</sup> DAPODIK, Ministry of Education, Culture, Research and Technology (MoECRT) (2023), downloaded January 2023

<sup>19</sup> In this study, the term preschool is used to refer to the formal education system under MoECRT targeting children aged four to six. In line with MoECRT, the term ECE includes various programs in formal and nonformal systems under MoECRT targeting children aged 0-6, known as Pendidikan Anak Usia Dini or PAUD. In Indonesia, while the majority of ECED services are provided by the MoECRT, other institutions also provide formal and nonformal early childhood e services including the Ministry of Religious Affairs (MoRA), Ministry of Home Affairs (MoHA) and the National Population and Family Planning Board (Badan Kependudukan dan Keluarga Berencana Nasional or BKKBN). Data on

<sup>20</sup> Dapodik 2022.

<sup>21</sup> Iskandar, 2020.

## 2 Regulatory frameworks related to inclusive preschool education in Indonesia

### **Inclusive preschools for children with disabilities are doubly overlooked in Indonesia's regulatory framework.**

From the aspect of inclusive education, early childhood education is not highlighted, and from the aspect of early childhood development, inclusion is not a key focus. Preschool is referenced in adequate accommodation regulations, and more is now being done to link it to Disability Service Units as they are gradually established throughout the country, and the Ministry of Religious Affairs includes preschool in its scope for inclusive religious schools at all levels, however, frequently inclusive preschool education unfortunately slips into gaps between policies.

**While Indonesia has a clear framework for inclusive education (IE), this covers mandatory education from age seven, not early childhood.** In a previous study, the World Bank found that the Government of Indonesia (GoI) through the Ministry of Education, Culture, Research and Technology (MoECRT), has set a clear legal framework for Inclusive Education. MoECRT Regulation No. 70/2009 regulates implementation of IE, including definitions of IE, objectives, types of children with disabilities, and the role of central and local governments. Implementation remains a challenge, with many requirements unmet and/or unmonitored. For example, districts are expected to establish at least one inclusive school per sub-district and one teacher along with necessary equipment and tools to accommodate children with disabilities, and while this is starting to become a reality in the better-resourced and more populous districts in Java, other islands are some way behind. The regulations do not cover preschools as they are not part of mandatory education.

**Meanwhile early childhood development is covered under several other government regulations, however inclusion is not a key focus.** Central government is responsible for standard setting in the education sector, and under the Ministry Decree 137/2014 on education standards for preschools, there is no specific reference to standards for inclusive schools. The decree focuses on standards for achievement, content, process, assessment, teaching, facilities and infrastructure, management and financing. At provincial and district

level where the responsibility for education service delivery lies, oversight of preschools is decentralized to districts, with no specific references to inclusion.<sup>22</sup> Presidential Regulation No. 60/2013, on Holistic and Integrated Early Childhood Development focuses on addressing the needs of children up to the age of six in the areas of health and nutrition, stimulation education, moral-emotional development, with an emphasis on access, equity and sustainability of services. It does not however refer to inclusive education specifically and does not define stimulation education. Further, current national strategic plans (2020-24) for expansion of preschool education do not make reference to inclusive education.<sup>23</sup>

### **Teacher training on inclusive education at preschool level under MoECRT is provided by the Directorate of Secondary and Special Education Teachers (SSET).**

The blended online and in-person training course offered<sup>24</sup> includes how to recognize the characteristics of children with disabilities among a broader curriculum, following theory with practical observed activities. 768 teachers have completed an additional optional module on identification of special needs at a preschool level. The curriculum includes the application of the concept of early childhood education, early childhood growth and development, how to recognize the characteristics of children with disabilities, applying early childhood learning methods, developing lesson plans, conducting early childhood development assessments, health and nutrition maintenance for early childhood, ethics and character for teachers and education staff, and communication with parents. However, existing training is largely one-off and the effectiveness is unknown. In addition to MoECRT training, Education Offices in districts and other organizations may offer teacher training for inclusive preschool, including universities, local or international NGOs, and other initiatives such as through MoECRT's digital platform, namely Teacher Sharing (Guru Berbagi). However, the number of preschool teachers who have been trained by them is unknown at this point.

**Under Indonesia's decentralized system, preschool service delivery is the responsibility of districts, and the role of the central Ministry is to set standards and**

<sup>22</sup> Law No. 23, 2014 on Local Government.

<sup>23</sup> Strategic Plan of the Directorate General of Early Childhood, Primary and Secondary Education, 2020-2024, Ministry of Education, Research, Culture and Technology (MoECRT) (2022) [https://paudpedia.kemdikbud.go.id/uploads/pdfs/TINY\\_20220804\\_181944.pdf](https://paudpedia.kemdikbud.go.id/uploads/pdfs/TINY_20220804_181944.pdf)

<sup>24</sup> Program Guru Belajar Multi Seri I seri PAUD Diklat Berjenjang Dasar (kemdikbud.go.id)

**oversee quality.** Since preschool is not part of mandatory education, districts do not have specific obligations for it. At preschool level, districts and sub-districts are also responsible for early childhood healthcare, through the Ministry of Health's community health centers. Meanwhile Presidential Regulation No. 60/2013 concerning Holistic-Integrative Early Childhood Development aims to meet the diverse and interrelated essential needs of children simultaneously, systematically, and in an integrated

and localized way through sub-district Community Health Clinics (Puskesmas). Medical officers carry out periodic health checks, including dental check-ups, head circumference measurements, immunizations, provide vitamins and conduct routine children's health checks. While there are doctors and nurses available in Puskesmas, child development specialists and psychologists would not tend to be available, particularly in rural or remote areas.

### 3 Purpose of the study and methodology

**Following recent studies on inclusion in mandatory education,<sup>25</sup> this study aims to fill gaps in knowledge regarding the current practices, barriers and enablers in inclusive education at preschool level in Indonesia.** This study focuses on kindergartens under MoECRT and aims to answer the following research questions: 1) What are the current practice and challenges in early identification, assessment and intervention for children with disabilities in ECE in Indonesia? 2) What are feasible and practical ways to address the current challenges and promote good practices?

**Given the lack of data and information on practices and policy implementation related to inclusive preschool education in Indonesia, this study uses focus group discussions with key stakeholders to learn more about the issues.** This study comprehensively covers stakeholders representing the supply side (central and local governments, school principals, teachers, school committees), the demand side (parents of children with disabilities) and various community actors supporting the implementation of inclusive education at an ECE level (teacher associations, local NGOs, organizations of persons with disabilities, academia).

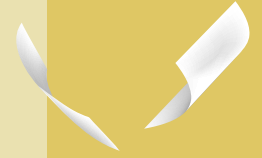
**Focus group discussions took place with inclusive preschool stakeholders in 2022.** Four focus group discussions (FGDs) were conducted online in September 2022 including school-level actors (teachers, school principals, school committees), parents of children aged four to six with and without disabilities, local communities working with people and children with disabilities, and representatives of local and national government officers from relevant ministries including the MoECRT, MoRA, Ministry of Social Affairs (MoSA), Ministry of Health (MoH), Ministry of Women's Empowerment and

Child Protection (MoWECP), National Commission for Disabilities. The FGDs were used to gain an in-depth understanding of issues related to inclusive preschool education in Indonesia, to encourage groups to voice their opinions, and to explore collective views. Participants were purposefully selected from a chosen sector, to discuss current practices, challenges and areas of improvement related to inclusive education for young children with disabilities in Indonesia. Each FGD included approximately 15-20 participants. FGD data were analyzed employing thematic analysis. Focus group data were triangulated with other qualitative and quantitative sources including pre-questions to teachers and field visits. As for school participants, 30 participants from ten preschools were selected including eastern, central and western Indonesian locations at the request of the Directorate of ECED in MoECRT to reach preschools beyond Java islands to understand the key issues. A combination of well-performing, sufficient and struggling kindergartens was included, both private and public, to gain a fuller picture of the situation in Indonesian inclusive preschool education. Targeted cities/districts consisted of wide-ranging geographical areas including Aceh, West Java, DKI Jakarta, East Java, Bali, East Kalimantan, North Sulawesi, Southeast Sulawesi, and West Papua. This study included discussions on current practices and challenges related to young children with various types of disabilities including children with autistic spectrum disorder (ASD), attention deficit and hyperactivity disorder (ADHD), speech delay and visual impairment. As a limitation of the analysis of FGD data, teachers and parents of children with disabilities did not mention specific experiences related to children with physical disabilities and thus the key challenges faced by these children may be missed in the analysis.

<sup>25</sup> Hata, Anna, Joko Yuwono, Ruwiyati Purwana, and Shinsaku Nomura. (2021) "Embracing Diversity and Inclusion in Indonesian Schools: Challenges and Policy Options for the Future of Inclusive Education". <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/535361634052935364/embracing-diversity-and-inclusion-in-indonesian-schools-challenges-and-policyoptions-for-the-future-of-inclusive-education>

## 2

## Key Findings



## 1 Access and quality of inclusive preschools

### 1.1 Access and quality of inclusive preschools

#### 1.1.1 Availability of inclusive preschools, trained teachers and learning resources

**Many provinces still lack any kind of ECE center and the supply of inclusive preschools remains insufficient.** Of 96,958 preschools, only 149 are inclusive accounting for 0.15 percent of all preschools, and only 18 inclusive preschools are public and the remaining 131 are private.<sup>26</sup> It is estimated that there are 2,633 children with disabilities enrolled in preschools, including 335 in public and 2,298 in private preschools.<sup>27</sup> Children with disabilities account for only about 0.07 percent of all children enrolled in preschools under MoECRT.<sup>28</sup>

**Inclusive preschools are limiting their intakes of children with disabilities.** In addition to the shortage of inclusive preschools, available inclusive preschools tend to set a quota system to limit the number of children with disabilities who can enrol, sometimes to only one or two per preschool, making their enrolment further difficult and inequitable. As a result, parents of children with disabilities often face difficulties and even if they find an inclusive preschool they sometimes find there is a long waiting list, as reported in this study. The limits to access to education due to small quotas for children with disabilities by preschools is also highlighted as a key issue among parents of children with disabilities. Parents stressed the need to increase or cancel quota systems as a first step to improve inclusive education for young children with disabilities.<sup>29</sup>

I want to ask, what is an inclusive school? Inclusion in any school, maybe not in private school but in public school, should be supported by the Government. How about the implementation of inclusive schooling? We can tell that it cannot be like, from Monday to Friday all these children with disabilities catch up with their peers. So, what do you mean by inclusive? Is it like we make certain inclusive programs in preschools, which have quotas, for example, ten, and preschools can accept three out of ten, so they can use some certain time, dedicated time for these three children to be treated based on their needs? Can preschools provide teaching assistants? Inclusive school has become misunderstood. Psychologists are private, therapists are private, and preschools also provide teaching assistants who are also private.

- A father of a girl with autism, Bandung, West Java

<sup>26</sup> DAPODIK, MoECRT 2022

In this report, the term inclusive preschools is used to refer to preschools that accommodate children with disabilities based on Dapodik data. However, the Dapodik data relies on an estimation of the number of children with disabilities which is self-reported by the ECE centers. Since there is no verification system for the reported data, more accurate data on the number of preschools that accommodate and provide appropriate environments for children with disabilities is needed.

<sup>27</sup> DAPODIK, MoECRT 2022

<sup>28</sup> DAPODIK, MoECRT 2022

<sup>29</sup> In Indonesia, the MoECRT Regulation No. 1/2021 concerning Admission of new students in preschool, primary school, secondary school and vocational schools articulates pathways for new student admission system, including an affirmation pathway for children with disabilities. Local governments are expected to develop technical instructions for accepting students with disabilities following the regulation. The quota for the number of children with disabilities often depends on local government/schools. According to the findings of this report, preschools tend to set small quotas for children with disabilities because of the expectation that teachers would have difficulties if there were no limit, due to the lack of their capacities and resources.

**There are limited numbers of preschool teachers trained in inclusive education.** Teacher training on IE provided by the Directorate of SSET has been taken by only 738 ECE teachers, which accounts for about 0.15 percent of all preschool teachers.<sup>30</sup> Moreover, MoECRT Regulation No. 70/2009 concerning Inclusive Education for Students with Disabilities and Potential Intelligence and/or Special Talents specifies the requirement for one GPK (teacher trained in inclusive education) per school, but this standard does not always meet the actual needs of some inclusive schools who receive many children with disabilities. The FGDs verified that the lack of trained teachers to implement inclusive education remains a key challenge across regions. While some city/districts have established Disability Service Units (DSU) to support the implementation of inclusive education at all levels including preschools, the expectation that schools can accept all children with disabilities cannot be met when trained teachers are lacking at school level. A public inclusive preschool in Samarinda, East Kalimantan is one of many schools that does not have enough trained teachers, and as a consequence, the school limits the number and type of children with disabilities who can enrol. Currently the school has one to two children with ASD, and the principal expressed that it is impossible for the school

to accept more. The quota system, caused by the lack of teachers and their capacity, resulted in denial of enrolment of children with other types of disabilities such as a child with a visual impairment who wanted to enrol in the school. Thus, the limited number of trained teachers in preschools is becoming one cause of rejection of children with disabilities at enrolment, by preschools that are listed as inclusive.

**Preschools do not tend to have adequate infrastructure, facilities or resources to provide adequate accommodation to children with disabilities.**

Lack of equipment and learning materials for children with disabilities is another common issue among inclusive preschools. During the FGD, teachers and school principals described the lack of equipment, especially learning media for children with disabilities, as one of key challenges in both urban and rural areas. In West Papua, a teacher reported that they have received no training nor financial support for learning materials for children with disabilities from the local government, while they have children with disabilities in the classroom. As a result, teachers make learning media for children, by recycling garbage or whatever they have at hand to make flash cards and others.

## 1.1.2 Quality standards of inclusive preschools

**The current ECE strategic plan only sees disability as a component of quality, and monitoring is limited, preventing detailed investigation across a wide range of inclusive ECE for children with disabilities.** While the ECE 2020-24 strategic plan of the MoECRT Directorate of ECED<sup>31</sup> refers to Sustainable Development Goal 4 and the need to 'ensure inclusive and equitable quality education and promote lifelong learning opportunities for all', the document does not go into specific detail regarding inclusive ECE, nor does it set targets for expansion of inclusive ECE. Rather, it focuses on increasing quality, access and resources generally. The plan refers to an inclusion index that aims to score schools based on levels of tolerance, commitment to nation building and multiculturalism, and understanding, awareness and behavior towards children with disabilities/ special needs. According to Government Regulation No. 57/2021 which has been amended by Government Regulation No. 4/2022 concerning National Education Standards, this is to be overseen by MoECRT representatives from the Educational Standards,

Curriculum and Assessment Organization through annual monitoring and evaluation activities. However, what is measured in the monitoring of preschool education for children with disabilities is unclear.

**Quality standards for preschools in Indonesia do not specifically include children with disabilities.** While the Government of Indonesia has established the Minimum Service Standards (MSS) in 2005 to ensure one year of quality preschool education for children aged 5-6, and updated it in 2018, it has not covered inclusive education for children with disabilities. As for the curriculum, MoECRT developed a national ECE curriculum in 2013 aiming at the holistic development of all children to prepare for primary school, but no specific reference for children with disabilities was included. The ECE curriculum sets a framework for early learning and development and the MSS address the needed standards to achieve learning and development, including contents emphasizing child-centered and play-based learning, and the process entailing the regular

<sup>30</sup> DAPODIK, MoECRT 2022

<sup>31</sup> Rencana Strategis Direktorat Pendidikan Anak Usia Dini 2020-2024, [https://paudpedia.kemdikbud.go.id/uploads/pdfs/TINY\\_20220804\\_181944.pdf](https://paudpedia.kemdikbud.go.id/uploads/pdfs/TINY_20220804_181944.pdf)

**Inclusive school could be wrongly conceptualized. The inclusion mentioned in school might be misunderstood. If a school cannot accept children with disabilities, make it clear from the very beginning. Don't accept and declare the school is inclusive because the process is not like that.**

- A father of a girl with autism,  
Bandung, West Java

use of lesson plans to plan, implement and evaluate learning experiences.<sup>32</sup> However, this study revealed that capacity to apply the curriculum and MSS for children with disabilities is largely unknown among teachers even if they are trained in IE.

**While an accreditation system serves as a quality assurance mechanism for preschools in Indonesia,<sup>33</sup> there is no specific reference to children with disabilities in the existing accreditation system.** The National Accreditation Agency for ECE, known as Badan Akreditasi Nasional-Pendidikan Anak Usia Dini (BAN-PAUD), was established in 2006, as the government entity to develop educational standards. In 2008, the Gol launched the accreditation system to monitor the quality of ECED services at the central level and to support quality improvement by local governments and ECED institutions. However, the accreditation process does not include a focus on quality issues related to children with disabilities. Thus, in addition to quality standards, accreditation system for inclusive ECE for children with disabilities remains unclear at a national level.

**The lack of quality standards, accreditation system and proper monitoring of inclusive preschools for**

**children with disabilities is one of key causes of ad hoc implementation of inclusive education.** In practice, this study revealed that some local governments assign 'inclusive preschools' in a top-down approach with limited quality assurance and government support to accommodate children with disabilities, by issuing a list of preschools mandated to accept children with disabilities merely for local governments to declare that they have reached their targets. As a result, the quality of inclusive preschools varies widely across and within districts. It is not uncommon for inclusive preschools to have no teachers trained on inclusive education by the government, no or limited budget to hire psychologists and qualified teachers, and to find that children with disabilities are rejected or segregated from children without disabilities within preschools. In this context, it is understandable that parents of children with disabilities criticize current inclusive preschools for rejecting enrolment, discouraging interactions among children with and without disabilities within preschools, and for putting the financial burden on parents to secure teacher assistants and psychologists for their children to learn in the preschool. Thus, quality standards and accreditation systems need to include specific consideration for children with disabilities.

## 1.2 Demand side challenges

**Since resources for inclusive preschools are severely limited, the onus is on parents to cover the cost of assessments, therapy, other needs and educational support.** The FGDs with parents of children with disabilities revealed the high out-of-pocket costs for parents for consultation and diagnosis from doctors, psychologists and other professionals for their children with disabilities as well as teaching assistants. One parent moved to another province in search of better support for their child with a disability when he learned that West Java is prioritizing inclusive education. This indicates the situation might be even harder for parents

of children with disabilities from low social economic status and/or remote areas who tend to have less access to economic resources for additional or better-quality medical support and consultations for their children, and where these services are not available, travel may be required for families in remote areas.

**Parents in the FGDs frequently noted how their children faced challenges including bullying, labelling and exclusion, casting doubt on the quality of services for young children with disabilities.** The most common issue shared by parents of children with disabilities

<sup>32</sup> World Bank (2022) "Pilot Program Evaluation of Online Disability Identification and Continuous Learning Support Program for Children with Disabilities in Rural Indonesia."

<sup>33</sup> World Bank (forthcoming)

was their experience of exclusion from education. This included rejection at enrolment, limited per school quotas for children with disabilities, and segregation and bullying within preschools. 30 percent of parents of children with disabilities participating the FGD reported that their children with disabilities had been rejected by preschools, which regard these children as 'disturbing others', inhibiting their access to education from early years. Negative attitudes of teachers were often reported by parents of children with ASD, while a child with visual impairment experienced bullying by their peers in a preschool and needed to move to another preschool. The prevalence of these issues highlighted the need for a paradigm shift for inclusive education from focusing attention on mere access to school into what is happening within school, and how to make schools truly inclusive for children with disabilities.

**The FGDs revealed that parents of children with disabilities and parents of children without disabilities tend to lack understanding of how to support children with disabilities.** While some parents of children with

disabilities are self-motivated to learn, this may not always be the case. In fact, parents' denial of their own children with disabilities is reported. A caregiver who is taking care of a child with a speech delay expressed the need for communication with teachers to learn the best ways to explain and help other parents to accept their condition. This case indicates the need of education and support to not only for parents but also caregivers of children with disabilities, especially in a sociocultural environment where extended families also take care of young children. Moreover, education for disability inclusion should not be limited to parents of children with disabilities but all parents. It was widely acknowledged among participants that there are many parents who are not aware of their child's condition when they join preschool and some parents only realize their children's special needs once their children enter primary school and find that the child struggles. Thus, inclusive preschools can provide an important space for families of children with and without disabilities to interact, co-learn and work to create more equitable environment for all children.

*A father questioned the value of making his daughter fit in to the education system that tends to emphasize specific academic aspects or finding where she belongs and can fulfil her ambitions.*

**“I am looking for answers. What can she do in life? Will she be independent? I hope to find a way forward for her so she can sustain herself, look after herself, adjust to others, and not be hampered by her disabilities. I want her to fulfil her ambitions, this is what we want to help her do. Can she take a non-academic track, be an athlete, follow her special interests? Have a useful life? Build her self-esteem?”**

- A father of a girl with autism,  
Bandung, West Java



## 2 Teacher quality

### 2.1 Issues

#### Early identification

**It is acknowledged that preschool teachers generally do not have the skills and knowledge to identify or support children with disabilities, and lack of teacher training also affects the identification of children with disabilities.** A teacher in North Sulawesi has children with disabilities in her classroom but has received no teacher training to support them. She reported that teachers have problem in finding any kind of literature that guide teachers to learn how to identify, interact with and support learning for children with different types of disabilities such as speech delay and ADHD. As a result, teachers had to find a way on their own. Some teachers in rural areas to learn how to identify children with disabilities via YouTube, especially since the pandemic, which affected the increased use of social media. As identification of children with disabilities requires professional knowledge and skills, it is clearly risky to leave teachers reliant on the internet only where teachers need to filter the information and may not always know the data source or its reliability and relevance.

**We get support from a psychologist to offer parenting classes and teacher sharing sessions. Some parents only realize their children have disabilities when they start school. While teachers may have a sense of this, they are not qualified to diagnose. They can find appropriate learning materials when they understand what is needed.**

- a school principal,  
Manado, North Sulawesi

#### Assessment

**In addition to the lack of teacher training and proper resources, lack of school budget affects multi-disciplinary assessments as it discourages both public and private preschools from collaborating with health professionals.** Assessments of types of disability requires specialist inputs. The majority of preschools in Indonesia are private with a wide range of qualities and budgets, and the lack of budget for private preschools in rural areas inhibits what should be a multi-disciplinary identification process. For example, a private inclusive preschool in West Papua told how a psychologist was supposed to do early screening and assessment for children, but the school staff hesitated to use the service because they had to pay. Financial support is crucial for preschools with limited resources, and the financial struggles among inclusive schools in rural areas in particular should be acknowledged.<sup>34</sup>

**We need ideas about what works for children with disabilities, what can help with sensory issues and what is safe.**

- a school principal,  
Manado, North Sulawesi

<sup>34</sup> While the MoECRT provides training on identification of children with disabilities to targeted teachers, in practice, it is not uncommon that various instruments are used. Sometimes the quality and relevance of instruments is variable. The process of early identification and assessment often depends on the local governments/schools. Further discussions on issues with assessment of children with disabilities in inclusive schools in Indonesia can be found in Hata, A., Yuwono, J., Purwana, R., Nomura, S. (2021) "Embracing Diversity and Inclusion in Indonesian Schools: Challenges and Policy Options for the Future of Inclusive Education". <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/535361634052935364/embracing-diversity-and-inclusion-in-indonesian-schools-challenges-and-policy-options-for-the-future-of-inclusive-education>



## Early intervention

**Teachers need support to be able to provide differentiated teaching for children with disabilities so that they can fulfil their potential.** Lack of proper training and mechanisms for teachers to learn how to teach children with disabilities in the classroom is a common issue especially in rural areas. The lack of training on how to interact with children with different types of disabilities, and how to create and use learning media based on their needs, and evaluation of training were common obstacles that schools face in different city/districts including Samarinda in East Kalimantan, Manado in North Sulawesi and Fakfak in West Papua. An educator from an inclusive preschool emphasized this, saying clearly; “We don’t really understand what kind of equipment to use for the children”. Thus, similar to the identification issue, the lack of training and mechanism to support learning of children with different needs in rural areas may be putting a lot of responsibilities on teachers who struggle but have to find a way to support children with disabilities in daily practices in the classroom.

*A mother also emphasized the need of starting with a view to see that difference is not lacking.*

**What we need is to build the self-esteem of children with disabilities. They are not less than others. I believe once their self-esteem is built, they can feel as good as the others.**

*- A mother of a girl with visual impairment, Garut, West Java.*

**Teachers often lack systems and tools to monitor the progress of children with disabilities, and classrooms are hardly adapted for children with disabilities to accommodate individual needs and encourage interaction with peers.** The FGDs revealed that more than half of teachers participating in this study did not have systems or tools to monitor the progress of children with disabilities. Moreover, nearly seventy percent of teacher participants reported that their classrooms were not adapted for children with disabilities to accommodate individual needs

and encourage interaction with peers. Thus, quality standards for ECE services as set by the MSS are not adequately adapted or implemented for children with disabilities.

**Parents criticized current inclusive preschools that often do not promise inclusion in the process of learning at this key stage of their children’s lives and socialization.** The perception was often that when teachers have negative attitudes toward interaction between children with and without disabilities, this can result in segregation of children with disabilities within preschools. Parents of children with disabilities often regard preschools as a key place for social interaction that is essential for building their children’s self-esteem and friendships, and many referred to it as their prime interest for their children, valued above academic prowess. The parents want their children to build their skills in various aspects which are all considered important for school transition and social inclusion. Parents’ confusion occurred partly due to the lack of consideration of what parents value with regard to their children’s education that often emphasizes the need for social interaction, above and beyond the need for them to learn how to read, write and count.

**A triangular approach that assures parental involvement in the assessment of their children’s changing needs is essential, but teachers often lack skills to build partnerships with the families of children with disabilities.** The triangular approach is often characterized by continued collaboration between parents, schools and health professionals, to ensure that they inform each other regarding types of learning activities, therapies, goals, school transitions and expanding options of their children’s life path. Parents of children with disabilities emphasized their need to talk with both schools and health professionals, sometimes becoming a bridge between the two. However, one third of teachers participating in this study had no procedures in place to communicate regularly with families about daily issues, family issues, priorities, resources and needs of the child. In preschools, parental involvement matters to promote children’s learning and development more than primary and secondary education, and their role matters more for children with disabilities so that they can ensure that every support is aligned. The current gap between parents’ expectation and the lack of teachers’ skills to promote teacher-family partnerships can affect children’s learning experience and outcomes, and family involvement therefore needs to be considered as part of the inclusive preschool environment.

What we expect from sending our children to school is that they will have a social life. But the suggestion from the psychiatrist is home schooling. So, what are the best options? It is confusing.

- A father of a child with autism,  
Bandung, West Java

Parents emphasized that the **process of inclusion makes preschools inclusive, rather than just physically accepting children with disabilities and declaring that the school is inclusive.** Inclusion is a process that needs to be better defined and understood. Segregation and privatization of inclusive education system within preschools, which requires parents to pay for psychologists, therapists and teaching assistants, is perceived by the parents in the discussion as a huge burden, and a result of misunderstanding of the

## 2.2 Teacher training

**Although the SSET Directorate has made great efforts to provide training for inclusive teachers, only a small number of teachers have been able to avail of it, and more consistent, local level, frequent training is needed to build a cadre of teachers to promote inclusive education.** While training from the central government is key for teachers supporting children with disabilities in preschools, its effectiveness in improving teachers' practice may be limited if the mode of delivery by the central government is dominated by current one-time mass teacher training. This is because the key issue faced by trained teachers is that they still often do not know how to teach children with disabilities in their schools and have almost no one to ask questions and help them once the training is over and they are finding they need to respond to real life, diverse needs. The FGDs verified that the majority of teachers from inclusive preschools received training on inclusive education only once in the past. Multiple local NGOs who have expertise in supporting children with disabilities in Indonesia and provide teacher training at a local level emphasized that preschool teacher knowledge and skills are insufficient, and current one-off training by the government is not equipping teachers with adequate understanding on how to provide learning support for children with disabilities, making teachers feel overwhelmed. NGOs and Himpaudi (ECD teacher associations) stressed that the core issue is not necessarily teachers rejecting the concept of inclusive education, but rather the lack of teachers across the country with fundamental skills to teach children with disabilities. Thus, teachers, local

concept and purpose of inclusion, to the extent that they question the role of the Government in supporting inclusive schools.

**On the other hand, preschools are often regarded as inclusive by parents when they ensure the importance of creating spaces and times for social interactions, providing children with disabilities a choice of suitable environments and opportunities adjusted to their needs.** Parents of children with disabilities also appreciated preschools as being inclusive when their children are treated equally. These parents' insights from their experiences clearly indicate their perspectives on what is inclusive preschool and what is not, and their experiences reveal hidden issues such as how implementation often puts parents of children with disabilities into a more financially constrained situation and makes it harder for them to improve the process of learning and socializing that matters for their children's education and life prospects.

NGOs and Himpaudi highlighted the need of continued teacher training to address practical challenges at school level.

**Official teacher training for children with disabilities is limited especially in rural areas.** Government Regulation No.13/2020 on Adequate Accommodation for Students with Disabilities, Articles 23 and 33 emphasizes the obligation for districts to support the implementation of inclusive education in formal education at all levels including preschool, and promotion of staff quality is included. However, teachers, principals, local NGOs and Himpaudi stressed during the FGDs that local governments do not always have a full understanding of inclusive education and capacity to provide teacher training on inclusive preschool education. Participants from private inclusive preschools in North Sulawesi and West Papua reported they had received no teacher training from local government to support children with disabilities. The lack of proper training for teachers has negatively affected identification of children with disabilities, provision of learning materials and pedagogy in the classroom, making it difficult for some school education staff to trust their local governments' commitment to implementing inclusive education. While some local governments have training on inclusive ECE, participants found these existing training insufficient to maximize teacher capacity. Hence, regulatory obligation of local government to provide teacher training on inclusive education is not adequately enacted in preschools.

## 2.3 Guidelines to implement inclusive ECE

**The government's guidelines on inclusive preschool education may not be recognized nor used at a school level, and school staff have a strong need for practical guidelines to support children with disabilities in classrooms.** The Directorate of ECE published six guidelines for Standard Operating Procedures in 2018 and four teacher material sources in 2021, all of which are available on Directorate of ECE's website.<sup>35</sup> However, the effectiveness and actual use of these guidelines may be quite limited, because teachers and school principals in inclusive preschools may not know about their existence and often face the lack of useful resources to teach children with disabilities as a key barrier in practice.

**The FGDs verified the fact that teachers often have problem in finding any kind of literature that guide teachers to learn how to identify, interact with and support learning for children with different types of disabilities.** As a result, teachers had to find a way on their own, often relying on social media. There was agreement among school actors from urban and rural areas on the strong need for official resources from the central and local government, showing how to support children with disabilities in practice, including how to identify their needs, which learning resources are suitable for which type and severity of disability as well as to support what kind of skills of children. Given the increasing use of social media such as YouTube and concerns among school actors about the quality, legitimacy and reliability of information coming from it, participants requested the government to create an official resource or catalog to support the implementation of inclusive education at a school level. The strong sense of the lack of useful guidelines among school staff may be attributed to the gaps between the government's guides that tend to offer general information and the needs of teachers and principals who require more practical information.

### *A principle mentioned:*

For what we can get from YouTube or Google, sometimes we have to know the source and the correct one, so we need to filter the information. So, if the video comes from the Directorate, or the government or the World Bank, it could be our main guide. This is the right one, this is set. The media is to be designed for disabilities at different levels. That's what we need. So even though the teacher does not have background in special education, they can access it, they can learn from the video, the right lesson from the video. This is needed because our teachers here are very passionate about supporting children with disabilities, but they don't know where to go, they don't know which way to go.

We need a catalog for media for children with disabilities. The issue with Google and YouTube is that we need the information to be filtered so it is relevant for our needs and available here.

- Principal, preschool in North Sulawesi province



<sup>35</sup> Ministry of Education, Culture, Research and Technology (MoECRT) (2023b), <https://paudpedia.kemdikbud.go.id/>

## 3 Governance

### 3.1 Coordination

**Intersectoral coordination for inclusive preschools is lacking at national and local levels due to the lack of legal requirement and guidelines for financing mechanisms to establish Disability Service Units (DSU), despite the nature of inclusive education and ECE, both of which require rigorous cross-sectoral approaches to policy agenda settings and interventions.** At the national level, intersectoral coordination is at the discretion of each Ministry and is likely to only occur when specifically requested. There is no legal requirement for regular meetings or exchange of information between the Ministries of Health, Education Culture Research and Technology, Religious Affairs, Social Affairs and Women's Empowerment and Child Protection. At provincial and district levels,

provinces and districts are now required to establish DSUs to support the inclusion and accommodation of all children with disabilities in education at all levels. The relatively new Government Regulation No. 13/2020 does not yet have derivative regulations regarding the provision of DSU, so at this stage only a very limited number of districts/cities have DSU, and the number is estimated to be only 25 DSUs as of January 2023.<sup>36</sup> Several regencies and cities have already moved to develop them however, including Solo City, Salatiga City, Padang City, and Yogyakarta City using local government funds. Thus, there is a need for a regulation that clearly prescribes guidelines for establishment and financing mechanisms of DSU, including at preschool level.

*Teachers in a private school in West Papua have experienced the lack of support from local governments to implement inclusive education and said;*

□□ For special training to handle children with disabilities, no, teachers have not received any kind of training like that, because in fact, the local government's education office does not fully understand what the word inclusion means. □□

### 3.2 Budget

**MoECRT provides Educational Operational Assistance (BOP) per capita grants to registered public and private schools at all levels across the country, but it is insufficient for inclusive preschools that need further financial budgets to provide adequate support children with disabilities.** Under annually updated regulations, the funds (known as BOP PAUD) are transferred directly to schools including preschools through the state budget by the Ministry of Finance from the Directorate of ECED. BOP PAUD funds can be used for accepting new students; for resources for libraries/reading corners; resources for activities including learning, play, assessment, health, nutrition and hygiene, administration, staff development, utilities

and maintenance, and to cover honoraria. For 2022, BOP PAUD is minimum IDR 600,000 per year, per child in preschools registered with MoECRT, and additional grant for children with disabilities, BOP PAUD-ABK (IDR 2 million) per year, per child is provided if the preschools apply for the grant.<sup>37</sup> Inclusive preschools do not receive specific allocations through BOP PAUD as it applies a per capita approach. However, the grants are perceived as being insufficient by principals of inclusive preschools, especially when it comes to hiring psychologists and child development specialists to identify and support children with disabilities, or providing additional teaching assistants.

<sup>36</sup> MoECRT, 2023

<sup>37</sup> MoECRT Regulation No. 2/2022.

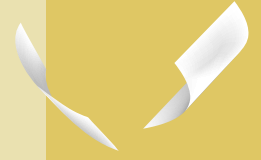
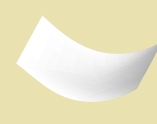
**Funding specialist advice is out of reach for most preschools.** The FGDs revealed that principals of inclusive preschools often have to find psychologists by themselves because psychologists and child development specialists would not tend to be available in Puskesmas (sub-district Community Health Clinics) in rural or remote areas. However, due to the limited funds from BOP, it is hard to identify, attract and retain psychologists on low pay. As a result, some inclusive preschools, including private ones, feel hesitant to pay and use the service by psychologists and no longer work with them even if preschools understand the need of psychologists to conduct early screening and identification of disability. One principal managed to connect to Grahita (Indonesian organization of psychologists), which is a private organization, for child assessments and developed a Memorandum of Understanding with them. However, principals emphasize the need for professional and legal assistance especially for identification of disabilities. Principals of inclusive preschools struggle to find cost-effective solutions and request a clear explanation of the issues from the central government. Thus, the current health and education coordination in inclusive preschools often relies on the will and personal connection of principals of inclusive preschools, rather than on governmental support. This is because the current BOP PAUD is insufficient for inclusive preschools to retain psychologists, in addition to the lack of government initiatives to facilitate coordination

between inclusive preschools and health organizations. The lack of financial and coordination support can discourage inclusive preschools especially in rural areas from collaborating with health professionals, resulting in widening the existing gaps in access to quality preschool education by disability and geographical regions.

**While BOP PAUD for children with disabilities is limited, resources spent for preschool education remains low, and additional financial support from district governments is lacking.** While district governments can add resources at their discretion, and data on this is not currently available. FGDs revealed that inclusive preschools struggle with the lack of support for children with disabilities from local government, but it may not be easy for them to negotiate directly. Educators expressed frustration during the FGDs and requested stronger commitment from local governments for inclusive education. It is as perceived challenging for inclusive schools to directly communicate and negotiate with the local government when the school is unsatisfied with the current lack of support for children with disabilities. Thus, the central government's leadership to hold district/city governments responsible for providing financial and technical support for inclusive preschools is indispensable, and local governments have it in their power to increase spending on and monitoring of inclusive ECE.



## 3



## Conclusions and Recommendations

### 3.1 Conclusions

**Inclusion in preschools needs to mean more than just access to the school building.** While the Directorate of ECED has made efforts to promote equitable access to education for children with disabilities, the analysis shows inclusive ECE in Indonesia is still largely in a phase of simply opening preschools to children with disabilities, while the process of inclusion has not been well focused. The variable quality of inclusive preschools and the lack of teacher quality and skills results in the exclusion of children with disabilities to and within preschools and discourages parents of children with disabilities to send their children to preschool. It is key to revisit what and how to develop inclusive preschools where children with disabilities can build their self-esteem, teachers feel confident and parents of children with disabilities are able to trust them with their children.

**Therefore, the quality of inclusive preschools should be focused *simultaneously* with more effort to increase the number of inclusive preschools.** Since almost all preschools and inclusive preschools are private, quality assurance and monitoring by the central government is key. Thus, it is recommended to prioritize the establishment of quality standards rather than just

increasing the number of inclusive preschools without clarifying what inclusion means at this level. Teacher training on inclusive ECE requires a transformative change, given the large gaps between current teacher training schemes offered by the government and teachers' struggles and lack of skills in practice to truly accommodate children with disabilities and ensure quality learning experiences and outcomes. Fundamentally, there is also a need for stronger governmental support to integrate multiple sectors (education, health and social protection) at multiple levels (national, local, school). The economic burden on parents of children with disabilities should also be acknowledged and mitigated especially for those from local social economic status because financial constraints can inhibit their children's access to and quality of education. Hence, the recommendations here include needed support for families of young children with disabilities. Recommendations emphasize the importance of a four-pronged approach to inclusive ECE, that is, strengthening coordination between different ministries including education, health and social protection, and families of children with disabilities, to address complex challenges and promote more just and sustainable inclusive ECE in Indonesia.

### 3.2 Recommendations

#### 1. Access to and quality of inclusive preschools

##### Quality standards and monitoring of inclusive preschools

**Recommendation 1: Review and revise the quality standards of preschools to accommodate children with disabilities, including both structural and process quality.** Quality standards for 'inclusive' preschools should include not only structural factors (e.g., number of qualified teachers, facilities, resources) but also process factors (e.g., interaction between peers). This is because the role of inclusive ECE is not only to enhance academic readiness of all children to enrol in primary school, but also to nurture their social skills to understand differences and learn that difference is not less. This point was strongly stressed by participants who face and address discrimination based on disability in ECE and society including parents of children with disabilities and Organizations of Persons with Disabilities.

Drawing on the quality standards, instruments to measure the quality of inclusive preschools for children with disabilities should be developed. Stakeholder engagement should be enhanced to contextualize quality standards and instruments for children with disabilities in Indonesia. The Inclusive Classroom Profile (ICP)<sup>38</sup> can serve as a useful reference to

<sup>38</sup> Soukakou, E (2016). Inclusive Classroom Profile Manual

develop instruments covering both process and structural quality of inclusive ECE, with adaptation to the Indonesian context. It is recommended to conduct research to examine the status of quality of preschools *focusing on the needs of children with disabilities*, ideally piloting the quality standards and instruments developed to inform future policies. Research should include both urban and rural areas, and private and public, because quality issues and causes can be largely different by geographical areas and school types.

**Table 1: Dimensions of process quality and structural quality applied to inclusive preschool education in Indonesia**

	Process quality	Structural quality
<b>Focus</b>	<ul style="list-style-type: none"> <li>Relationships and interactions between children and adults</li> <li>Interaction between children with disabilities and teachers</li> </ul>	<ul style="list-style-type: none"> <li>Staff qualification, child-teacher ratios, group size, infrastructure and learning environments, and other quantifiable elements</li> </ul>
<b>Example of quality dimensions to be measured</b>	<ul style="list-style-type: none"> <li>Interactions between children with and without disabilities</li> <li>Partnership between school, families of children with disabilities and health sector</li> <li>Family involvement in early identification, assessment and interventions</li> </ul>	<ul style="list-style-type: none"> <li>Staff qualification in attitudes, knowledge, skills to accommodate children with disabilities</li> <li>Availability of access to health professionals</li> <li>Availability of spaces for children with disabilities to learn with their peers according to their needs</li> <li>Availability of adequate support and resources for teachers and inclusive preschools</li> </ul>
<b>Measurement examples</b>	<ul style="list-style-type: none"> <li>Instruments to measure interactions including children with disabilities at preschool level through classroom observation</li> </ul>	<ul style="list-style-type: none"> <li>Policies, records, review of physical space</li> </ul>

Source: Created by the authors

**Recommendation 2: Develop an accreditation system for inclusive preschool, to improve both the quality and equity of preschools for children with disabilities.** Based on the quality standards of preschools to accommodate children with disabilities, an accreditation system of inclusive preschool should be developed. It is important to consider integration with the existing accreditation system for ECED services in Indonesia and make the accreditation process easy to understand for users. Once the accreditation system for inclusive ECED is established, effective dissemination activities should be conducted to ensure that preschools, local governments and other key stakeholders are aware how the process works in practice. Training related to the accreditation process for principals should be provided to facilitate the process. Incentives should be provided to preschools, such as additional funding that is available only for accredited inclusive preschools, funding the accreditation process for those in rural and remote areas, and networks of accredited inclusive preschools to provide and exchange good practices. It is recommended to conduct research on the impact of the accreditation system for inclusive preschools on children's academic and social skills, as the accreditation system of inclusive preschools develops.

**Recommendation 3: Conduct rigorous monitoring regularly to examine whether established standards are being implemented by preschools that accommodate children with disabilities.** Monitoring of preschool should be revised to attend to needs of children with disabilities and should be conducted regularly with school leadership by the central and local governments because the situation of preschools changes over time.

**Recommendation 4: Set a regulation to increase the number of inclusive preschools to ensure every sub-district has at least one inclusive preschool especially in rural areas, drawing on the quality standards.** Given the significant shortage of inclusive preschools and inequitable distribution, the number of inclusive preschools need to be increased but the quality should be ensured as mentioned above. There is a need for regulations to promote access to inclusive schools *at every level of education including preschool*, in every sub-city/district.

## 2. Teacher quality

**Recommendation 5: Overhaul teacher training for inclusive preschool education to promote a more targeted, tailored and triangulated approach.** In the field of inclusive education for children with disabilities, preschool teachers play an important role in constructing children's experiences to promote their engagement with peers and learning and facilitating collaboration with families of children with disabilities and health sectors at a school level. However, findings show that the number of trained teachers is still very limited, and even if they are trained, their knowledge and skills are insufficient to deliver adequate teaching for each child with a disability, due to the current teacher training that attempts to offer one-off training for all with general information rather than practical information. Since expertise and continued training is required for teachers to gain sufficient capacity, not only increasing the number of teachers trained on IE from pre-service training, but also provision of more focused training for targeted teachers will likely benefit to prepare highly qualified teachers.

**Providing preschool teachers with adequate support and resources can be more influential in nurturing teachers' positive attitudes to children with disabilities, than merely increasing their basic knowledge of disability.** While knowledge of disability or teachers' previous experiences teaching children with disabilities can bolster teachers' attitudes in primary and secondary school settings, knowledge nor experience may not have direct impacts on teacher attitudes at preschool.<sup>39</sup> This is because preschool education is characterized by varying teacher-student-ratios, larger parent involvement, younger age of children and varying curriculum demands. In-depth training in inclusive education can have positive effects on teacher attitudes, but the effects can be limited for some disabilities especially children with behavioral disorders such as ASD who are often perceived as 'disturbing' by teachers as this study showed. Thus, teacher support should be tailored to disability types, contexts of inclusive preschools and practical challenges.

**Training at ECE level should provide teachers with experiences in promoting a triangular approach; the collaboration between preschool, parents and health professionals.** A triangular approach, that assures parental involvement in the assessment of their children's changing needs in collaboration with schools and health professionals, is perceived by parents of children with disabilities as a key factor to enable meaningful learning, interaction, and choice for children with disabilities to progress through preschool. A promising practice of such an approach is found in a preschool in Garut where there are regular visits from the local Puskesmas (community health center) and parents have opportunities to have holistic consultations about their children's condition and needs. Given the lack of teachers with the skills to assist family involvement, training should provide teachers with practical experience.<sup>40</sup>

**Recommendation 6: Review the contents of guidelines of inclusive preschool education to improve relevance for teachers' practical needs and revise a dissemination strategy to reach teachers directly.** Given the lack of skills and use of existing guidelines among teachers at a preschool level, guidelines should provide more practical and detailed information especially regarding;

- a. identification of disability types and learning needs in a multidisciplinary approach;
- b. systems and tools to create individual lesson plans and monitor children's progress, inclusive pedagogy using adequate resources depending on type and level of disability, adaptation of classroom for children with disabilities to accommodate individual needs and encourage interaction with peers;
- c. collaboration with families of children with disabilities and health professionals including psychologists, throughout the whole process from early screening, assessment, intervention to transition to primary education.

Moreover, the dissemination strategy of the guidelines should be revised to reach teachers directly to improve actual use. Alternative ways include developing a special webpage that is easily accessible to teachers and using a teacher management system to keep teachers updated.<sup>41</sup>

<sup>39</sup> Lee et al. (2015)

<sup>40</sup> The importance of multidisciplinary assessment is further discussed in World Bank (2022) "Pilot Program Evaluation of Online Disability Identification and Continuous Learning Support Program for Children with Disabilities in Rural Indonesia", and Hata, A., Yuwono, J., Purwana, R., Nomura, S. (2021) "Embracing Diversity and Inclusion in Indonesian Schools: Challenges and Policy Options for the Future of Inclusive Education". <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/535361634052935364/embracing-diversity-and-inclusion-in-indonesian-schools-challenges-and-policy-options-for-the-future-of-inclusive-education>

<sup>41</sup> Further discussion on inclusive curriculum can be found in Kim, K., Noah, Y., (2022) "Options to Improve Indonesia's Inclusive Education Curriculum" <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099518410122279091/idu0dad87aa7026c704be90be150661a8086fac5>



### 3. Governance

#### Support for local governments and preschools

**Recommendation 7: Develop a regulation that clearly prescribes guidelines for establishment and funding mechanisms of DSU for district/city governments, including preschool children as targets.** This study identified that district/city governments strongly influence the success or failure of inclusive preschool education. A key factor of successful local government regarding inclusive preschools is having a Disability Service Unit (DSU) or equivalent working group to promote a collaborative multistakeholder approach at a local level. Currently very few districts/cities that have DSU despite its crucial role, partly due to the lack of knowledge and capacity of local governments and partly due to the fact that it is a recent requirement. Clear guides on establishment and funding mechanisms are necessary for coverage of DSUs to expand, including preschool children because inclusion of children with disabilities in ECE matters to improve their access and completion of primary and secondary education. At preschool level, districts are responsible for child education, healthcare and protection. Local regulations could obligate district level coordination supporting routine meetings between government departments of health, education and social welfare. DSUs should also proactively collaborate with local NGOs that have key roles in identifying out of school children with disabilities, supporting their enrolment in preschool, and providing continued teacher training.

**Recommendation 8: Provide governmental support to strengthen coordination between preschools and psychologists especially in rural areas.** While districts are responsible for early childhood healthcare in coordination with Puskesmas (sub-district community health centers), findings show that psychologists are not available in Puskesmas especially in rural areas and it largely depends on preschool principals' will and capacity to reach psychologists due to the lack of governmental support. Local coordination between preschools and psychologists should be supported by the government and this will require targeted interventions by district governments and inclusive preschools in rural areas. National level coordination between education and health sectors at ECE level, such as between the Directorate of ECED and Indonesian organization of psychologists, would assist district governments and preschools to coordinate with psychologists locally. The role of health professionals will be to collaborate with schools and parents of children with disabilities and strengthen the triangle approach- the partnership between families, health professionals and teachers- at school and community levels in a regular manner to improve the identification process and address the changing needs of children with different types of disabilities.

**Recommendation 9: Set up a model inclusive preschool in each sub district.** A promising practice of inclusive preschool education shows that developing a model inclusive preschool in each sub district is effective when resources are limited (see Box 1 below). To develop a model preschool, district/city governments are recommended to provide training for targeted teachers to identify and teach children with disabilities, provide continued mentoring services to teachers and preschools, secure access to psychologists/doctors, and promote teacher-family partnerships. The model inclusive preschool can demonstrate the importance of collaboration between local government and inclusive preschool to enable training within, between and beyond inclusive preschools. Continued refresher training at school level is necessary for teachers to expand their capacity. Training can be offered by actors beyond preschools such as special education teachers, psychologists and doctors, and local NGOs. Teachers in successful inclusive preschools also learn about children's individual needs along with their parents. Teachers of the model inclusive preschool can then become mentors for teachers in other preschools in the sub-district to maximize the ripple effect.

Box 1:

## Promising practices in Bandung, Inclusive City

**In Bandung, recent commitments by the Mayor have led to a series of consistent efforts to include children with disabilities in schools.** In 2017, then Mayor Ridwan Kamil declared Bandung an 'Inclusive City'. This new affirmative approach aimed to address the needs of children with special needs, including those from poor families and those with special talents as well as those with both physical and mental disabilities and local budgets are available to support inclusion. The Bandung City Inclusive Working Group (PokJa) was set up to support schools using a collaborative multistakeholder approach, with an initial focus on primary and secondary age groups. The PokJa discusses children's needs and identifies suitable resources for them, coordinating with school supervisors.

In 2018 the working group extended its support to one inclusive preschool per sub-district and began training teachers to help identify disabilities, alongside 60 Bandung-based psychologists. According to an officer from Education Department, Bandung: "All schools receive funds for inclusion, and we have set up a model inclusive preschool in each sub district. We want to demonstrate that children with disabilities can participate in education. Each preschool has access to a psychologist, the city funds 60 of them. After stopping during the pandemic, we have now developed a support system with mentoring services and since 2021 we have 12 'school centers' that support the inclusive preschools. Our resources are limited so we are using this model approach. We want to make sure that when a child with disabilities joins an inclusive school, we do no harm by exposing them to teachers who lack skills."

These efforts are beginning to have impacts, while there is acknowledgement that this is a learning process. A principal from Bandung noted that, "We have a mechanism for teacher training which includes how to stimulate children with disabilities and how to understand the child's characteristics and needs. We review assessments together with other teachers. We have a doctor next door who supports us. A month ago, Bandung city government offered in classroom teacher training for inclusive schools. We joined, it was a refresher and included peer learning sessions." A teacher from the same preschool confirmed, "We get annual refresher training and learn from special teachers about stimulation. I have children with autism in my class this year and am learning about their individual needs along with their parents. I have to find ways to keep them engaged, identifying their special interests and finding books and materials for them."

**Recommendation 10: Establish a referral system in each sub-district to support preschools in dealing with the lack of qualified teachers.** Findings show that one cause of exclusion of children with disabilities at enrollment in preschool is the mismatch of children's disability type and teacher quality, especially when the preschool has only one teacher who has skills on specific type of disability only, despite having children with disabilities with different disability types seeking to enrol. However, this issue is overlooked in current regulations which tend to assume that having one qualified teacher per preschool is enough to improve access of children with disabilities. The referral system should be built at each district/city government where a preschool can ask for the government's support to a) gain a qualified teacher/professional or b) assist the family of children with disabilities to reach another preschool in the catchment area that has qualified teachers. Given the lack of qualified teachers within the formal ECE subsector, coordination with special schools, local NGOs and other professionals should be strengthened. Enabling support from special schools will require coordination between provincial and district/city governments because special schools are under the authority of provincial governments while preschools are governed by district/city governments. Thus, central government support is important to expand the district/city governments' capacity to build an effective referral system.

## Support for families of children with disabilities

### **Recommendation 11: Further accommodate young children with disabilities in Indonesia's social safety net programs.**

The World Bank has previously recommended that the conditional cash transfer Family Hope Program (PKH) could target out-of-school children from poor households, meanwhile the Smart Indonesia Program (PIP) could be adjusted to cover the costs of preschool education.<sup>42</sup> These changes would generally benefit young children with disabilities however further initiatives would be needed to cover the additional costs of including children with disabilities from age four. The Social Assistance for Persons with Severe Disability (ASPDB) program is an existing vehicle that, if expanded, could reach far greater numbers of young children with disabilities, however the fact that recipients must have a medical diagnosis is a challenge to be overcome. Kartu Prakerja,<sup>43</sup> the pre-employment card through which unemployed people over the age of 18 can access a wide range of training and learning opportunities, also offers a model that could be adapted for children with disabilities.

**Recommendation 12: Provide flexible options for accessing resources for children with disabilities.** Parents and schools need to be able to access specialist resources such as doctors, psychologists, child development specialists, therapists, and equipment including mobility aids, learning materials, and so on. The Kartu Prakerja model, that is open to all Indonesian citizens aged 18 and over to access training and have a card to purchase services, allows great flexibility and choice, so users can apply for the courses that interest them and may benefit them. These resources may be available locally or online. This model could be explored and adapted as a way to connect families of children with disabilities and their schools to the resources they need, and to pay for them. Another innovative way to connect to specialist advice is already available through existing Indonesian apps such as Halodoc,<sup>44</sup> which enables online consultations via chats with doctors and psychologists and could be paid for by a card system such as Kartu Prakerja. Halodoc is linked to Indonesia's health care system and offers a cost-effective way of connecting to doctors across the country, and those who instal the app can select based on their own preference. It does not yet offer video consultations; however photos can be uploaded, and doctors prescribe through the app so that users can either order for delivery or handle at their preferred pharmacy. This route to accessing services bears further exploration, as it would enable parents and schools, particularly those in rural and remote areas, to access timely and cost-effective expertise.

**Recommendation 13: To promote parental education, community health posts or Posyandu should be encouraged to support families of children with disabilities.** The Posyandu is where parents regularly meet health workers and can gain information about social safety net programs, and operates at a community level within each sub-district. Findings show that parents of children with disabilities do not always know how to support the development and education of their children with disabilities especially in rural areas, and teachers in inclusive preschools tend to have limited knowledge on how to support and communicate with families of children with disabilities. In this case, Posyandu staff and volunteers should be able to share education and useful information for parents of children with disabilities. Sub-district heads should make Posyandu a key focal point to provide holistic information and education for parents of children with and without disabilities. Posyandu should also support parents of children with disabilities by connecting them with health support, available social safety net programs, and coordinate with inclusive preschools to ensure access to education.

<sup>42</sup> World Bank (2020)

<sup>43</sup> Kartu Prakerja is described here. [https://www.apec.org/docs/default-source/publications/2021/11/2021-aepr/2021-aepr---annex-b\\_case-studies.pdf?sfvrsn=d89b175f\\_4](https://www.apec.org/docs/default-source/publications/2021/11/2021-aepr/2021-aepr---annex-b_case-studies.pdf?sfvrsn=d89b175f_4)

<sup>44</sup> <https://www.halodoc.com/>

**Table 2: Summary of Recommendations**

Recommendations		Timeframe	Lead in Implementation
<b>Access and quality of inclusive preschools</b>			
<b>1. Quality standards</b>	Review and develop quality standards of inclusive preschools <i>for children with disabilities including both process quality and structural quality</i>	Short term	Central (led by Directorate of ECED), with local stakeholders and academia
	Develop instruments to measure the quality of inclusive preschools for children with disabilities, enhancing stakeholder engagement for contextualization	Short term	
	Conduct research to examine the current status of quality of preschools <i>focusing on the needs of children with disabilities</i> , including urban and rural areas, and private and public preschools	Short term	Directorate of ECED, academia, development organizations
<b>2. Accreditation system</b>	Develop accreditation system of inclusive preschool, based on the quality standards	Short term	Central (led by Directorate of ECED)
	Disseminate the accreditation system to ensure preschools are aware of the process	Mid-term	Central (led by Directorate of ECED), with local governments
	Provide training related to the accreditation process for principals	Mid-term	
	Provide incentives and funding the accreditation process for preschools in rural areas	Mid-term	
	Conduct research on the impact of accreditation system for inclusive preschools on children's academic and social skills	Long term	Directorate of ECED, academia, development organizations
<b>3. Monitoring</b>	Conduct rigorous, regular monitoring to examine whether established standards are being implemented by preschools that accommodate children with disabilities	Long term	Directorate of ECED, local governments and schools
<b>4. Regulation</b>	Set a regulation to increase the number of inclusive preschools to ensure every sub-district has at least one inclusive preschool, drawing on the quality standards	Mid-long term	Central
<b>Teacher quality</b>			
<b>5. Teacher training</b>	Overhaul the teacher training of inclusive education at an ECE level, to promote more targeted, tailored and triangulated approach	Short-Mid term	Central (led by Directorate of ECED and SSET)
<b>6. Guidelines</b>	Review the contents of guidelines to enhance relevance to teachers' practical needs, and review the dissemination strategy to reach teachers directly	Mid-term	Central (led by Directorate of ECED and SSET)
<b>Governance</b>			
<i>Support for local governments and preschools</i>			
<b>7. Develop a regulation that clearly prescribe guidelines for establishment and funding mechanisms of DSU for district/city governments, including ECE age group children</b>		Short term	Central
<b>8. Provide governmental support to strengthen coordination between preschools and psychologists in rural areas</b>		Short term	Central (MoECRT, MoH), with districts, sub-districts
<b>9. Set up a model inclusive preschool in each sub-district</b>		Mid term	District governments with support from the center
<b>10. Establish a referral system in each sub-district to support preschools</b>		Mid-term	
<i>Support for families of children with disabilities</i>			
<b>11. Further accommodate young children with disabilities in Indonesia's social safety net programs</b>		Mid-term	Central (MoECRT, MoSA)
<b>12. Provide flexible options for accessing resources for children with disabilities</b>		Mid- term	Central (MoECRT and MoH)
<b>13. To promote parental education, Posyandu should include a focus on children with disabilities</b>		Mid-term	District governments and sub-district heads

Source: Created by the authors

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