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Caregiver Guideline

Empowering Caregivers of Young Children with Special Needs

Through the Use of Assistive Technology

2025



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Foreword

*Assalamualaikum warahmatullahi wabarakatuh,
Salam Sejahtera,
Om Swastyastu, Namó Buddhaya, Salam Kebajikan*

Praise be to God Almighty, for by His grace and blessings this *Guideline for Caregivers and Facilitators in Empowering Caregivers of Young Children with Special Needs through the Use of Assistive Technology* has been successfully developed and completed.

Young children with special needs are an integral part of society who possess extraordinary potential that can develop optimally if they receive early support. Caregivers play a central role in accompanying and encouraging the growth and development of these special need children. We also recognise, however, that this role is not an easy one. It requires knowledge, skills, patience, and continuous emotional support for caregivers to be truly empowered in fulfilling this important responsibility.

The Government of Indonesia is committed to delivering Quality Education for All. Education services must be inclusive and meaningful for all children, especially those with special needs. The Ministry of Primary and Secondary Education, through the Directorate of Special Education and Special Services, develops various innovations to support this commitment. This guideline is one such innovation, providing practical and emotional support for caregivers. It also serves as a reference for facilitators in the process of empowering caregivers. The preparation of this guideline was supported by the World Bank. This support is part of a shared commitment to strengthen inclusive and sustainable education services in Indonesia, particularly at the Early Childhood Education level.

This guideline has been simplified by reducing the use of technical terminology, so it can reach as many caregivers as possible from diverse educational and social backgrounds. It is our hope that this guideline will be well-received and utilised by caregivers across

Indonesia, as a tool to better understand and accompany their children with greater confidence and compassion.

In addition to presenting various technical approaches and practical steps for using assistive technology, this guideline has been written with empathy and a deep understanding of the dynamics faced by caregivers. We hope it will serve as a companion that encourages, guides, and strengthens caregivers in their journey of supporting their children.

For facilitators, this guideline is intended as a reference for designing relevant and contextual training sessions using inclusive and participatory approaches. The synergy between caregivers, facilitators, and various other stakeholders is essential in creating an environment that supports the growth and development of children with special needs.

Finally, we extend our deepest gratitude to all parties who have contributed to the preparation of this guideline. May it bring real benefits to caregivers, facilitators, and above all, to our beloved children who are stepping forward towards a brighter future.

May God Almighty bless every small step we take and make it a light of hope for children with special needs throughout Indonesia.

Wassalamu'alaikum warahmatullahi wabarakatuh,

Jakarta, July 2025

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Terms Explained

AT	Assistive Technologies. Tools, devices, or technologies—ranging from low-tech to high-tech—that help individuals with disabilities improve function, independence, and participation in daily life.
Attention Deficit Hyperactivity Disorder, ADHD	A neurodevelopmental disorder marked by persistent patterns of inattention (e.g., distractibility, difficulty completing tasks) and/or hyperactive-impulsive behavior (e.g., restlessness, interrupting conversations). Symptoms must appear before age 12 according to DSM-5.
Auditory (hearing)	Processing of sounds, understanding spoken language, and following instructions.
Autism spectrum disorder, ASD	A developmental condition characterized by differences in social communication and restricted or repetitive behaviors, often including heightened sensory sensitivity.
Behavioral Therapy (Terapi Perilaku)	Therapy that focuses on understanding and changing behavior patterns. It helps children learn positive behaviors, reduce harmful behaviors, and improve social and emotional skills.
BPJS Kesehatan	<i>Badan Penyelenggara Jaminan Sosial Kesehatan.</i> Indonesia's national social health insurance program, providing access to health services for all citizens.
<i>Buku KIA</i>	<i>Buku Kesehatan Ibu dan Anak,</i> A health monitoring booklet used in Indonesia to track the health of mothers and children, including growth, immunization, and development milestones.
Child Development	Sequential phases of growth in physical, cognitive, social, and emotional domains throughout childhood.
Children with Special Needs (CwSN)	A child with special needs is defined as a child who experiences limitations or exceptionalities - whether physical, mental-intellectual, social, or emotional - that significantly affect their growth or development compared to other children of the same age.

Cognitive	The mental processes of learning, reasoning, memory, problem-solving, and decision-making.
Counselor	A mental health professional trained to support individuals, families, or groups in navigating emotional, social, and personal challenges.
DSM-5	A handbook published by the American Psychiatric Association, used worldwide by doctors and psychologists to diagnose developmental and mental health conditions such as autism and ADHD.
Early Detection / Screening	The process of identifying developmental concerns or health conditions in early childhood, enabling timely referrals and interventions.
Evidence-based Therapies	Therapies that have been tested through scientific research and proven to be safe and effective for improving children's outcomes.
Family Card (Kartu Keluarga / KK)	An official Indonesian civil registration document listing all family members, required for accessing many public services such as health care, school enrollment, and social assistance.
Fine Motor Skill	Small-muscle movements require precision, such as writing, drawing, buttoning, or using tools.
Gross Motor Skill	Large-muscle activities such as walking, running, climbing, and jumping.
Gustatory (taste)	Recognition of flavors such as sweet, salty, sour, bitter, and umami.
<i>High-tech AT</i>	More advanced electronic devices or software that help children with complex needs. Examples include tablets with communication apps, screen readers, or eye-tracking systems.
Intellectual Disability	A developmental disorder involving significant limitations in intellectual functioning and adaptive behavior, with onset during the developmental period.

Interoception (visceral awareness)	Perception of internal body signals such as hunger, thirst, temperature, and need for the toilet.
Intervention	Planned actions, therapies, or programs designed to support children’s development, improve functioning, or address developmental delays or disabilities.
Kemendikdasmen	<i>Ministry of Primary and Secondary Education</i> (formerly part of Kemendikbudristek)
Learning Tree	A visualization of the Pyramid of Learning, illustrating growth as roots (foundational skills), a trunk (core functions), branches and leaves (advanced abilities), and fruits (overall outcomes), designed to make the framework easier to understand.
Language Disorder / Speech Sound Disorder	DSM-5 terms describing persistent difficulties with language development or speech production. “Speech delay” is a lay term and not a clinical diagnosis.
<i>Low-tech AT</i>	Simple, non-electronic tools that support children’s learning and independence. Examples include picture cards, pencil grips, adapted spoons, or visual schedules.
Meltdown	An intense response to overwhelming sensory or emotional input, often experienced by autistic children. Unlike a tantrum, a meltdown is not purposeful or attention-seeking but a loss of control caused by overload. Children may cry, scream, or withdraw until the overload subsides.
Occupational Therapy	Therapy that helps children build independence in everyday activities, such as dressing, eating, writing, and playing, while also supporting fine motor skills and sensory processing.
Olfactory (smell)	Recognition and differentiation of scents.
<i>PAUD</i>	<i>Pendidikan Anak Usia Dini</i> , Education for children aged 0–6 years, including kindergartens and playgroups, both public and private, as well as inclusive early childhood programs.
Pediatrician	A medical doctor who specializes in the health and medical care of infants, children, and adolescents,

	including growth, development, and disease prevention.
Physiotherapy	Therapy that supports physical strength, balance, movement, and coordination. It is often used to help children with motor delays or physical disabilities.
PINS method	The PINS Method (Preferences, Interests, Needs, Strategies) helps caregivers better understand their child and find the most effective ways to support their learning and development
Positive Discipline	Guiding children’s behavior through respect, empathy, and teaching, instead of punishment.
Posyandu (Integrated Health Post)	<i>A community-based health service center in Indonesia providing maternal, infant, and child health services, including growth monitoring and immunization.</i>
Prerequisite Skill	A basic ability or competency that must be developed before acquiring a more complex skill or completing a task.
Primary Health Facility (Fasilitas Kesehatan Tingkat Pertama / FKTP)	First-level health care services in Indonesia, including community health centers, clinics, and family doctors, where people go for basic medical care.
Problematic Behavior	Challenging behaviors that interfere with a child’s learning, social interaction, or daily routines. These may include aggression, refusal, or withdrawal, and often signal underlying needs or difficulties that require understanding and support.
Proprioceptive (body awareness)	Awareness of body position and movement without visual input.
Psychologist	A trained mental health professional specializing in the study of the mind, emotions, and behavior, and in providing assessment, therapy, and support for mental health conditions.

Pyramid of Learning	A conceptual framework showing how foundational sensory and motor skills support the development of higher-level learning and cognitive abilities.
Sensorymotor	Early stage of child development (infant/toddler) where learning occurs primarily through movement and sensory exploration.
Sensory System	The body's system for receiving, processing, and responding to external and internal stimuli.
Special Ed Teacher	A teacher who is specially trained to work with children with disabilities. They adapt lessons, teaching methods, and materials to meet each child's needs.
Specific Learning Disorder	Persistent difficulties in reading, writing, or mathematics beyond the expected age level despite appropriate support. Diagnosis typically occurs after age 7.
Speech Therapy	Therapy that helps children develop communication skills, including understanding and using language, producing speech sounds, and improving clarity.
Speech-to-text Application	A type of software that converts spoken words into written text in real time, supporting children who have difficulties with speech, hearing, or writing.
Stimulation	Activities or input that engage a child's senses, emotions, or thinking to support their learning and development. Stimulation can be physical (movement, play), sensory (sounds, textures), or emotional (encouragement, connection).
Tactile (touch)	Sensation of texture, pressure, temperature, and pain.
Tantrum	An emotional outburst, often in young children, that may include crying, shouting, kicking, or refusing to cooperate. Tantrums usually happen when children are frustrated, tired, or seeking attention, and they are typically short-lived.
Therapist	A trained professional who provides evidence-based interventions such as occupational therapy, physiotherapy, speech and language therapy, sensory integration therapy,

	or behavioral therapy. In some contexts, this training participants may also use the term to include alternative or faith-based practitioners.
<i>Time-in</i>	A discipline strategy where the caregiver stays close to a child during emotional distress, offering comfort and guidance. Time-in helps children regulate their emotions while maintaining a secure connection.
<i>Time-out</i>	A short break given to a child from a situation that is overwhelming or where rules are not being followed. The purpose is to allow the child to calm down and regain control, not to punish.
Visual (sight)	Recognition of colors, shapes, symbols, and written language.
www.orangtuaberdaya.com	A website resource for parents and caregivers that provides guidance, tools, and information on supporting children's growth and development.

Welcome Message

A Warm Greeting to all parents and caregivers.

Caregiving is a journey filled with **joy**, yet also many **challenges and significant responsibilities**. This is especially true for caregivers who have been given the special trust of caring for children with special needs, who require extra love, patience, and strength. This journey often comes with feelings of anxiety, confusion, exhaustion, and, perhaps at times, even despair. However, please know that you are not alone.

Raising children with special needs may feel like climbing **a steep and challenging mountain**. But remember, **you are their primary guide**, and your **love, dedication**, and perseverance will be a **source of strength and direction** for them as you walk this journey together.

This guidebook is here to **accompany** and **support** you. It **provides practical steps** to help you become a companion for your extraordinary children. It has been created with deep empathy for every caregiver, and we hope it will serve as a trusted companion throughout your meaningful journey.

You play a **key role** in the success of supporting children with special needs. Your willingness and commitment to continuously learn, seek information, expand your knowledge, explore different approaches, think creatively, and consistently improve are essential. While this journey does not yield instant results, the patience and dedication you invest will bring meaningful changes.

Your children are **extraordinary gifts**. With your love and dedication, every small step will make a big difference in shaping their future. Together, we will overcome challenges and make meaningful progress. We are here with you, walking on this journey forward.

Funding Source

The Indonesian Ministry of Primary and Secondary Education, in collaboration with the World Bank, initiated the development of a guideline for parents and caregivers of children with special needs. This guideline has been developed by Empatika in partnership with Total Mind Learning (TML) in Indonesia, with full financial support from the World Bank.

The funding has been allocated for hiring researchers, developing the guide, consulting with experts, and conducting training activities at national and regional levels. Additionally, the funds will be used to provide training for 1,000 caregivers of children with special needs.

This initiative aims to offer caregivers training and support to enhance their skills and understanding of inclusive practices and positive engagement. The program is also designed to empower caregivers to support their children through the use of assistive technology.

With funding allocated for training 1,000 caregivers, this program is anticipated to have a broader impact and significantly benefit families with children with special needs.

Copyright and Disclaimer

This guide enhances public knowledge and provides best practices based on current research and expert insights to support children with special needs and their families. While every effort has been made to ensure its accuracy and relevance, it is not a substitute for professional advice tailored to specific situations.

Users are encouraged to seek independent professional, technical, or medical consultation as needed before making decisions based on this guide. Empatika and its affiliated

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Introduction

The Four-Finger Approach

Caregivers are the primary guide for their child, especially for children with special needs. This journey comes with challenges, but it is also deeply meaningful and fulfilling.

This guide is designed to support you with practical insights and actionable steps to help you navigate this journey with confidence. By understanding child developmental stages, establishing routines, and implementing effective communication strategies, you can create a more inclusive and supportive environment for your child.

This guide is meant as a companion to, and integral part of, the caregivers training implemented as part of this World Bank initiative in 13 districts/cities across Indonesia. As such, it is best consumed alongside the slide deck prepared for this training, as well as the other training materials, under the guidance of a trained facilitator. This training was designed to be participatory and is best conducted offline/in-person.

Objectives of the Four-Finger Approach

The Four-Finger Approach is designed to help caregivers remember key principles in supporting their child:

Finger 1 - Empowered and Resilient Caregivers

The first step to becoming an empowered caregiver is acceptance. Acceptance does not mean giving up; rather, it means opening the door to understanding and wholeheartedly supporting your child.

Finger 2 - Optimal Child Development

Caregivers who embrace their child's uniqueness can better recognise their strengths and provide the right support tailored to their needs.

Finger 3 - Effective Use of Assistive Technology (AT)

Assistive technology can enhance a child's ability to learn, communicate, and navigate daily activities with greater independence.

Finger 4 - Collaboration and Evaluation with Professionals

Working closely with professionals ensures children receive appropriate interventions and the best support for their development.

This Handbook includes a dedicated chapter containing the Home Practice Sheets for caregivers (p.131), enabling optimal practice of the materials for Fingers 1-4. Specifically for the Finger 3 Practice Sheet, additional activities are provided in the Annexes (p.151).

The Four-Finger Approach serves as a simple yet effective reminder of the essential steps in supporting children with special needs.

Every small step is part of a greater journey toward a brighter future for our children.

Objectives of the Caregivers' Guideline

This program is designed to accompany, strengthen, and provide hope for parents and caregivers.

Caregivers of children with special needs face unique challenges in raising their children. They require specific support to navigate these challenges.

This program aims to assist caregivers by providing guidance on the practical use of Assistive Technology (AT) to support the learning of children with special needs in early childhood education. The program includes participatory sessions led by locally-trained facilitators to empower caregivers and explore AT tools together in a supportive environment.

Through this program, parents and caregivers can:

- **develop self-confidence,**
- **feel capable and resilient, and**
- **have hope and a positive outlook.**

Objectives of this Guideline

1. Enhancing Caregivers' Confidence and Resilience

To help caregivers feel confident, capable, and resilient in supporting their children through the celebration of small successes and access to support systems.

2. Providing Practical Information and Strategies

To offer guidance on the use of assistive technology (AT) and caregiving strategies that can be applied according to each child and family's specific needs.

3. Building Hope and a Positive Perspective

To reduce caregivers confusion by providing clear direction, access to reliable resources, and ongoing support.

4. Creating a Supportive Learning Environment

To encourage caregivers to learn through hands-on experiences, share within the community, and collaborate with facilitators in a supportive environment.

Who Is This Guideline For?

Parents and caregivers of children with special needs, particularly those aged 4-6 years.

For the following conditions (according to DSM-5¹):

- 1. Autism Spectrum Disorder (ASD):** a developmental disorder characterised by deficits in social communication and repetitive behaviors (e.g. heightened sensory sensitivity).
- 2. Attention-Deficit/Hyperactivity Disorder (ADHD):** marked by inattention (easily distracted, difficulty completing tasks)

¹ The DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) is a handbook used by doctors, psychologists, and mental health professionals to help diagnose developmental disorders and mental disorders, such as autism and ADHD. This book is published by the American Psychiatric Association and is used internationally.

and hyperactive-impulsive behavior (inability to stay still, interrupting conversations). DSM-5 specifies that symptoms must appear before the age of 12.

3. Specific Learning Disorder (SLD): Persistent difficulties in reading, writing, or mathematics beyond the age of 7 despite receiving support. This condition cannot yet be diagnosed in early childhood education (PAUD) children.

4. Intellectual Disability (ID): A developmental disorder involving intellectual and adaptive deficits, affecting thinking ability, communication, and independence from early childhood.

5. Speech Delay: This is not an official diagnosis and also not a stand-alone diagnosis but can fall under:

- **Language Disorder:** Difficulty with vocabulary, grammar, or fluent speech.
- **Speech Sound Disorder:** Difficulty pronouncing words, making speech hard to understand.

Why Ages 4-6?

- **Critical Period of Brain Development:** Between the ages of 4 and 6, children learn and develop rapidly.
- **Opportunity for Early Intervention:** Support at this stage has a significant impact on a child's development.
- **Foundation for Life Skills:** This age shapes social, emotional, and cognitive abilities.
- **School Readiness:** At this stage, children begin preparing for or entering formal education.

How to Use This Guideline?

- **Attend offline training**

Attending training sessions will help deepen your understanding of the guide. This guide is equipped with a systematic presentation and utilises a participatory approach.

- **Read in sequence**

Study each chapter to gain a comprehensive understanding.

- **Practice activities consistently at home**

Apply the suggested exercises and activities to support your child.

- **Follow practical steps**

Implement the steps that best suit your child's needs.

- **Access our online website**

Find additional information and resources on the online platform we created to accompany this guideline:

www.orangtuaberdaya.com



Finger 1 - Empowered and Resilient Caregivers

Finger 1 - Empowered and Resilient Caregivers

Objective



Parents/caregivers understand the purpose of the training and the expectations for the sessions

Keywords



Help yourself, the stages to go through, consequences, stress management, financial management, and self-care.

1.1 Help Yourself Before Helping Your Child



Have you ever heard the safety instructions on an airplane?

Passengers are reminded to put on their own oxygen masks first before helping others, including their children.

This teaches us that we must be strong and stable before we can assist others.

As a caregiver of a child with special needs, this principle is highly relevant: you cannot fully support your child if you do not help yourself first.

How to Help Yourself?

Accepting the reality that a child has special needs (CSN) is an emotional journey that is not easy for caregivers. John Fisher's **Change Curve** (2012) can help illustrate the emotional dynamics that caregivers experience throughout this process. This cycle shows that acceptance is not a linear process - caregivers may go through different stages repeatedly, moving forward and backward, up and down, sometimes regressing or going in circles before reaching full acceptance.

This cycle explains how individuals respond to major life changes. It is highly relevant in understanding how caregivers come to terms with the reality that their child has special needs

Everyone needs to go through each stage in order to ultimately reach acceptance.

Stages of the Fisher's Change Curve Acceptance Cycle

1. Anxiety

- caregivers feel afraid of uncertainty after hearing the possibility that their child has special needs.
- They worry about their child's future and how the environment will respond.

2. Happiness (short term)

- If caregivers initially believe that this is just a temporary phase or that there might be a quick solution, they may feel relieved.
- They might feel optimistic before fully understanding the deeper reality.

3. Denial

- Marked by a refusal to accept change, where caregivers may ignore the advice of teachers or doctors, or cling to

their initial beliefs.

- Denial is a defense mechanism which constricts caregivers' ability to see the reality of their situation.

4. Fear

- When reality starts to feel more tangible, caregivers experience fear.
- This may include fear of social stigma, the child's limitations, and future challenges.

5. Threat perception

- In this stage, caregivers begin to become aware of the implications of their situation, which in addition to continued and sometimes excessive fear and worries, can trigger an avoidance of change and increasing stress.

6. Guilt & self-blame

- At this stage, caregivers often experience guilt, believing that they have done something to cause their child's condition.
- They may also feel guilty or frustrated toward their child or feel exhausted in handling the situation.

7. Depression & loss of identity

- Feelings of hopelessness arise, and caregivers feel uncertain about what to do.
- This is a difficult phase, where caregivers may feel a loss of hope or a sense of isolation in their struggle.

8. Hostility

- Some caregivers may become angry at doctors, schools, their partners, or even their own child.
- They may feel that the system is unfair or that others do not understand the challenges they are facing.

9. Gradual acceptance

- Caregivers begin to accept that this is the reality they must face.
- They start seeking information, joining communities, and developing strategies to support their child.

10. Moving forward

- Caregivers begin to find solutions, understand their child's needs, and take steps to support their development.
- They adopt a more positive approach to challenges and are able to provide love and support without being trapped in sadness or anger.

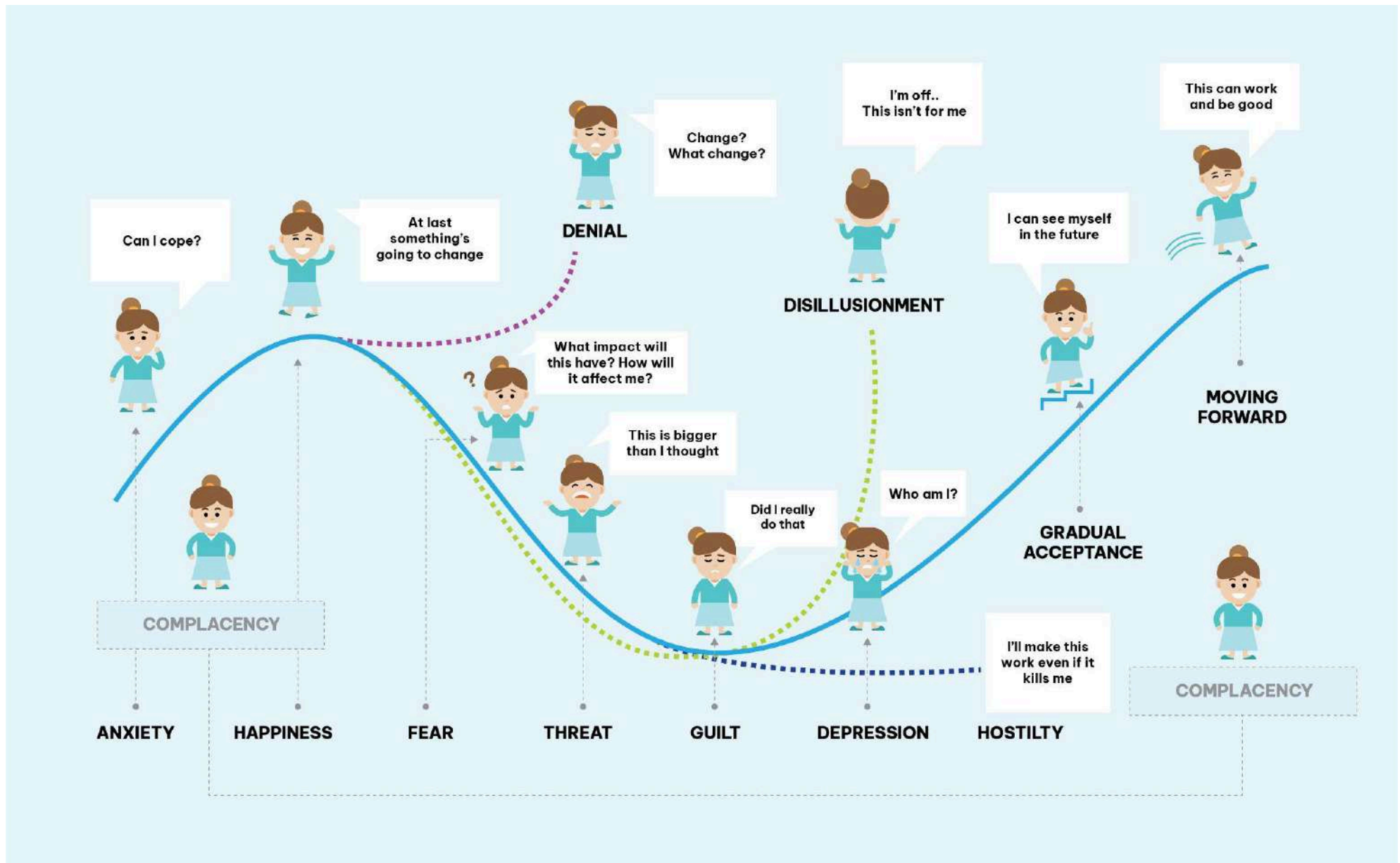


Figure 1. Change Curve Acceptance Cycle, adapted from John Fisher (2012)

What should I do?

Allow yourself to experience each stage.

- **Recognise each stage:** understand that every stage of grief is a normal and human process. You do not have to rush to “move on.”
- **Give space for your emotions:** it’s okay to feel **angry, sad, or confused**-this is part of the process.
- **Seek help when needed:** if you feel overwhelmed or stuck in a stage, don’t hesitate to seek support:
 - **Professionals:** counselors, psychologists, or therapists can help you process emotions.
 - **Trusted People:** your partner, family, or supportive friends can be a source of comfort.

Below is an overview of what caregivers may experience at different stages of their journey:

1. Anxiety

Symptoms: feeling tense, restless, racing heartbeat, difficulty sleeping, trouble concentrating, repetitive negative thoughts.

How to manage:

- Recognise your anxiety.
- Manage fears with **4-4-4 breathing**, positive affirmations (“*This will pass, I am not alone*”), or light physical activity (walking, gardening).
- If it persists, consider seeking help from a psychologist or counselor.

2. Happiness (short-term)

Symptoms: constant comparison, excessive hope, extreme

disappointment, lack of appreciation for progress, wanting quick results.

How to manage:

- **Don't compare** your child's progress to others - they are **unique**.
- Focus on **realistic** growth and **your child's strengths**.
- Adjust **expectations and goals** based on your child's condition.

3. Denial

Symptoms: refusing to acknowledge the situation (e.g. "This isn't happening"), ignoring or dismissing medical or expert advice, avoiding discussions about the child's condition, continuing to act as if nothing has changed, feeling emotionally numb or detached.

How to manage:

- Acknowledge your emotions - it's okay to feel overwhelmed.
- Seek information gradually - start learning about your child's condition at a comfortable pace.
- Talk to trusted people - share your feelings with a supportive friend, family member, or counselor.
- Join a support group - hearing others' experiences can help shift perspectives.
- Give yourself time - acceptance is a process, and you don't have to rush.

4. Fear

Symptoms: shaking, cold sweats, negative thoughts, avoidance of situations, helplessness, tension, restlessness.

How to manage:

- Acknowledge and accept your fear.
- Stop negative thoughts with relaxation techniques (breathing, light activities, music).
- Write down your fears and confront them.
- Join a support group to feel less alone.
- Focus on your child's strengths, not weaknesses.

5. Threat perception

Symptoms: excessive fear and worries, negative thoughts, avoidance of change, insecurity, prolonged stress.

How to manage:

- Acknowledge that your child's condition brings changes and challenges.
- Focus on the things that are still within your control.
- Develop a simple plan with realistic short-term goals.
- Celebrate every little progress with your child to build confidence and optimism.

6. Guilt & self-blaming

Symptoms: blaming and criticising oneself, withdrawing from others, experiencing emotional instability, and repeatedly having negative thoughts.

How to manage:

- Stop blaming yourself or the situation - practice self-forgiveness.
- Focus on what can be done now and in the future - delaying support may slow the child's progress.

- Take positive actions to support your child's development.
- Seek support from a community or professionals to help manage these feelings.

7. Depression & loss of identity

Symptoms: intense sadness, loss of motivation, and feelings of hopelessness. Deep emotions, often accompanied by a desire to withdraw from social interactions.

How to manage:

- Engage in comforting and relaxing activities like nature walks or hobbies.
- Maintain a healthy diet with protein, vegetables, and fruits.
- Avoid isolating yourself for too long.
- Seek professional help if you feel overwhelmed.

8. Hostility

Symptoms: anger, frustration, and a tendency to blame others or the situation. Hostility may manifest as aggressive behavior, either verbally or non-verbally.

How to manage:

- Recognise the negative impacts - uncontrolled anger can harm yourself, your partner, and especially your child.
- Practice relaxation techniques - calm yourself with breathing exercises when feeling angry or frustrated.
- Focus on positive efforts and activities that support your child.
- Talk to a trusted partner or friend to release negative emotions.

9. Gradual acceptance

Symptoms: an initial step - caregivers begin to accept their child's condition with sincerity, not as a form of surrender, but as a readiness to reorganise plans and dreams according to their child's needs.

How to manage:

- Self-reflect and acknowledge your feelings.
- Create a new, realistic plan based on your child's condition.
- Focus on your child's strengths and potential.
- Seek information, support, and relevant communities.
- Take care of your physical and mental well-being.

10. Moving forward

Symptoms: caregivers develop a more positive outlook on their child's special needs. They are ready to reorganise life plans and dreams without a sense of surrender.

How to manage:

- Focus on self-development to support the child.
- Stay actively involved in supporting your child's developmental needs.
- Reorganise life plans with an optimistic attitude.
- Enjoy every process and small achievement.

Characteristic of caregivers who have reached the stage of acceptance

1. No longer compare their child to others.
2. Stop searching for someone or something to blame, including themselves.
3. Focus on their child's strengths, not just the limitations.
4. Willing to learn and adaptable to talk about their child's condition without shame or fear of judgment.
5. Hold realistic hopes for their child and their family's life not easily influenced by negative comments from others.
6. Focus on solutions and ongoing progress instead of quick results.
7. Willing and able to seek support when needed.
8. Build a positive and connected relationship with their child.
9. Continue to care for themselves and their family's well-being

What comes after acceptance?

Acceptance is not giving up, but understanding reality and focusing on solutions. It is the first step toward becoming an empowered and resilient caregiver. After reaching acceptance, you can start rebuilding your strength and focus on the following steps:

1. Focus on solutions

- Caregivers must continue learning to effectively support their child's development.
- This guide serves as a practical learning resource for caregivers.

- If deeper knowledge is needed, seek therapies or approaches suited to your child's needs.

2. Build a support system

- Involve your partner, family, friends, or community to support both you and your child.
- Join a caregiver support group with those who understand your journey.
- Support from fellow caregivers facing similar situations can be the strongest source of encouragement.

1.2 Maintaining Caregiver Physical and Mental Well-being

Being a parent or caregiver is challenging, but you cannot care for your child effectively if you are exhausted. Self-care is not selfish - it is a necessity.

- **Make time for yourself**

Schedule activities such as exercise, reading, or hobbies that help you relax and feel happy. Remember, self-care is a need, not a luxury.

- **Take care of your physical health**

Ensure your body gets enough sunlight, balanced nutrition, and quality rest. Your health is the foundation of your strength.

- **Don't hesitate to ask for help**

If you feel overwhelmed, seek support from your partner, family, or close friends. Sharing responsibilities can lighten your load.

- **Communicate your needs**

Clearly express to your partner and family what you need to maintain balance in your life and your child's care. Good communication strengthens relationships and cooperation.

Managing Stress in Caregiving

Stress is a part of life, but recognising its signs and managing it effectively can help you become a more patient and effective caregiver. The sooner we acknowledge stress, the easier it is to address it before it negatively impacts caregiving and family well-being.

Recognise:

- Signs of Stress: irritability or frequent frustration, difficulty sleeping, persistent fatigue, loss of motivation, feeling overwhelmed
- Common Stress Triggers: a demanding therapy schedule, social expectations and pressure challenges in the child's development, lack of support system, feeling like there's never enough time for yourself, perceived lack of progress in the child's development, repetitive daily routines that seem endless

Simple technique for Managing Stress (Seligman 2011; Webster-Stratton 2006):

1. 4-4-4 Breathing technique

Inhale deeply for **4 counts**, hold for **4 counts**, and exhale for **4 counts**. Repeat several times to calm yourself in stressful situations.

2. Journaling

Take **5 minutes** to write down your feelings and reflections. This helps process emotions and gain a fresh perspective on challenges.

3. Personal time

Set aside 10-15 minutes daily for an activity you enjoy, such as reading, walking, or enjoying a warm cup of tea without interruptions.

4. Self-compassion

Do not push yourself to complete all household tasks at once. It's okay to postpone some tasks if you feel overwhelmed.

5. Delegating tasks

Do not hesitate to ask for help from your partner, family, or friends. You don't have to do everything alone - allowing others to help is also a form of self-care.

6. Relaxation techniques

Try light stretching, yoga, or listening to calming music to relieve physical and mental tension.

Set Boundaries:

- Learn to **say no** to excessive demands and focus on what truly matters for your well-being and balance.

Appreciate small progress:

- Celebrate every **small achievement** in your child's development, no matter how minor.
- Stay persistent and focus on **what your child can do**, rather than what they haven't achieved yet.

Handling Criticism & External Opinions:

- Throughout this journey, you may encounter various opinions, criticisms, or misunderstandings from others.
- Sometimes, stress and exhaustion arise due to social stigma - people might say you're worrying too much, being too weak, or even blaming you for your child's condition.
- **Stay focused on what truly matters** - supporting your child and taking concrete steps toward their future.
- **Resilience is key** - your mental strength is the foundation of your child's success.
- Do not let others' opinions shake your confidence. Trust yourself and the efforts you have made as a caregiver.

Managing Family Finances

1. Managing family finances while raising a child with special needs (ABK) requires careful planning.
2. Track all income and allocate a budget for essentials, including therapy, special education, assistive tools, and emergency funds.
3. Prioritise essential expenses, such as therapy and healthcare, which are often the biggest financial commitments.
4. Set aside at least 10-20% of your income for future savings.
5. Utilise available financial aid from government programs or social organizations to ease costs.
6. Regularly review monthly expenses to ensure financial stability and adjustments as needed.
7. Avoid being influenced by testimonials when choosing interventions - only invest in what is feasible for your family's financial situation.

8. A planned financial approach will help maintain family well-being and support your child's optimal development.

Summary

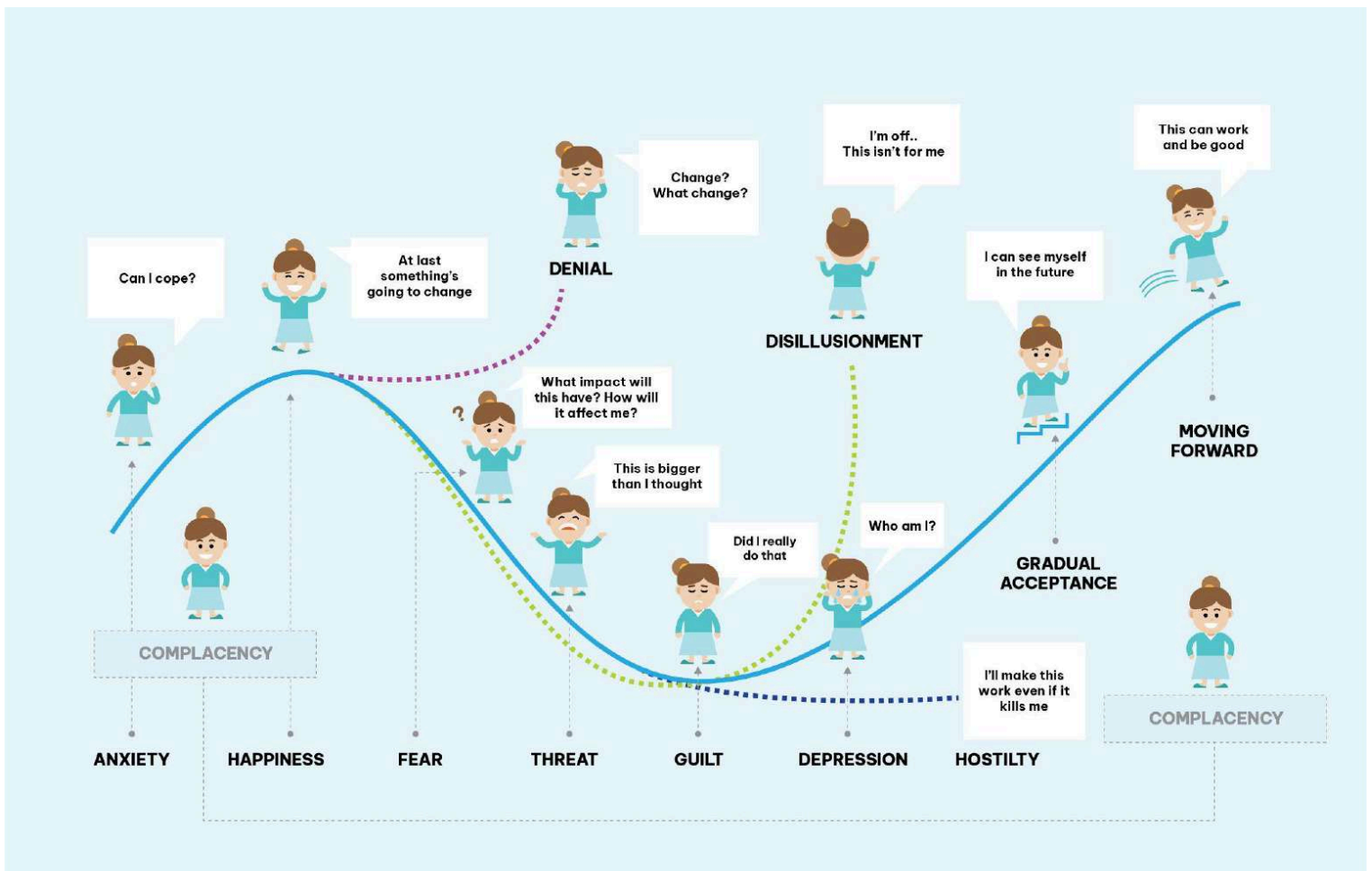
- Understand that all caregivers go through each stage of acceptance.
- Allow yourself to experience each phase, but strive to move forward.
- Seek support from trusted loved ones or professionals if you cannot cope alone.
- Focus on solutions, not past mistakes.
- Acceptance is the first step toward becoming an empowered and resilient caregiver.
- Help yourself before helping your child - just like putting on your oxygen mask first before assisting others.
- Acceptance is a normal process, but don't stay stuck in one stage for too long.
- Give yourself permission to process each stage, acknowledge it, and seek help when overwhelmed.
- Manage stress, maintain your health, practice self-care, and manage finances wisely to better support your child.

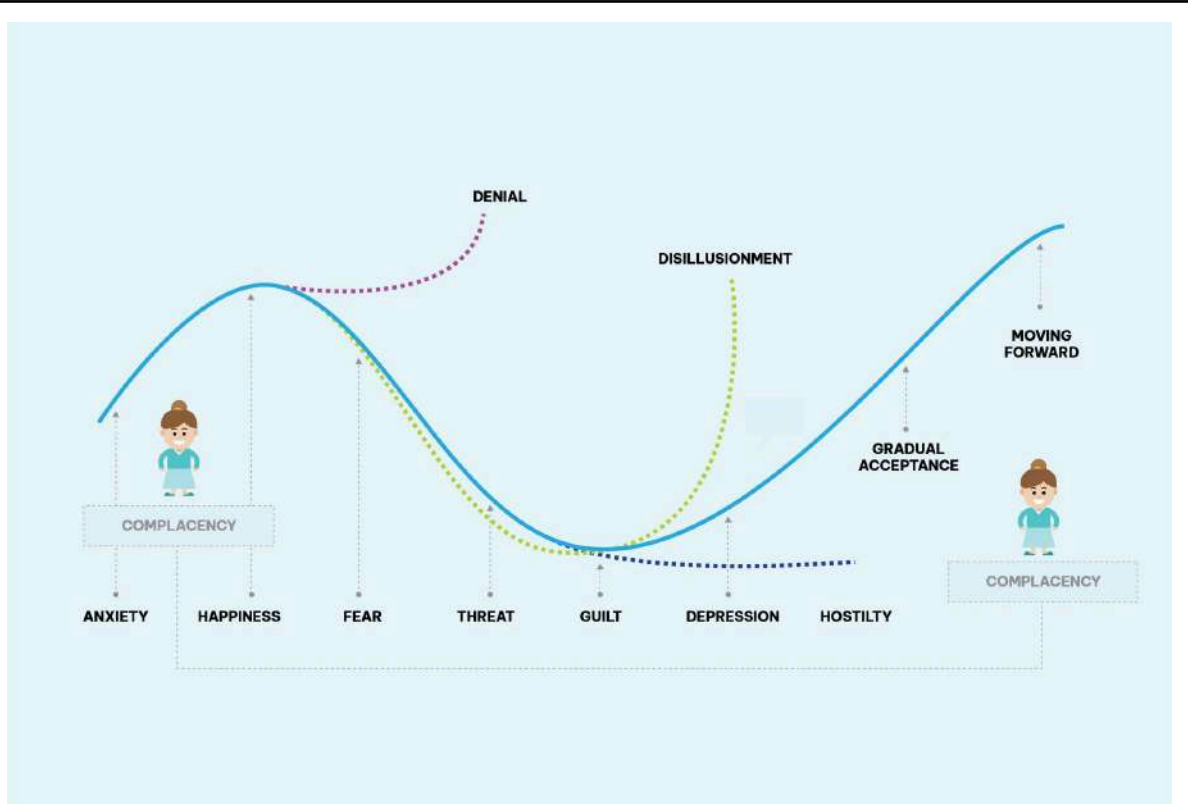


Caregiver Activity Sheet

Class Activity for Finger 1: Where Am I Now?

1. Take a moment to reflect on your current stage of acceptance.
2. Use crayons to draw emoji (on the next page) that best represents your current stage.
3. After identifying your stage, consider what steps you can take to move forward to the next stage.





What will you do to reach the next stage?



Finger 2: Optimal Child Development

Finger 2. Optimal Child Development

Objective



Parents/Caregivers: Understand child growth and development, recognise that each child is unique, identify their strengths and needs, implement positive discipline, and provide appropriate support based on the child's individual needs.

Keywords



Understand their development, Empathise with their needs, Implement positive discipline, Provide support based on their strengths and needs

2.1. Child Growth and Development

Child development is a gradual process encompassing various aspects such as physical, cognitive, language, and socio-emotional development. According to the *Standar Deteksi Dini dan Intervensi Tumbuh Kembang* (Early Detection and Intervention Standards for Child Development (SDIDTK), Ministry of Health of Republic Indonesia 2022), a child's progress can be assessed based on age-appropriate abilities.

While each child develops at their own pace, there are general indicators that serve as guidelines for monitoring growth and development.

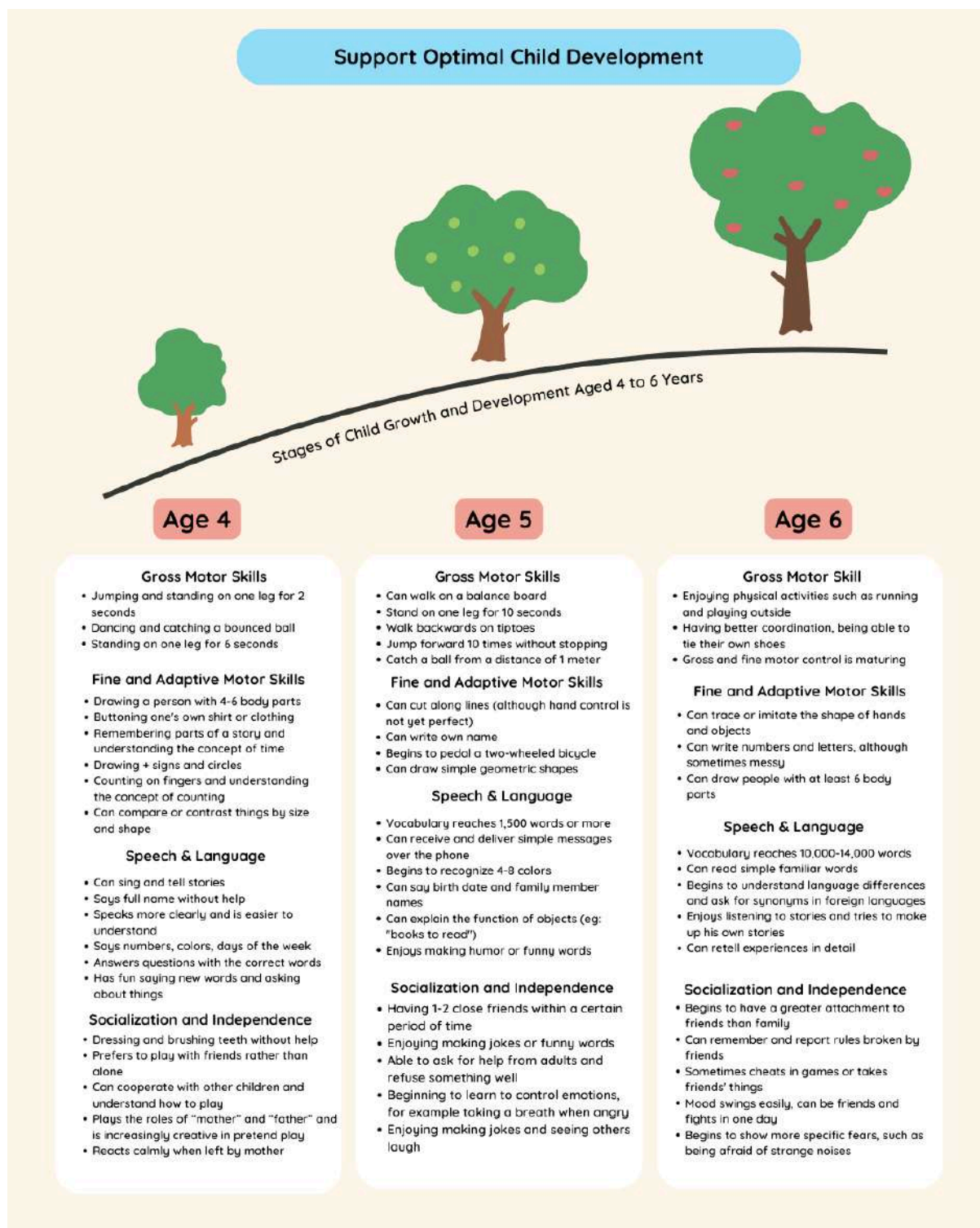


Figure 2. Stages of Growth and Development for Children Aged 4 to 6 Years (adapted from the Directorate General of Early Childhood Education and Community Education, Ministry of Education and Culture of the Republic of Indonesia 2015)

Child Development at 4 Years Old (48-59 Months)

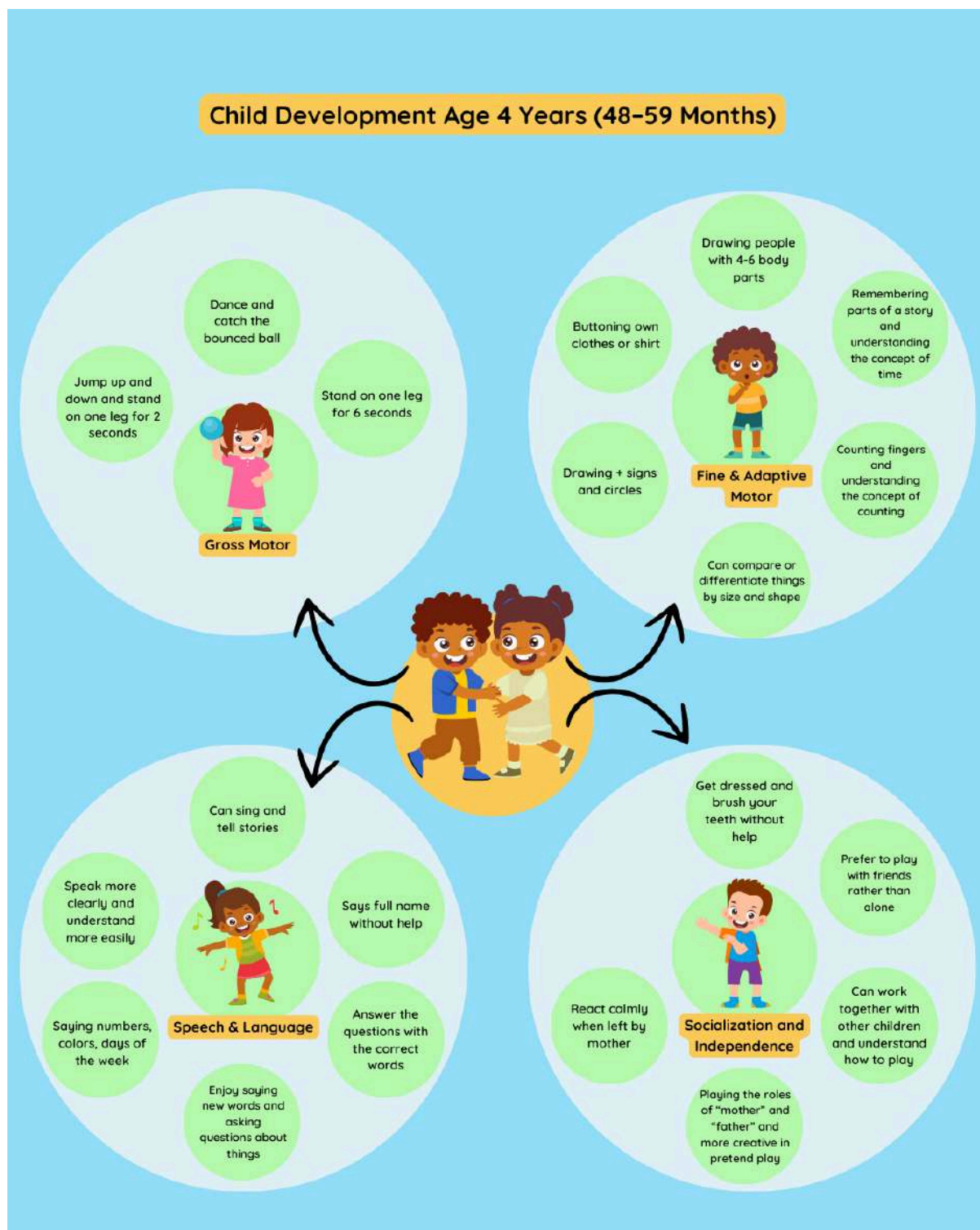


Figure 3. Stages of Growth and Development for Children Aged 4 to 6 Years (adapted from the Directorate General of Early Childhood Education and Community Education, Ministry of Education and Culture of the Republic of Indonesia 2015)

Child Development at 5 Years Old (60-71 Months)

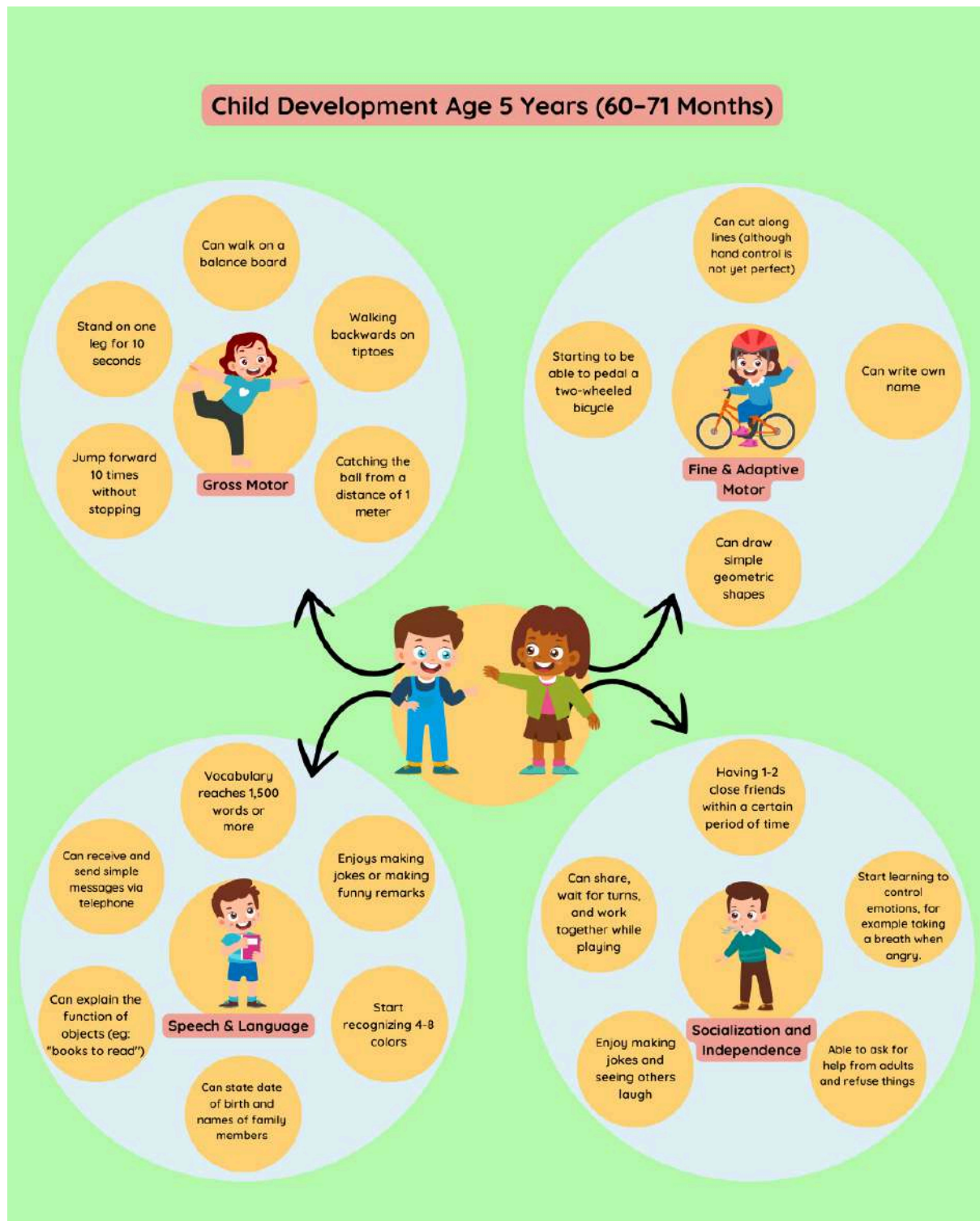


Figure 4. Stages of Growth and Development for Children Aged 4 to 6 Years (adapted from the Directorate General of Early Childhood Education and Community Education, Ministry of Education and Culture of the Republic of Indonesia 2015)

Child Development at 6 Years Old (72 Months)

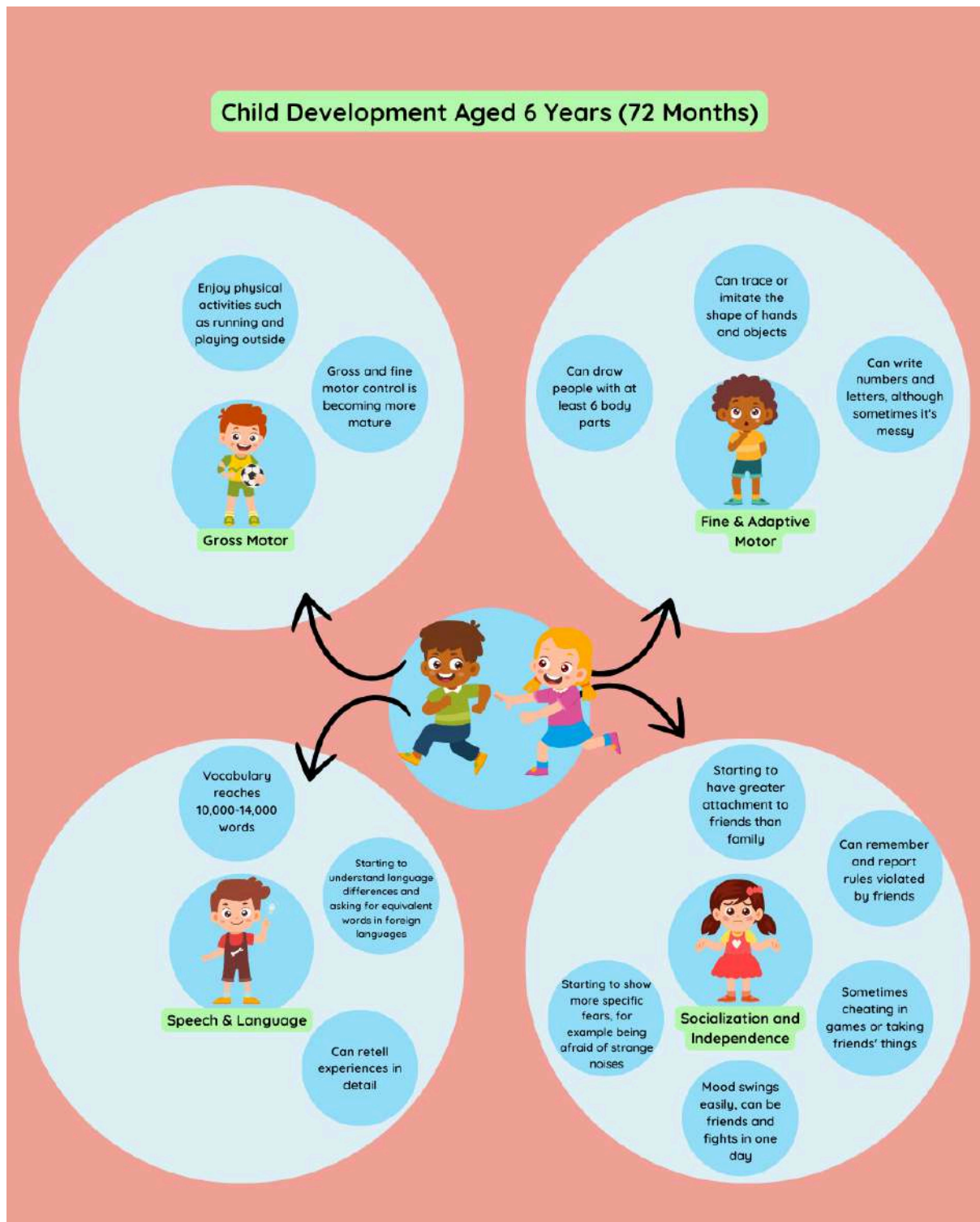


Figure 5. Stages of Growth and Development for Children Aged 4 to 6 Years (adapted from the Directorate General of Early Childhood Education and Community Education, Ministry of Education and Culture of the Republic of Indonesia, 2015)

Every Child is Unique and Needs the Right Support

Not all children reach developmental milestones at the same time. Some may face challenges, such as difficulty writing compared to their peers or struggling to sit still for extended periods. When a child shows differences in development, it may indicate that they need additional support. The earlier caregivers recognise their child's needs, the better the assistance they can provide to help ensure optimal development.

Steps Caregivers Can Take:

1. Understand my child's developmental stages.
2. Detect if my child has any developmental delays.
3. Recognise my child's strengths and potential.

These steps can be carried out by: observing the child's daily activities, noting specific challenges such as speech, movement, or social interaction difficulties, and using the 4-6-year-old screening table (KIA Book²) to assess the child's development.

Why Understanding Child Development Stages is Crucial in Supporting Children with Special Needs?

Every child develops at a different pace, especially children with special needs. Understanding developmental stages is essential for caregivers to provide the right support tailored to their child's needs.

1. Identifying Developmental Challenges Early

Understanding developmental milestones helps caregivers recognise delays or difficulties in areas such as speech, movement, or social interaction. Early detection allows

² The Maternal and Child Health Book (Ministry of Health of the Republic of Indonesia 2024), often referred to as the pink book.

caregivers to seek professional help (therapists, doctors) so children can receive appropriate interventions as soon as possible.

2. Choosing the Right Interventions

Each special needs child has unique needs. Understanding developmental stages enables caregivers to select the right therapy, assistive tools, or learning methods that match their child's abilities.

3. Providing Support Based on the Child's Needs

Children with special needs often follow different developmental patterns compared to their peers. By understanding these stages, caregivers can adjust expectations and provide tailored support, ensuring their child develops optimally according to their potential.

4. Building a Positive Relationship with the Child

When caregivers understand their child's challenges and strengths, they can create a more supportive and inclusive environment. This helps children feel accepted, valued, and confident in their daily lives.

5. Preventing Unnecessary Pressure

Caregivers often feel anxious when their child does not develop at the same pace as others. However, each child grows at their own rate. Understanding this helps caregivers stay patient and avoid excessive pressure, allowing the child to feel valued and supported in a way that suits their needs.

Understanding Child Development Stages

The **Pyramid of Learning**³ is a framework for understanding how children develop from **basic to more complex skills**.

This model is based on the Taylor-Trotts learning pyramid (as cited by Williams & Shellenberger 1996) to assist caregivers, especially those with children with special needs.

The Pyramid of Learning outlines the progression of child development, starting from conception and pregnancy, sensory development, fine and gross motor skills, information processing abilities, communication skills, self-regulation and independence, culminating in academic abilities (*reading, writing, and arithmetic* - "*CaLiSTung (baCa, tuLIS dan hiTUNG*" in Indonesian).

Disclaimer:

The intention of using the pyramid with age indication is **not to dictate prerequisites** that must be "completed" before a child can learn, but to:

- **Visualise the developmental process** of how different learning domains build upon one another from early sensory foundations.
- **Emphasise that learning can be supported from any level**, including when a child is still developing sensory integration.

This aligns with Jean Ayres' theory of sensory integration (1973, p.1-25), which underscores that **cognition and sensory development interact continuously** - not sequentially in a linear or "finished-before-next" manner.

³ See the following page for the pyramid figure.

The Pyramid of Learning

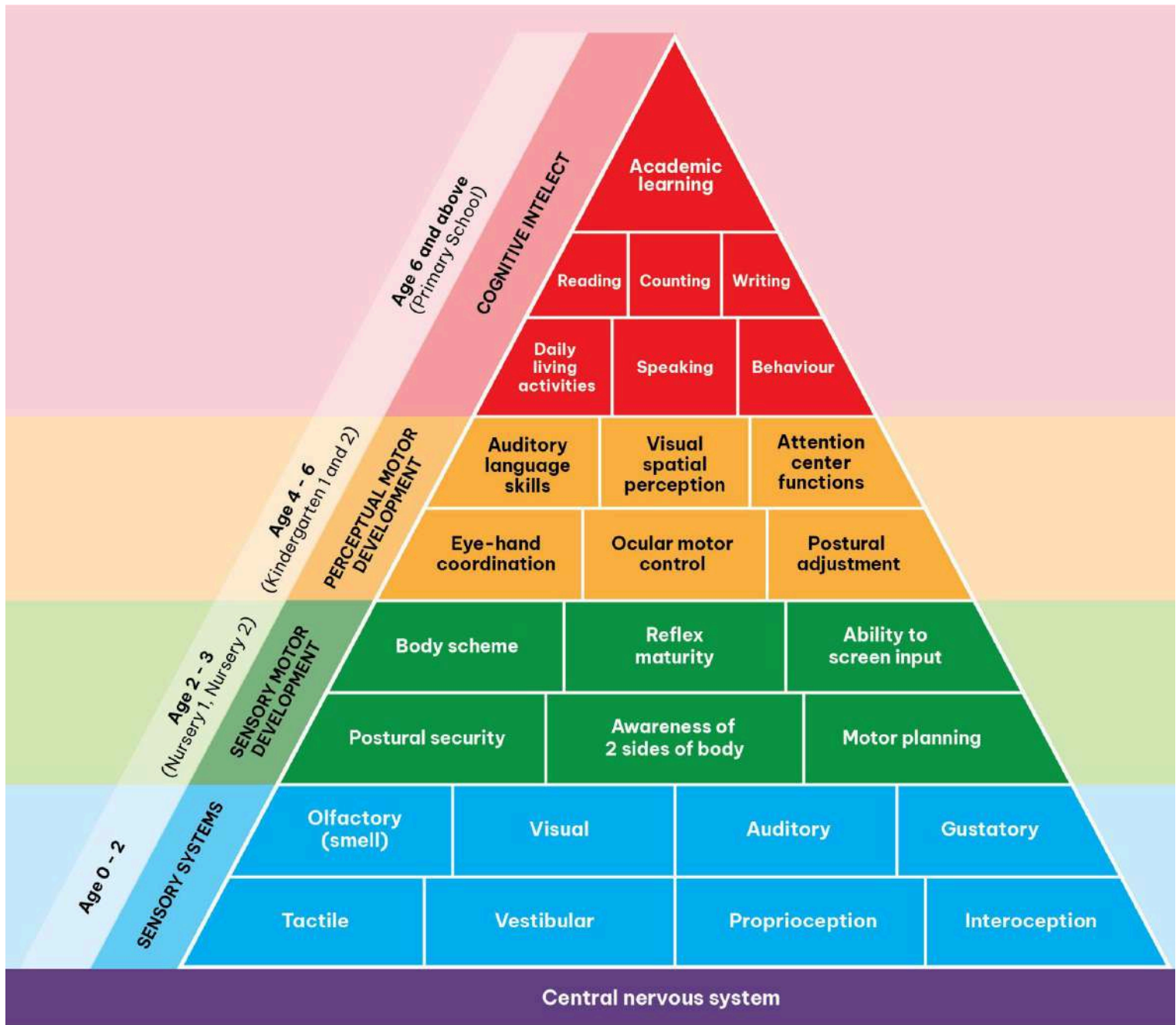


Figure 6. The Pyramid of Learning based on the Taylor-Trotts pyramid (as cited by Williams & Shellenberger 1996)

Prerequisite Skills: Step-by-Step Towards Child Development

Child development does not happen instantly; it progresses through interconnected stages. Each skill requires a strong foundation before a child can master more complex abilities.

1. Sensory System (Foundation of Child Development)

The sensory system serves as the foundation for all skills development in children.

It involves sensory processing, which helps children recognise and understand their surroundings.

Sensory Systems Involved in Development:

1. **Tactile (touch):** recognising textures, temperature, pressure, and pain.
2. **Vestibular (balance):** controlling body balance and coordination. Sensory system disruptions can lead to **coordination, attention, and self-regulation difficulties.**
3. **Proprioceptive (body awareness):** understanding body position without looking.
4. **Interoception (visceral awareness):** recognising internal body signals such as hunger, fullness, body temperature, fatigue, and the need to use the toilet.
5. **Olfactory (smell):** distinguishing different scents.
6. **Visual (sight):** recognising colors, shapes, letters, and numbers.
7. **Auditory (hearing):** processing sounds, understanding speech, and following verbal instructions.
8. **Gustatory (taste):** identifying flavors such as **sweet, salty, sour, bitter, and umami.**

If a child experiences sensory processing difficulties, they may struggle to process stimuli, impacting various aspects of their life.

For example, they might:

- Be picky eaters due to sensitivity to textures or tastes.
- Not recognise fatigue or pain, leading to difficulties in self-regulation.
- Struggle with emotional control, making them prone to frustration and outbursts.
- Experience constant anxiety because they have difficulty understanding their own body signals.

These challenges can affect their concentration, social interactions, and independence in daily activities.

2. Gross Motor Skills (Large Body Movements)

Gross motor skills involve large movements that engage the body's major muscle groups.

Key elements of gross motor skills in the learning pyramid:

1. **Postural stability** - the ability to maintain balance while sitting, standing, or moving without frequent falls or instability.
2. **Bilateral coordination awareness** - the ability to use both sides of the body together, such as in climbing, swimming, or tying shoelaces.
3. **Motor planning (praxis)** - the ability to think before moving, such as planning how to climb stairs or throw a ball in the right direction.
4. **Body awareness** - the ability to recognise one's body position without looking, such as knowing where one's hands or feet are during movement.

5. **Reflex maturity** - the ability to control automatic movements that should diminish with age, preventing them from interfering with coordinated actions like writing or running.
6. **Sensory modulation ability** - the ability to filter and adjust to sensory input (such as sounds, touch, or light) without feeling overwhelmed or distracted.

Challenges in Gross Motor Development

Children with gross motor difficulties may appear clumsy, frequently fall, or struggle with balance while walking or running. They may have difficulty with physical activities like throwing and catching a ball, kicking, climbing, or jumping. Additionally, they struggle to coordinate both sides of the body, plan movements, or maintain proper posture. They may face challenges in playing, participating in sports, or performing daily tasks independently.

3. Fine Motor Skills (Small and Coordinated Movements)

Fine motor skills involve small, precise movements that require coordination between the eyes and hands.

Key elements of fine motor skills:

1. **Hand-eye coordination** - the ability of the eyes and hands to work together for tasks such as writing, drawing, or picking up objects.
2. **Eye movement control** - the ability to move the eyes effectively to track objects, read, or aim accurately.
3. **Postural adaptation** - the ability to adjust body posture to sit upright while writing or to use the hands with stability.
4. **Ability to understand spoken language** - the skill of comprehending and responding to verbal instructions or information.

5. **Spatial awareness** - the ability to understand the position of objects in space, such as when assembling puzzles or writing in a straight line.
6. **Ability to focus attention** - the ability to stay focused on a task without getting easily distracted.

Challenges in Fine Motor Development

Children with fine motor difficulties may:

- Struggle with hand coordination, making tasks like writing neatly, drawing, cutting with scissors, or buttoning clothes difficult.
- Have trouble controlling eye movements, leading to difficulty in reading or accurately catching a ball.
- Experience spatial awareness challenges, making it hard to assemble puzzles or place objects correctly.
- Take longer to complete school tasks, become easily frustrated, or avoid activities that require hand skills.

4. Cognition (Academic Abilities and Life Skills)

Cognition encompasses a child's **ability to think, learn, remember, and apply knowledge** in both academic and daily life situations.

Key aspects of cognitive development:

1. **Attention** - the ability to focus on tasks on information without getting easily distracted.
2. **Memory** - the ability to retain and recall information, such as remembering game rules or school lessons.
3. **Problem-solving** - the ability to think critically and find solutions when facing new challenges or tasks.

4. **Decision-making** - the ability to choose the best course of action from multiple options based on available information.
5. **Academic skills** - the ability to read, write, and perform arithmetic, which are essential for school learning.
6. **Concept understanding** - the ability to grasp relationships between objects, ideas, or patterns in everyday life.
7. **Language skills** - the ability to communicate clearly, understand instructions, and speak fluently.
8. **Emotional and behavioral regulation** - the ability to manage emotions, adjust reactions to situations, and behave appropriately.
9. **Social understanding** - the ability to recognise others' emotions and perspectives and engage in socially appropriate interactions.
10. **Daily living skills** - the cognitive ability to plan and complete daily tasks, such as getting dressed, eating, and managing time.

Cognition is not limited to academic skills; it also includes how children think, remember, regulate emotions, and interact with their environment.

The Learning Pyramid as a Learning Tree

To make these concepts easier to understand, this guide visualises the **Learning Pyramid as a Learning Tree**, where **each stage grows and develops from the roots, trunks, leaves, to fruits**, forming a child's overall abilities.

The Learning Tree

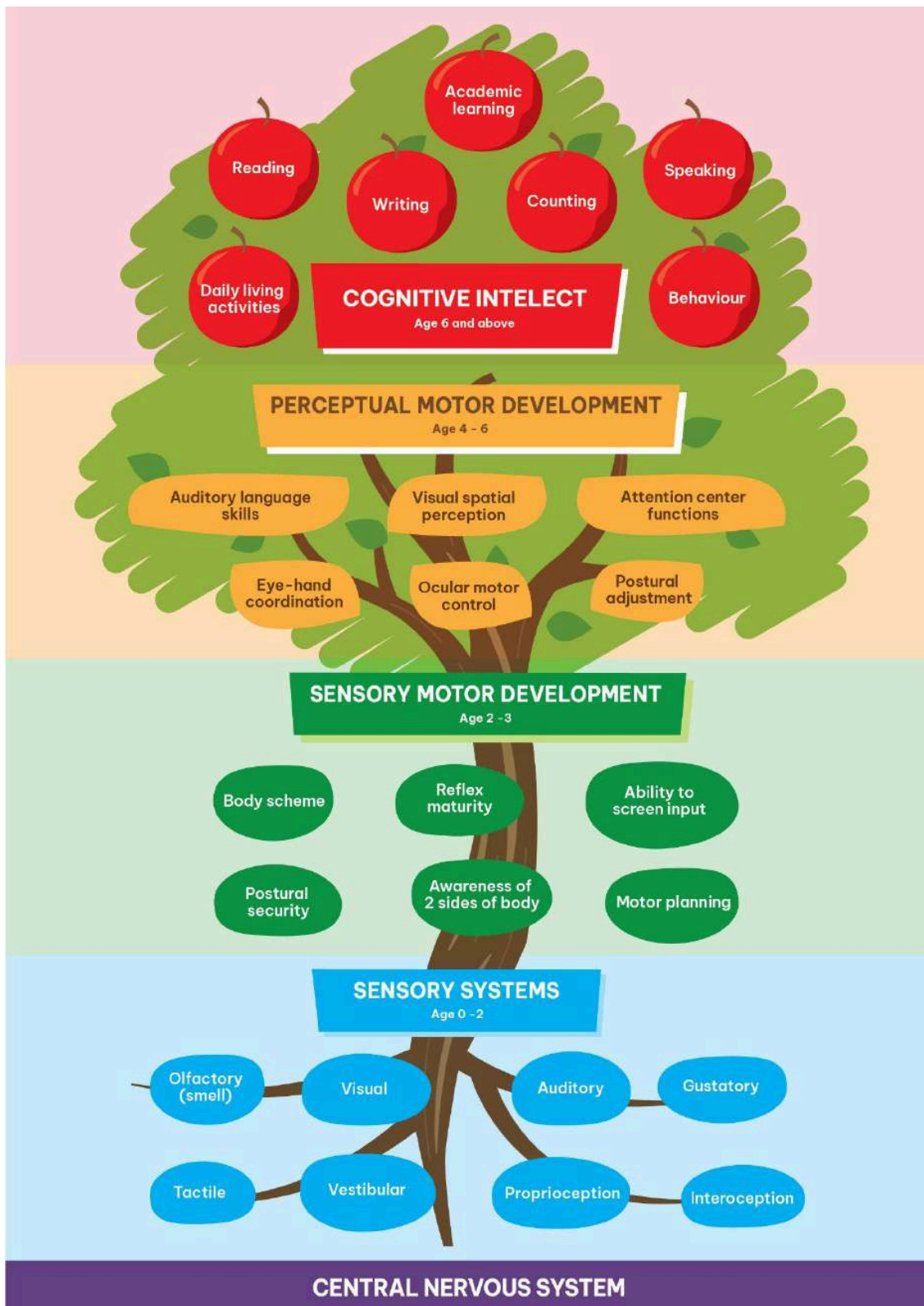


Figure 7. The Learning Tree, adapted from the learning pyramid

1. Sensory System Development - The Roots of the Tree

Just like roots provide nutrients and support for a tree to grow strong, the sensory system serves as the fundamental foundation of a child's development. This system enables children to perceive and understand the world through:

1. **Vision** (sight)
2. **Hearing** (auditory)
3. **Touch** (tactile)
4. **Smell** (olfactory)
5. **Taste** (gustatory)
6. **Balance** (vestibular)
7. **Body Awareness** (proprioception)
8. **Interoception** (internal body awareness, such as hunger, fatigue, and body temperature)

The sensory system serves as a prerequisite for the development of:

- Gross motor skills
- Fine motor skills
- Daily living activities (ADLs)
- Cognitive skills.

If a tree's roots are weak, the trunk and branches cannot grow properly. Similarly, if a child's sensory system is disrupted, they may struggle with:

- Balance and movement coordination
- Attention and information processing
- Emotional regulation

These challenges can affect learning abilities and daily activities. Therefore, proper sensory stimulation is crucial to ensure optimal child development.

2. Sensory and Motor Development (Gross Motor Skills) - The Trunk of the Tree

Just like a **trunk supports the tree** and distributes energy to all its parts, **sensorimotor development** is a critical stage where children **gain better control over their bodies**. They learn to: maintain balance, recognise their own body parts, use both sides of their body in a coordinated manner.

At this stage, children also develop the ability to filter environmental stimuli, allowing them to focus without being easily distracted by noise, light, or excessive touch. Their reflexes mature, enabling more controlled movements. Additionally, they begin to plan their actions, such as climbing, throwing a ball, or using writing tools more effectively.

Just as a **strong trunk** helps a tree withstand the wind, **well-developed sensorimotor skills** provide children with the foundation to **move, play, and learn with confidence**.

3. Perceptual Motor Development (Fine Motor Skills) - The Branches and Leaves

Just like branches grow stronger and more structured, at this stage, children begin to:

- Sustain attention for longer periods
- Improve hand-eye coordination
- Understand direction and spatial awareness more effectively.

They not only see but also perceive the position of objects and their own body in space, which is essential for skills such as drawing, writing, and sports.

As eye movement control matures, children become better at:

- Tracking words while reading
- Noticing fine details
- Observing objects with improved focus

Additionally, they start adjusting their posture based on different needs, such as:

- Sitting upright while studying
- Standing confidently while speaking
- Moving with better balance

Just like branches shape the main structure of a tree, **this stage of development lays the foundation** for efficient learning, interacting with the world, and mastering more complex life skills.

4. Intelligence and Cognitive Development - The Fruits of the Tree

Just like **branches and leaves grow from a strong trunk**, at this stage, children begin to develop **higher-level thinking skills**, including:

1. Reading, writing, and arithmetic
2. Clearer speech and communication
3. Emotional and behavioral regulation

They also gain **greater independence**, becoming capable of dressing themselves, tidying up their toys, following social rules

However, just as a **tree cannot bear fruit without strong roots and a sturdy trunk**, children cannot master advanced skills without first developing **prerequisite skills**:

1. Before learning to read, they must develop eye coordination to track text.
2. Before learning to write, they need good hand control.
3. Before regulating emotions, they must first recognise internal body sensations (interoception).

If a child struggles with complex skills, caregivers should assess whether foundational abilities are fully developed. **By understanding prerequisite skills**, caregivers can provide the right stimulation, structured practice, or specialised

interventions if needed, ensuring that the child has a strong foundation for optimal growth and development.

Examples of Prerequisite Skills in Child Development

1. Before a child can run, they must first:

- Walk steadily (*basic motor skills*).
- Maintain stable posture (*postural control*).
- Have good balance (*vestibular and proprioceptive sensory abilities*).

If these skills are **not yet fully developed**, the child may:

- Frequently fall while running.
- Appear clumsy in movement.
- Lack confidence in physical activities.

2. Before a child can write, they must first:

- Understand hand and finger positioning when holding a pencil (*body awareness and tactile sensory skills*).
- Move the pencil according to what they see (*hand-eye coordination*).
- Control fine motor movements of their fingers and hands.

If these foundational skills **are not yet developed**, the child may:

- Hold the pencil too stiffly.
- Struggle to form letters.
- Get easily tired while writing.

These examples highlight the importance of prerequisite skills in ensuring smooth progression to more advanced abilities in child development.

Summary

The Learning Tree Model shows that sensory skills form the foundation of gross motor and fine motor development. These skills serve as prerequisites for children to develop activity daily living (ADLs), which later build cognitive abilities such as reading, writing, math, and problem-solving.

If there are challenges at the lower levels of development, it can hinder higher-level skills, leading to difficulties in movement coordination, attention, or concept comprehension.

Therefore, parents and caregivers play a key role in ensuring that each developmental stage receives adequate and appropriate stimulation, supporting the child's overall growth and learning potential.

Caregivers Activity Sheet

Class Activity for Finger 2: Learning Tree for Zaki

Case Study:

Zaki, **6 years old**, has been in school for three years but still **cannot write**. When asked to **hold a pencil**, his grip appears **stiff and awkward**. In class, he often **wanders around aimlessly**, has **difficulty sitting still** for extended periods, and is **restless**.

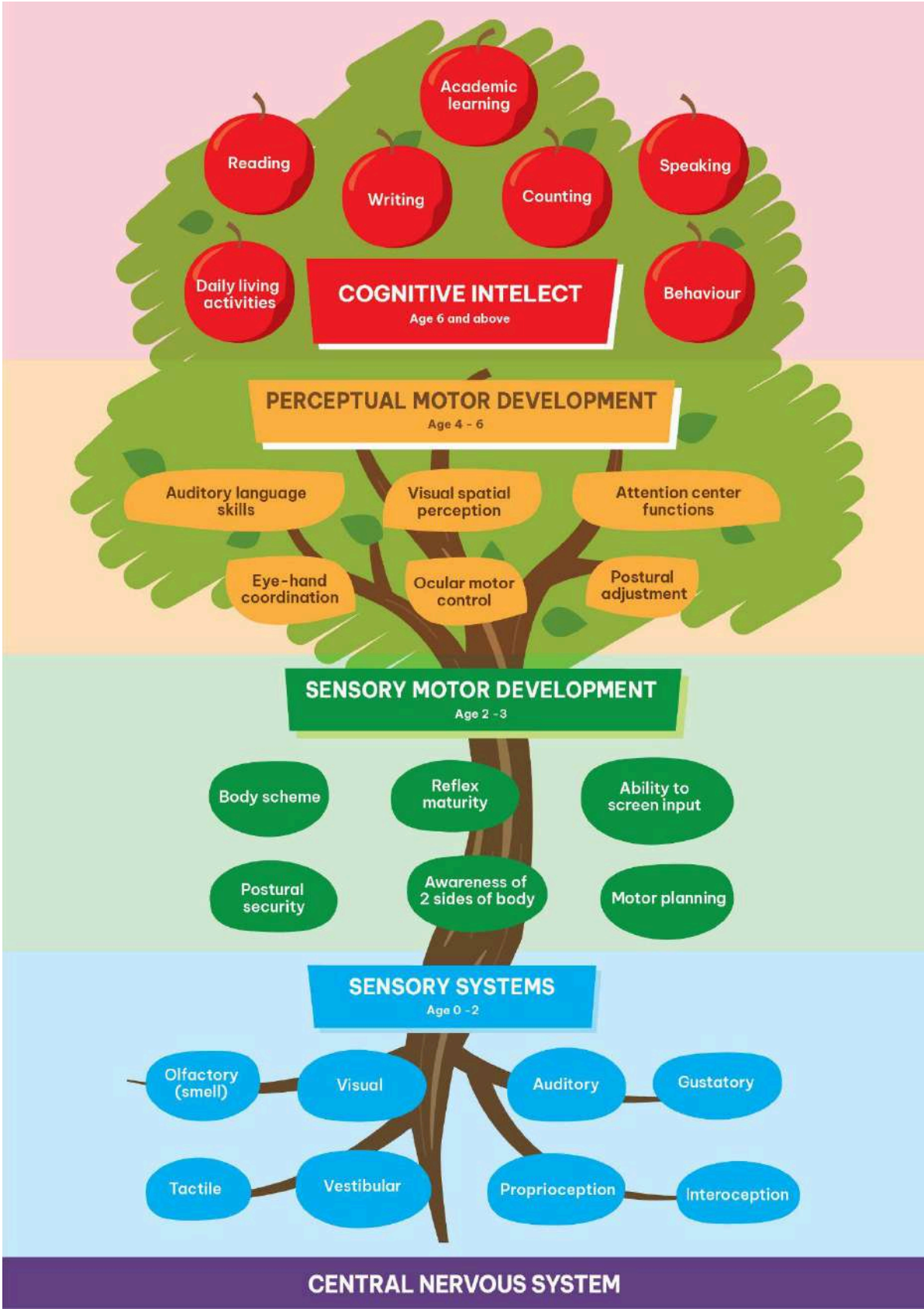
Additionally, Zaki is **easily distracted by small sounds or movements** around him, making it **hard to focus** on learning tasks. When asked to **copy shapes or letters**, his scribbles are **disorganised**, and he **quickly becomes frustrated**.

In the near future, Zaki must transition to primary school (SD), but he has **not shown interest or ability in writing**, which **worries his caregivers** about his readiness. They hope Zaki can start writing and learn to sit calmly before entering school.

Instructions:

1. Read the case study carefully.
2. Identify the skills Zaki's caregivers want him to achieve. Write them down here:

3. Match Zaki's developmental needs with the Learning Tree.
4. **Circle** the foundational skills Zaki must develop before reaching the writing ability desired by his caregivers.
5. Complete the activity on the provided worksheet



2.2 Detecting Developmental Delays in Children

Early detection is crucial as it helps children receive appropriate support, prevents future challenges, and ensures their optimal development (*Direktorat Jenderal Pendidikan Anak Usia Dini dan Pendidikan Masyarakat* 2015).

Recognising early signs of developmental difficulties allows caregivers to provide timely interventions tailored to their child's needs. One of the first steps in detecting developmental issues is through screening. Screening is an initial assessment to determine whether a child may be experiencing developmental delays or special needs. If red flags are identified, the child should undergo further evaluation by professionals to receive a proper diagnosis and intervention.

What is Screening?

Screening is an initial process to detect potential developmental challenges or special needs in children.

Purpose: To identify early signs of developmental disorders in children that may require further assessment.

Characteristics of Screening:

- Quick and simple
- Does not provide a diagnosis, only an initial indication
- Can be conducted by caregivers, preschool teachers, or trained *Posyandu* staff.

Examples of Screening in Practice:

- A preschool teacher asks children to name objects from a distance to check for vision issues.
- A caregiver fills out the screening table in the *KIA Book* to track age-appropriate development milestones.

How to Conduct Basic Screening for Children

1. Observing Child Development

Monitor the following aspects based on the child's age:

- **Physical:** height and weight appropriate for age.
- **Motor Skills:** ability to jump, hold objects, or move efficiently.
- **Language:** speaking ability and understanding instructions.
- **Social-Emotional:** interaction with peers and adults.
- **Cognitive:** ability to solve simple problems.

Signs to watch for:

- Significant delays in developmental milestones.
- Unusual behavior patterns, such as difficulty expressing themselves or adapting.
- Reactions in various situations, e.g. how they play alone or with peers.

2. Using Basic Screening Tools

In addition to observation, caregivers can use **screening tools**, such as:

1. **Developmental Questionnaires** - A checklist to evaluate the child's skills.
2. **KIA Checklist** - A tool to assess if a child has reached age-appropriate developmental milestones (see the caregiver home practice sheet on p.135).

Important Notes for Caregivers Conducting Screening

- **Use screening tools carefully** and consult the results with professionals such as psychologists, pediatricians, or therapists.
- If screening indicates potential concerns, **seek expert evaluation** for further examination.
- **Screening is only a preliminary assessment** and does not replace a professional diagnosis.

Caregivers Activity Sheet

2. Class Activity for Finger 2: Tono's Screening

Read the story about Tono below.

1. Conduct a simple screening based on the information obtained from the story above about Tono.
2. Complete the task on the provided worksheet (on the next page).

Case Study: Tono's Screening

In a village called Desa Simpang Siur, there lived a 4-year-old boy named Tono. One day, Tono and his friends went to a newly opened playground in their village. The park was filled with exciting games and activities.

At the playground entrance,

- Tono tried the balance game by standing on one foot for 6 seconds. He successfully did it, and his friends applauded him.
- Nearby, other children were hopping on one foot, and Tono joined them happily.
- When the music played, he danced energetically to the rhythm.

In the drawing area,

- Tono drew a cross, a circle, and a person with three body parts.
- However, when trying to button a doll's clothes, he struggled and failed.

During lunchtime,

- When asked by a mother, Tono proudly said his full name.
- He enjoyed repeating new words and asking many questions to the adults around him.

- However, when playing a guessing game, Tono had difficulty giving the correct answers.

In the shape and size comparison game,

- Tono tried to distinguish blocks based on size and shape but became confused and was unable to do it correctly.
- Before going home, he joined a finger-counting game with his friends but could only count up to five before struggling to continue.

Basic screening from KIA Book

Mark the skills Tono can do/has achieved (for children 3-4 years old):

#	Child Development Milestone	Yes	No
1.	The child can stand on one foot for 6 seconds		
2.	The child can hop on one foot		
3.	The child can dance		
4.	The child can draw a cross		
5.	The child can draw a circle		
6.	The child can draw a person with 3 body parts		
7.	The child can button clothes or doll's clothing		
8.	The child can say their full name without help		
9.	The child enjoys saying new words		
10.	The child enjoys asking questions about things		

11.	The child can answer questions with the correct words		
12.	The child can speak clearly and be easily understood		
13.	The child can compare/distinguish objects by their size and shape		
14.	A child can name numbers and count on their fingers		

2.3 Identifying a Child's Strengths and Potential Using the PINS Method⁴

Every child is unique, and **caregivers are the ones who know their child best**. No one understands a child's habits, preferences, and challenges better than their own caregivers. That is why **caregivers are the best experts** in supporting their child's development.

The **PINS Method (Preferences, Interests, Needs, Strategies)** helps caregivers **better understand their child** and find the most effective ways to support their learning and development.

PINS: A Better Way to Understand and Support Your Child

1. (P)reference - What Does the Child Naturally Enjoy?

Preferences are things that **make a child feel comfortable and happy**, activities they do naturally without needing to be taught or directed.

Examples of Preferences:

- The child enjoys being **active**, frequently jumping, running, or struggling to sit still.
- The child prefers **calm environments**, enjoys playing alone, or carefully observing things.
- The child learns **better with music** rather than reading books.

How to Apply It:

- If the child enjoys movement, teach them letters or numbers by **jumping to the corresponding letter or number**.

⁴ Adapted from PINS: Preferences, Interests, Needs, and Strengths (University of Cincinnati, CECH 2024).

- If the child prefers quiet settings, use **minimal noise and distractions** when teaching new concepts.

2. (I)nterest - What Captures the Child's Attention?

Interests are things that **make the child curious** and eager to learn more. Interests may change over time, but they can be a **powerful tool** to boost engagement in learning.

Examples of Interests:

- The child is fascinated by **cars**, often talking about and observing different vehicle types.
- The child loves **animals**, frequently asking about their habitats and sounds.
- The child enjoys **bright colors**, focusing more easily when materials include colorful pictures or objects.

How to Apply It:

- If the child likes dinosaurs, teach them numbers by counting dinosaurs.
- If the child is interested in vehicles, use toy cars to introduce colors and shapes.

3. (N)needs - What Does the Child Require?

Every child faces **challenges or difficulties** that need support. These may relate to **motor skills, language development, or social skills**.

Examples of Needs:

- The child **struggles to hold a pencil**, making writing difficult.
- The child **finds it hard to sit still and focus** for long periods.
- The child **has difficulty speaking clearly**, making it hard to express their needs.

How to Apply It:

- If the child **struggles to hold a pencil**, start with **activities that strengthen finger muscles**, such as playing with sand, mud, or tying knots.
- If the child **has trouble focusing**, give **short tasks** with breaks in between.

4. (S)trategy - How Can We Support the Child?

Strategies are the best ways to help a child based on their **preferences, interests, and needs**.

Examples of Strategies:

- If the child **loves water** but struggles with numbers, teach them by **dipping paper numbers into water**.
- If the child **enjoys music** but has difficulty speaking, introduce new words through **songs**.
- If the child **likes building things** but struggles with focus, use **blocks to teach patterns or counting**.

How to Apply It:

- Use the child's **preferences** to make learning more comfortable.
- Connect learning material to their **interests**.
- Ensure the strategies align with the child's **needs**, so they can grow in a way that suits them best.

Tips & Tricks for Applying PINS in Daily Life

1. Observe your child closely

- Notice which activities make the child most focused and happy (*preferences*).

- Identify topics or objects they frequently talk about or ask questions about (*interests*).

2. Listen to your child attentively

- Let the child express themselves without rushing to judge.
- Ask casual questions: *"What do you like to play?"* or *"What was the most fun part of your day?"*

3. Use preferences to make learning easier

- If the child enjoys moving, teach them by jumping to letters or numbers.
- If they prefer a quiet space, create a comfortable learning area with good lighting.

4. Use interests to capture attention

- If they love dinosaurs, teach numbers by counting dinosaur images.
- If they like vehicles, introduce colors or shapes using toy cars.

5. Adapt strategies to meet the child's needs

- If they struggle with holding a pencil, don't force them to write immediately. Start with playdough or picking up small objects to strengthen fingers.
- If they have difficulty sitting still, don't make them sit for long periods - incorporate movement into learning activities.

Caregivers are a child's first and best teacher. By understanding their child's **preferences and interests**, caregivers can help them learn in a way that is **more engaging and enjoyable**.

Do not force a child to learn in a way they dislike. Instead, **use their natural strengths** to help them grow confidently and happily.

2.4 Encouraging Children to Play and Learn

A Child's main task is to play

Many caregivers still believe that learning only happens **by sitting still and memorising**, while play is often seen as unimportant. In reality, **play is a child's natural way of learning** and understanding the world around them.

"Children do not learn because they are forced to learn. They learn because they play!" - Maria Montessori

Play helps children understand important concepts such as cause and effect, problem-solving, creativity, and social interaction.

Examples of play-based learning activities:

- **Playing with sand:** Understanding texture and quantity concepts.
- **Dropping a ball:** Learning about cause and effect.
- **Building with blocks:** Developing spatial awareness and problem-solving skills.
- **Role-playing:** Understanding social rules and different roles in society.

Why is Play Important?

1. Play supports each stage of a child's development:

- **Roots (sensory system):** activities like playing with sand, water, or textured materials help develop tactile senses. Swinging helps stimulate the vestibular system.
- **Trunk (sensorimotor development):** activities like jumping on colors or walking on different textures improve movement and coordination.
- **Branches and leaves (perceptual-motor development):** catching a ball or building blocks enhances **spatial skills** and coordination.
- **Fruits (cognitive and social skills):** role-playing and creative games develop critical thinking and social understanding.

2. Each type of play **strengthens foundational skills** from sensory processing to cognitive development. Some misconceptions about learning are that learning only happens sitting at a desk.

Play is not separate from learning - it is learning. Children need to experience, touch, move, and explore to truly understand the world.

Playing helps children understand complex concepts such as **cause and effect, problem-solving, creativity, and social interaction.**

The Benefits of Play:

- **Play is learning:** Helps children develop problem-solving skills, understand concepts, and enhance creativity.
- **Enhances social skills:** Teaches children sharing, cooperation, and understanding emotions.

- **Supports emotional regulation:** Play helps children feel calmer and more confident in a fun and engaging environment.
- **Essential for children with special needs:** Play helps develop motor skills, communication, and social adaptability.

How Can Children Learn Through Play?

1. Let the child lead the play

- Allow the child to choose activities and explore freely.
- Avoid saying "no" too often, so they feel safe to explore.
- Use open-ended questions like, "*What do you think will happen if...?*" to encourage critical thinking.

2. Modeling (demonstrating behavior)

- Children learn by observing and imitating their caregivers.
- Instead of simply telling them to tidy up their toys, show them how to do it together.

3. Step-by-step learning (breaking tasks into small steps)

- Break down skills into simple, manageable steps.
- Example: Teaching brushing teeth → Hold the toothbrush → Apply toothpaste → Brush front teeth → Brush back teeth → Rinse.

4. Repetition and practice

- Children learn through repeated experiences until they master a skill.

5. Praise and motivation

- Focus on effort, not just results.

- Example: *"You worked so hard, great job!"* or *"Try again, you're almost there!"*
- *"Thank you for trying to jump, you were so close!"*

Playing and Learning with Children with Special Needs

Therapy is not separate from play - therapy is play. Many caregivers view therapy as a structured, serious activity separate from daily life. They believe therapy must take place in a clinical setting and focus on "fixing" the child. **This is a misconception.**

As a result, many caregivers:

- Do not implement therapy at home, slowing the child's progress.
- Try multiple therapies without a clear plan, reducing the child's free time to explore and play.
- Pressure the child to show quick results, making therapy stressful and ineffective.

Children with special needs **learn best through play**. When play is integrated into therapy, children feel **more relaxed, motivated, and better able to learn new skills**.

Play and the Learning Tree

The **Learning Pyramid or Learning Tree** explains child development from basic to complex skills. Play supports each stage of this tree by providing **direct experiences and exploration**.

1. Sensory Skills - The Roots

Children must **feel, hear, see, and understand their bodies** before developing other skills.

- Playing with sand, water, or slime: enhances tactile sensitivity.
- Touching different textures: stimulates touch perception.
- Swinging or jumping on a trampoline: develops balance and coordination.

2. Sensorimotor Development - The Trunk

Children begin to **control their movements and body coordination**.

- Jumping on colored spots: improves balance and coordination.
- Using tweezers to pick up small objects: strengthens finger muscles for writing.
- Transferring grains with a spoon: improves hand-eye coordination.

3. Perceptual-Motor Development - The Branches and Leaves

Children start to understand **space, direction, and shape** while refining their **hand-eye coordination**.

- Building with blocks: enhances spatial awareness and problem-solving skills.
- Tracing shapes or letters: develops fine motor control and coordination.
- Catching a small ball: improves reflexes and precision.

4. Cognitive and Intelligence Development - The Fruits

At this stage, children develop **more complex thinking, social, and emotional skills**.

- Role-playing games: improve social communication and understanding of roles.
- Dropping balls from different heights: teaches cause-and-effect relationships.

- Using emotion cards: helps children recognise and understand feelings.

Tips for an Engaging and Effective Therapy Approach

Therapy should be enjoyable - if a child experiences stress or boredom, therapy will not be effective.

Apply the PINS Principle:

- **(P)reference** - what does the child enjoy?

Example: the child likes drawing, playing music, being tickled, or is highly engaged at certain times of the day.

- **(I)nterest** - what captures the child's attention?

Example: The child is interested in animals, bright colors, logos, shapes/patterns, vehicles, or building blocks.

- **(N)needs** - what does the child currently need?

Example: The child has difficulty speaking, maintaining balance, or holding a pencil.

- **(S)trategy** - how can we support the child?

Example: Practicing block stacking for a child who enjoys blocks and needs fine motor skill development.

Parents and caregivers can apply the PINS principle to support child development through:

- Understanding the child's needs to ensure therapy is tailored to their specific developmental requirements.
- **Following the child's interests:** use activities they enjoy to increase engagement and participation.
- Creating a comfortable and playful environment so the child feels safe and confident.
- Adapting therapy to the child's abilities to prevent overwhelming experiences.

- **Using daily activities as therapy:** simple tasks such as putting on clothes, picking up objects, or cleaning a table can serve as motor skill exercises.
- **Dedicating at least two hours daily** to playing and engaging with the child.
- Both parents should play an equal role in providing support to ensure the child receives optimal developmental stimulation from both caregivers.
- Quality interaction through play enhances the child's sense of being valued, supported, and motivated to learn.
- **Applying modeling strategies:** demonstrate how to complete a task before expecting the child to do it independently.
- **Breaking tasks into smaller steps**, example: teaching toothbrushing through a step-by-step sequence.
- **Incorporating sensory play**, activities like playing with sand, water, or textured objects stimulate sensory development.
- **Encouraging group play**, social interactions with peers help children develop sharing skills and emotional understanding.
- **Consistency is more important than long sessions**, short but regular sessions are more effective than lengthy, monotonous practice.

Therapy is play, and play is therapy. **Do not separate therapy from play**, because play itself is a form of therapy.

By incorporating play into therapy, children with special needs learn more quickly, naturally, and without unnecessary pressure.

Through play, children not only learn, but they grow happily.

2.5 The Involvement of Fathers and Mothers in Raising Children with Special Needs

Disclaimer on Parental Roles and Gender Sensitivity

This guideline acknowledges the diverse realities and dynamics of families. While examples in this section may refer to “mothers” or “fathers” for ease of understanding, we fully recognise that every parent or caregiver - regardless of gender - has equal capacity, responsibility, and value in supporting the development of their child, including children with special needs.

We do not intend to reinforce gender stereotypes or imply fixed roles for mothers or fathers. Instead, **we encourage a shared, flexible, and inclusive approach to parenting**, where roles are based on mutual support, availability, and individual family contexts. Examples provided are illustrative and not prescriptive.

Why Is the Engagement of Both Parents or Caregivers Important?

Caregivers share that coming to terms with the fact that their child has special needs is an emotionally complex process. Every parent or caregiver, whether male or female, may experience confusion, sadness, and even hopelessness. In such situations, **it is important for all primary caregivers to support one another, maintain open communication**, and share responsibilities so that caregiving becomes less heavy and more balanced.

When caregiving is placed on only one person, physical and emotional exhaustion often occurs, affecting not only the caregiver but also the child. In contrast, when caregiving is done collaboratively and with mutual respect, the child will experience stability, a sense of security, and full attention.

Equal and Complementary Engagement

Each caregiver has a unique way of interacting with the child, depending on their personality, background, and the emotional bond they have built. The following are some forms of engagement often shared by families:

1. Varied approaches in interaction

- Some caregivers are more responsive to the child's emotional needs and engage in daily routines such as meals, bathing, therapy, and education.
- Others may tend to stimulate the child through exploratory activities, active play, or challenges that encourage independence.

2. Different but complementary stimulation patterns

- Some feel more comfortable using gentle touch, verbal language, and affectionate expressions to build closeness.
- Others more often use physical movement, gross motor play, or outdoor activities. Both approaches complement each other and are important for the child's holistic development.

3. Roles in behavior regulation and education

- One caregiver may focus more on managing the child's therapy routines and educational activities.
- Another may take a greater role in instilling values, problem-solving, or building self-confidence.

Collaboration between these roles is essential so that the child understands structure and boundaries while still feeling unconditionally loved.

In reality, however, many fathers feel too exhausted after work to be directly involved in caregiving. Meanwhile, mothers who spend

most of their time with the child often feel overwhelmed and hopeless due to a lack of support from their partners. This imbalance creates an emotional gap - fathers withdraw further, while mothers feel increasingly alone. **Without clear communication and role-sharing**, many families with children with special needs face tension that can ultimately lead to divorce.

The presence of both roles is crucial in creating balance in caregiving. Fathers help children learn to face challenges and follow rules, while mothers provide gentleness and emotional support that make children feel safe.

In parenting children with special needs, the involvement of both father and mother **is not merely about dividing tasks**, but about **aligning efforts to support the child's development**. When both parents **work as a team**, they create a more stable, supportive, and nurturing environment for the child's growth. Fathers do not have to be physically present all the time, but their involvement through emotional support, good communication with their partner, and occasionally taking an active role in caregiving can make a significant difference. **With this balance**, children can grow with confidence, better emotional regulation, and stronger social skills.

If one of the parents is not yet involved in caregiving:

- **Communicate needs clearly** - don't stay silent and hope the father/mother will understand on his own. Openly express what the mother feels and needs.
- **Have deep discussions more than once** - meaningful conversations may need to happen several times for the father/mother to fully understand and be ready to contribute.
- **Create comfortable arrangements for everyone** - for example, teach the child that the father/mother needs a short rest before playing, giving him/her time to recharge.

- **Schedule special time for the father/mother and child** - set a regular routine for quality time together without work or other distractions, e.g., going to the park without phones.
- **Involve the father/mother in the child's activities** - invite him/her to join play and therapy sessions so he can directly understand the child's challenges and progress.
- **Explain the purpose of each activity** - let the father/mother know that his involvement is not just about playing, but is also part of the child's therapy and development. This helps him/her become more aware of his/her role. Many studies show that children tend to be more confident, independent, and calm when all parties are fully involved.

2.6 Positive Discipline

Reflection Box: Looking Back Our Childhood Experiences

- **What was the harshest punishment you ever received as a child?**
- **How did you feel at the time when you received that punishment?**

By revisiting our childhood experiences, we learn to distinguish between discipline that builds character and punishment that causes harm. This reflection helps us become more mindful, empathetic, and fair caregivers to our children.

What Is Positive Discipline?

Positive discipline is an approach to nurturing children through guidance and support, rather than punishment or violence. This approach emphasises learning, communication, and emotional regulation so that children can understand the consequences of their actions in a healthy and constructive way. Positive

discipline focuses on teaching and guiding, not punishing. Its main goal is to help children understand the consequences of their actions and develop good social and emotional skills (Nelsen et al. 2011).

Goals of Positive Discipline

1. Helping children understand appropriate ways to act and communicate

Children learn to understand boundaries, rules, and consequences in a way that is neither belittling nor frightening. This helps them develop a sense of responsibility and independence.

2. Helping children manage emotions in a positive way

Instead of expressing emotions through tantrums or negative behaviors, children are taught how to recognise, express, and regulate their emotions more effectively.

Why Do We Need This?

Children with developmental disorders such as Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), or speech difficulties **often struggle with:**

- Communicating and expressing their needs.
- Understanding social rules.
- Managing emotions and behavior.

These challenges often lead them to communicate through behavior. However, **since they lack the ability to express themselves properly**, this frequently results in **problematic behaviors** such as tantrums, aggression, or repetitive behaviors.

It is crucial for caregivers to understand that these behaviors are **a form of communication**, indicating the child's needs, rather than an act of defiance or disobedience (Barker 2008). By

applying the right communication strategies, caregivers can help children express themselves in a more positive way (Nelsen et. al. 2011).

How to Manage Tantrums and Meltdowns?

Every child's behavior has a specific reason and often serves as their way of communicating when they lack better skills. By understanding the function of a behavior, caregivers can better identify and address their child's underlying needs.

What Should Be Done When a Child Displays Problem Behavior (PB)?

When a child exhibits negative behavior, it is important for parents or caregivers to **understand the cause** in order to respond appropriately (Barker 2008). The following steps can help:

1. Identify the Cause

- Observe what happens **before or during** the behavior.
- Identify possible **triggers**, such as environmental factors, fatigue, or specific desires.

2. Determine the Type of Behavior: Tantrum or Meltdown?

- **Meltdown:** a loss of control due to fatigue, stress, or sensory overload. This is **not intentional**.
- **Tantrum:** a deliberate display of negative behavior to gain something, avoid a task, or seek attention.

3. Respond According to the Cause

If the child is having a Tantrum:

- Stay calm and do not immediately give in to their demands.

- Set clear boundaries so the child learns to regulate emotions.
- Offer alternatives or help the child express their needs in a better way.

If the child is having a Meltdown:

- Reduce or avoid sensory triggers (e.g., loud noises, bright lights, or excessive touch).
- Give the child space and time to calm down without pressure.
- If possible, bring the child to a more comfortable and low-stimulation environment.

Tantrums: Why Do They Happen and How to Handle Them?

A tantrum occurs when a child wants to **obtain something** or **reject something they dislike**.

Main Causes of Tantrums:

1. **Seeking attention** - the child wants a reaction from caregivers or those around them.
2. **Avoiding or rejecting something** - the child wants to escape from a task or situation.
3. **Demanding something** - the child wants a specific item or access to something.

Signs of a Tantrum:

- Excessive crying and difficulty calming down.
- Screaming, yelling, or throwing themselves on the ground.
- The tantrum stops once their demand is met.

Case Example:

Adam **screams and cries loudly** every time his father comes home from work, **demanding to play with a mobile phone**. His family has a rule that he is not allowed to use a phone at home. However, since his father is tired after work, he eventually gives in and hands over the phone to stop Adam from crying.

Adam has learned that throwing a tantrum will eventually get him what he wants, even though his mother never gives in.

How to Handle Tantrums:

- **Stay calm** and do not immediately fulfill the child's request.
- **Set clear boundaries** so the child learns to ask properly.
- **Be consistent with rules** - do not let the child learn that tantrums are an effective way to get what they want.

By **understanding the cause of tantrums** and responding appropriately, children will **learn better emotional regulation**.

By understanding the types of behavior and responding appropriately, children will find it easier to learn how to regulate their emotions effectively.

Meltdowns: Why Do They Happen and How to Handle Them?

A meltdown occurs when a child is **overwhelmed by sensory input or an uncontrollable situation**. This is **not intentional behavior**, but rather an automatic response of the body when experiencing sensory overload.

Signs of a Meltdown:

- The child **completely loses control** over themselves.
- The child may **cry, scream, hit themselves, or exhibit excessive fear**.

- **Difficult to calm down**, even after the trigger is removed.

Case Example:

Helmi, a **5-year-old boy** in kindergarten (TKA) in Bali, becomes **anxious every day at 11 AM**. His classroom has **only two windows**, making it **hot and humid** in the afternoon.

Each time the temperature rises, Helmi **begins to cry and scream**, pulling at his shirt buttons so forcefully that they break off. His teachers attempt to calm him by asking him to be quiet or hugging him, but this only worsens his reaction. His strength increases, making it difficult for teachers to control him.

Analysis:

Helmi's behavior is **not due to disobedience**, but rather **sensory difficulties** related to heat and physical discomfort. The hot and humid environment makes him feel distressed, and physical contact exacerbates his discomfort.

How to Handle a Meltdown:

- **Reduce sensory triggers:** adjust the environment (e.g., add a fan or improve ventilation).
- **Give the child space:** do not force them to calm down or hug them if it makes them uncomfortable.
- **Use appropriate strategies:** redirect their attention in a safe way, such as providing a comforting object or allowing them to self-regulate first.

Understanding that **meltdowns differ from tantrums** allows caregivers and educators to **respond with greater effectiveness and empathy** toward the child's needs.

Addressing Tantrums and Meltdowns with a Positive Approach

By understanding the function of behavior, caregivers can apply positive discipline without resorting to physical punishment. This approach helps children learn to manage their emotions and develop self-discipline.

How to Handle Tantrums

A tantrum is a way for children to express their desires or disagreement. Here are the steps to deal with it:

1. Stay calm

Do not get carried away by your emotions or respond with your own “tantrum.” Children learn from their caregivers’ reactions.

2. Ensure the child’s safety

Keep the child away from objects that could harm themselves or others.

3. Do not reinforce the behavior

If a child throws a tantrum to get something, do not give in and provide it immediately. This will only strengthen the tantrum habit.

4. Ignore negative behavior (if safe)

If the tantrum is aimed at seeking attention, ignore it calmly without yelling or showing anger. Give attention after the child has calmed down.

5. Be consistent with rules

If you’ve said “no candy before meals,” don’t change your mind just because the child is crying. Consistency teaches children clear boundaries.

6. Use “time-in” instead of “time-out”

Rather than isolating the child, sit nearby calmly. This helps

the child learn to regulate emotions without feeling abandoned.

Remember: A tantrum is a form of communication. Help children find better ways to express their needs, such as using words or pictures.

How to Handle Meltdowns

A meltdown occurs when a child is overwhelmed by sensory input and loses control. Here's how to respond:

1. Reduce stimulation

Turn off loud noises, dim the lights, or take the child to a quieter place.

2. Provide a safe space

Allow the child to calm down without too much interaction if they need it.

3. Use sensory tools

Give the child something that helps soothe them, such as a stress ball, ear muffs, or a weighted blanket.

4. Stay close without forcing interaction

Let the child know you are nearby without touching or talking too much if it increases their stress.

5. Give time to recover

Do not force the child to calm down immediately. A meltdown needs time to subside naturally.

By understanding the difference between tantrums and meltdowns, and using the right strategies, caregivers can help children manage their emotions more effectively.

Summary

Positive discipline emphasises that children should never be physically punished, especially when they do something they do not fully understand. Physical punishment is not only ineffective but can also have negative impacts on a child's emotional development. Instead, by understanding the function of behavior, caregivers can help children find better ways to communicate.

Caregivers Activity Sheet

Class Activity for Finger 2: Positive Discipline

Read the following story and discuss the points below.

Case Study: Dika and His Habit of Putting Fingers in His Mouth

Dika, a **4-year-old child**, is **nonverbal** and often has difficulty **concentrating**. He has a habit of **putting his fingers in his mouth**, which frequently leads to vomiting.

Dika's mother has repeatedly **told him to stop**, but he continues to do it. One day, when picking him up from school, she notices that his shirt is wet with vomit. His teacher informs her that Dika vomited after putting his fingers in his mouth.

Some caregivers at the school suggest that she should hit Dika to stop the behavior. On the way home, Dika's mother cries on the motorcycle, feeling confused and **unsure of how to help her child**.

Once they arrive home, **Dika again puts his fingers in his mouth**. Feeling **desperate and frustrated**, his mother hits his hand. Dika cries in pain, and his mother also breaks down in tears, feeling guilty and helpless because she does not know what else to do.

Discussion Questions:

1. Why does Dika continue to put his fingers in his mouth despite his mother's verbal warnings? _____
2. Is putting fingers in the mouth a problematic behavior or a sensory need? _____
3. What are some positive alternatives to fulfill his sensory needs? _____
4. How can positive discipline be used to redirect Dika's behavior? _____



3. Effective and Appropriate Use of Assistive Technology (AT)

3. Effective and Appropriate Use of Assistive Technology (AT)

Objective



To empower parents and caregivers with the knowledge and skills to effectively use assistive technology to support their child's development.

Keywords



Aligned with the child's developmental needs, Simple, Adaptive, and Consistent

AT Home Practices

Home Practice - Finger 3 Practicing Assistive Technology (AT) with Your Child (p.141-142)

Additional activities on Annexes (p.151-175)

3.1 Using Assistive Technology: A Guide to Shifting Perspectives for Parents and Caregivers

Every child has the potential to learn and grow, but children with special needs often face challenges that hinder this process. Difficulties in communication, movement, understanding concepts, or carrying out daily routines means that they require additional support to become more independent.

Assistive Technology (AT) serves as a solution to help children overcome these barriers. AT includes a wide range of tools, from simple ones like picture cards and pencil grips to advanced technology such as communication apps and text-to-speech devices (Dell et. al 2008). AT is not just for severe cases or about expensive tools; **it is a child's right** to have better access to

education (equity and justice), to be able to communicate more easily, and have a better daily life (World Health Organization 2022).

This is why Assistive Technology (AT) is essential for use at home. AT helps children overcome obstacles and develop their potential in ways that meet their specific needs.

Assistive Technology is not just for school or therapy; it should also be implemented at home so that children can practice and feel comfortable using it in their daily lives. With consistent application, AT can serve as a bridge for children to become more independent and confident in carrying out their activities.

Assistive Technology does not have to be expensive tools like computers or advanced devices. AT can come from simple everyday items around you, such as:

- A red strip of tape on the floor to help children with focus issues walk in a straight line.
- Picture cards of daily activities to help children follow their daily schedule.
- A pencil wrapped with a rubber band to improve grip and make writing easier.

The most important aspect is not the sophistication of the tool, but how it helps your child develop the skills they need.

Assistive Technology is an "additional tool or method" to provide children with equal opportunities.

Before choosing Assistive Technology (AT) for your child, ask yourself:

1. **What is my child's main difficulty/difficulties?**
What barriers most frequently challenge my child in daily activities, learning, or communication?
2. **What is my child's primary need(s)?**
What skills or support does my child require to become more independent and develop?

3. What tools or methods can help with this need?

Are there assistive tools or strategies that can help overcome these barriers and help my child better adapt?

4. How can this tool(s) help my child?

Does it make activities easier, enhance skills, or provide greater access for my child to participate?

Examples of AT Implementation Based on the Questions Above

Case 1: Child with Speech Difficulties

1. What is my child's main difficulty?

My child struggles with speaking and expressing their needs.

2. What is my child's primary need?

My child needs an alternative way to communicate to prevent frustration and to interact with family and friends.

3. What tools or methods can help with this need?

- Low-Tech: Picture communication cards.
- High-Tech: Voice-based communication application (AAC) on a tablet.

4. How can this tool help my child?

With picture cards or a communication app, the child can point to images or press buttons to express their needs without needing to speak. This can reduce tantrums and improve social interaction.

Case 2: Child with Writing Difficulties

1. What is my child's main difficulty?

My child struggles to grip a pencil and write neatly.

2. What is my child's primary need?

My child needs a tool to help them write more comfortably without getting quickly tired.

3. What tools or methods can help with this need?

- Low-Tech: A thicker ergonomic pencil grip.
- High-Tech: Speech-to-text application for typing through voice input.

4. How can this tool help my child?

A thicker pencil grip provides better stability while writing, while a speech-to-text app allows the child to write without relying on fine motor skills.

3.2 Key Principles of Using Assistive Technology

Using Assistive Technology (AT), four key principles guide its implementation to support children with special needs:

1. Aligned with the Child's Needs

- AT should be selected based on the child's specific needs, not just trends or expensive technology.
- Focus on practical solutions that truly help the child communicate, learn, or carry out their daily activities.

2. Applying PINS

3. Simple, Adaptive, and Consistent

- AT does not have to be complex or expensive - simple tools like visual schedules, picture cards, or pencil grips can have a significant impact.
- Consistency in AT usage is crucial for the child to adapt and gain maximum benefits.

4. Empowering the Child to be Independent

- AT should help enhance the child's independence, not replace their abilities.
- With AT, children can gain confidence in interacting,

learning, and performing daily tasks.

5. Parental Support and Collaboration with Professionals

- Parents and caregivers must understand and actively engage in their child's use of AT rather than relying solely on schools or therapists.
- Collaboration with professionals (therapists, teachers, AT specialists) ensures the best selection and implementation of AT for the child.

3.3 Getting Started with Assistive Technology

1. **Learn and Understand:** View AT as an opportunity to unlock potential, not as an instant solution or an additional burden in caregiving.
2. **Identify the child's needs:** If writing is a challenge, start with simple tools like a pencil with a larger grip.
3. **Start Simple:** Once you understand what your child needs, it becomes easier to find or create assistive tools using everyday household items.
4. **Be Open to Experimenting:** Don't hesitate to try new tools, even if they seem basic. A colored tape or a visual board can make a big difference.
5. **Involve the Child in the Process:** Ask for your child's input - Which tools feel comfortable for them? What makes them feel confident?
6. **Educate Yourself and Your Community:** Encourage family members, teachers, and the community to better understand the importance of AT so your child receives full support.

3.4 The Relationship Between Assistive Technology (AT) and the Learning Tree

Let's revisit the Learning Tree, which illustrates how children develop from basic to more complex skills. If a child faces challenges at the foundational stages, they may struggle with learning and daily activities. Assistive Technology helps children overcome these barriers and enables them to develop more optimally⁵.

AT is not always high-tech or expensive. Many simple, low-tech solutions can be effectively used at home to support a child's growth and learning.

A. Foundational Stage: Sensory System (Tree Roots)⁶

Challenges:

- Easily distracted by sounds, light, or touch.
- Difficulty focusing in crowded or bright environments.
- Often restless and requires specific sensory stimulation.

Examples of Low-Tech AT:

- Donut-shaped seat cushion - helps the child stay calm while sitting for long periods.
- Tinted glasses or visor hat - reduces glare for children sensitive to light.
- Textured toys (rubber balls, fuzzy fabric, or kinetic sand) -

⁵ This aligns with the concept of the "just right state" or "just right gear" developed by Williams and Shellenberger (1994), which refers to an optimal state of readiness for learning. Children need to be at the appropriate level of alertness in order to learn effectively. Sensorimotor strategies are applied to help children overcome self-regulation challenges and achieve the ideal state for learning.

⁶ According to Ayres (1972: 11), the ability to use the body effectively depends on well-developed sensory integration. Therefore, early sensory challenges need to be addressed to provide children with strong "roots" for growth and learning.

provides sensory stimulation for comfort.

- Headphones or simple ear covers - minimises noise for children with sound sensitivity.

Benefits:

- Helps the child feel calm and ready to learn or engage in activities.

B. Gross Motor/Sensorimotor Development

(Tree Trunk)

Challenges:

- Difficulty gripping objects or writing.
- Struggles with controlling body movements while eating or performing daily tasks.
- Poor hand-body coordination.

Examples of Low-Tech AT:

- Foam or rubber grip pencil holder - helps the child grip a pencil more comfortably.
- Spoon with a thicker handle (wrapped in sponge or fabric) - supports independent eating.
- Bead stringing activity using large beads - improves fine motor skills in a fun way.
- Colored stickers on storage shelves - helps children remember where to store their belongings.

Benefits:

- Encourages independence in daily activities and improves motor skills.

C. Fine Motor/Perceptual-Motor Development (Tree Branches)

Challenges:

- Difficulty understanding direction, space, and size.
- Struggles with reading or writing due to poor hand-eye coordination.
- Difficulty remembering activity sequences.

Examples of Low-Tech AT:

- Rulers with different colors - helps the child read without losing their place.
- Visual schedules with bright colors and pictures - helps the child follow daily routines.
- Color-coded labels on drawers or bookshelves - helps the child find items more quickly.
- Small whiteboard with colorful markers - aids in writing and understanding visual concepts.

Benefits:

- Helps children organise tasks, follow routines, and process visual information.

D. Cognitive and Intelligence Development (Tree Fruits)

Challenges:

- Struggles with reading, writing, or understanding lessons.
- Easily forgets and has trouble retaining important information.
- Difficulty managing time when completing tasks.

Examples of Low-Tech AT:

- Books with large print - assists children who have difficulty

reading.

- Syllable or picture word cards - helps children learn to read visually.
- Colorful sticky notes - helps children remember key information while studying.
- Hourglass or manual timers - helps children manage their time while completing tasks.

Benefits:

- Enables children to learn in a way that suits their needs without getting frustrated.

Summary

- The Learning Tree shows that children's skills develop gradually. If one stage is hindered, the next stage may also be affected.
- Low-Tech AT offers simple yet effective solutions to support learning and daily activities.
- By using appropriate AT at each developmental stage, children can grow more confident, independent, and prepared to learn.
- AT does not have to be expensive or advanced - what matters is that it genuinely helps the child in their daily life.

Caregivers Activity Sheet

1. Class Activity - Creating Assistive Tools for Each Case Study

1st Case Study- Zaki

Zaki, a 6-year-old boy, has been in school for three years, but he still **cannot write**. In class, he often **wanders around in circles without focusing on** learning activities. Zaki enjoys **being lifted and swung** and is always **drawn to bright colors**.

In the near future, Zaki will enter primary school (SD). However, **he has not shown interest or ability** in writing, which **worries his caregivers** about his readiness for school. They hope Zaki can learn to write before starting primary school.

2nd Case Study - Debi

Debi is a cheerful child **who loves singing**. However, she often **covers her ears** when in crowded places. **Loud noises**, such as passing motorcycles, **can even make her cry**.

When the weather is cloudy, Debi becomes **restless, struggles to concentrate**, and shows signs of extreme anxiety. Sometimes, **her anxiety becomes so overwhelming** that she starts screaming.

Her mother feels confused and frustrated about handling this situation. In such moments, she sometimes **loses patience and ends up hitting Debi**.

3rd Case Study - Komang Ari

Komang Ari is a 6-year-old girl who **enjoys playing on swings and hanging from ropes**. She **always carries her beloved worn-out doll** wherever she goes. As an only child, she is very cherished by her mother. However, even at 8 years old, she still needs to be spoon-fed. Teachers have suggested she learn to eat independently, but the caregivers find it **difficult to implement at home**.

They explain that she **eats messily, struggles to focus**, and **takes a long time to finish her meals**. To make things faster and easier, her mother continues to feed her.

4th Case Study - Bagus

Bagus, a 5-year-old boy, **cannot yet communicate using words**. His caregivers believe he is just “quiet,” like his father. **His mother thinks he will speak eventually without needing to worry**.

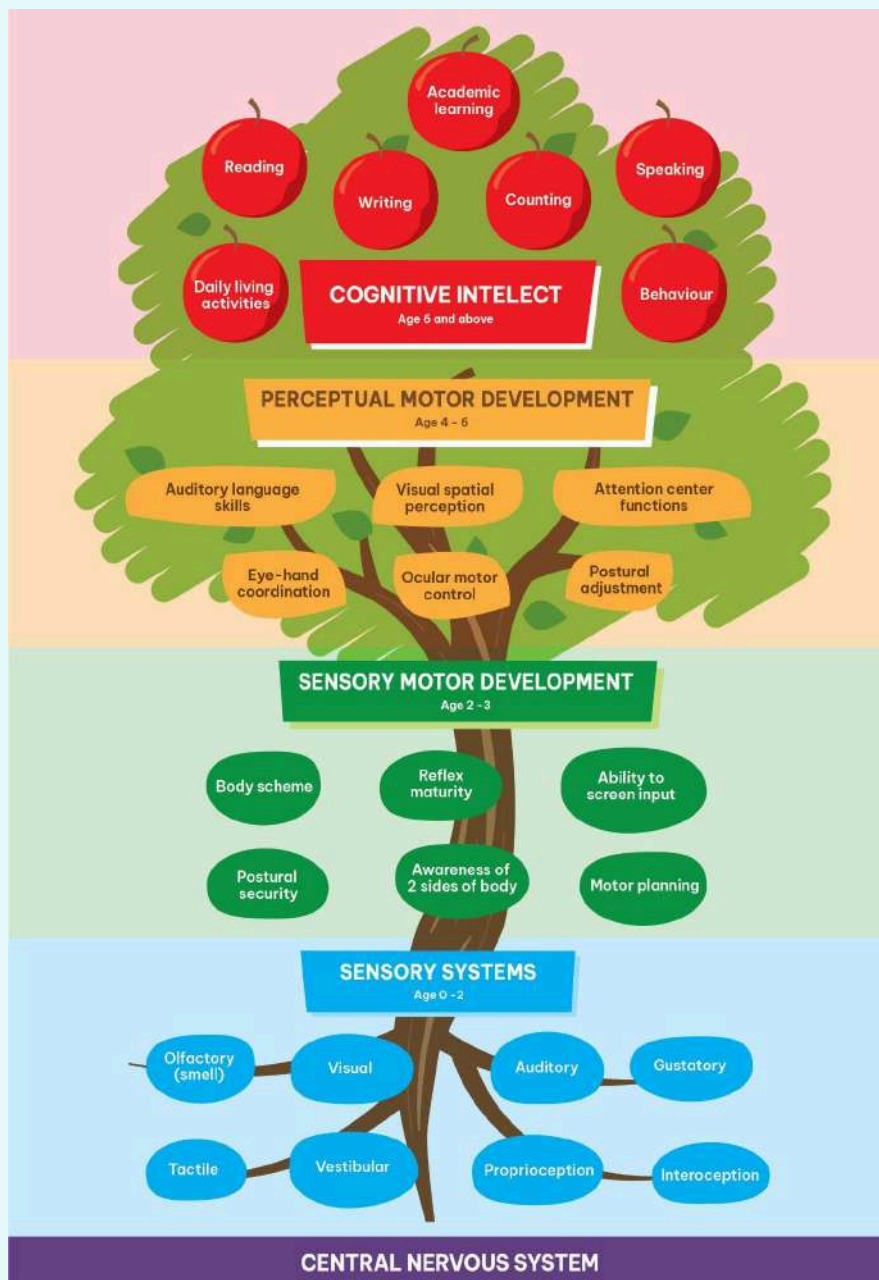
Bagus **often plays alone** at home and rarely interacts with peers. His caregivers think he should only play outside once he can talk, to avoid the risk of bullying. Bagus **loves car illustrations and often watches YouTube videos about toy cars**. However, his mother finds it challenging because he whines almost daily to buy small toy cars at the minimarket, which cost about 45,000 rupiah each, too expensive for daily purchases.

Things to Consider When Designing Assistive Tools (AT):

1. Always screen using **Fingers 1, 2, 3** when analysing
2. **Child's Needs (Learning Tree):**
 - Identify the child’s developmental stages (sensory, motor, cognitive). Look for key indicators.
 - Ensure the assistive technology supports foundational skills

before moving on to higher-level abilities

3. **Use the PINS method** (Preferences, Interests, Needs, and Strategies) to understand the child's strengths
4. Keep it simple, adaptive, and consistent
5. Must support the child's independence
6. Ask: How can this assistive tool help the child and the caregiver?



2. Class Activity: Helping Abdul Who Loves Playing with Water

Steps:

1. Read the case study of Abdul Karim.
2. Practice PINS Observation.
3. Design an appropriate Assistive Technology (AT) solution for Abdul based on PINS.

Case Study: Abdul Karim

Abdul Karim (6 years old) has not yet started speaking. He prefers playing alone both at home and school. Abdul **loves water** and always looks for opportunities to play in the bathroom with water and soap, both at home and school. Whenever his mother is distracted, he sneaks into the bathroom, using up soap and frustrating his mother.

However, there is something unique: Abdul **dislikes wet sandals or stepping on sand.** When this happens, he whines, pulls his mother's hand, and insists that she clean his sandals. His mother is overwhelmed because she must **constantly watch Abdul** while also caring for his baby sibling. Abdul **does not respond to verbal instructions**, making it **difficult for his mother to stop him from playing with water.** His behavior wastes soap and disrupts daily activities.

Answer these questions to design an assistive tool (AT) appropriate for Abdul:

- What is Abdul's main difficulty?
- What is Abdul's primary need in his routine?
- What Assistive Technology (AT) can help Abdul?

Using PINS observation for Abdul

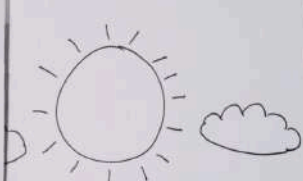







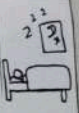
- **P (Preference):** enjoys playing with water, tends to be rigid (has difficulty adapting to changes), prefers to play alone.
- **I (Interest):** playing with water and soap in the bathroom, interested in sensory activities that involve water.
- **N (Needs):** requires an appropriate communication method to help understand instructions, has tactile sensory needs that are not yet fully met, needs clear structure and routines to adapt more easily.
- **S (Strategy):** use gestures and visual communication to help understand rules, introduce structured routines to support consistency since he tends to be rigid, provide a designated water play area with time limits so his needs are met without disrupting other activities.

What Assistive Technology (AT) can help Abdul?

1. **Visual schedule with pictures** - Helps Abdul understand when it is okay to play with water and when to stop.

JADWAL ABDUL ☺											
PAGI ☀			SIANG ☀					MALAM 🌙			
Lipat Selimut	Makan Pagi	Mandi Pagi	Pergi ke Sekolah	Putang Sekolah	Main Di Dalam	Main Di Luar	Main Air ⁹⁰	Mandi Sore	Makan malam	Baca Buku	Tidur malam

JADWAL ABDUL ☺

★ ★ ★ ★ ★					 SIANG		 MALAM	
								
Main Di Dalam		Main Di Luar	Main Air 90	Mandi Sore	Makan Malam	Baca Buku	Tidur malam	

2. Designated water play area: limits water play to a specific time and defines an area where Abdul is allowed to play with water, preventing unsupervised bathroom visits.

Create a safe, designated space for Abdul to play with water. Use a timer (a phone timer or hourglass). Clearly explain: *“When the timer goes off, that means water play time is over, okay?”*

Use gestures to reinforce instructions. Let Abdul press the timer button or flip the hourglass himself so he feels involved and better understands the time limit.



3. Activity checklist - Organises steps before and after water play for better structure.

Introduce the concept of “First” and “Then”. Use simple and clear sentences:

“First, Abdul plays outside. Then, Abdul may play with water. After playing with water, it’s time for a shower!”

Use visual aids to help Abdul understand the sequence of activities more clearly.



		
Play Outdoor	Play with Water	Shower

- 4. Picture communication cards** - Allows Abdul to point to what he wants, making it easier for his mother to guide him.



Finger 4 - Effective Collaboration and Evaluation with Professionals

4. Effective Collaboration and Evaluation with Professionals

Objective		To empower parents/caregivers to actively collaborate with professionals for the benefit of their child's development.
Keywords		Collaboration, communication, shared goals, professional support, trust-building.
Additional resource		Annex - List of Help Desks for Caregivers of CwSN in Indonesia (p.176)

4.1 What Should Caregivers Do if They Suspect Their Child Has Developmental Delays and Special Needs?

1. Read, Observe, and Document

- Refer to the child development milestones - learn about the skills children are expected to develop at certain ages.
- Observe your child's development - compare your child's progress with typical developmental milestones.
- Document - record any delays or difficulties you notice, such as delayed speech or challenges with social interactions.

2. Take your child to see a Child Doctor (pediatrician) if:

- Your child shows general developmental delays (Guralnick 2005).

- Your child experiences difficulties with eating, sleeping, or other health-related concerns impacting development.
- The pediatrician will conduct initial screenings and refer you to specialists if needed, such as a medical rehabilitation doctor for mobility issues, an ophthalmologist for vision issues, or a neuropsychiatrist for any potential neurological problems.

Visit a Psychologist if:

- You want to conduct a psychoeducational assessment.
- Your child has emotional difficulties such as excessive anxiety, extreme fears, or frequent, unusual tantrums.
- Your child struggles with social interaction or learning challenges unrelated to medical conditions.
- Psychologists can perform developmental assessments and provide intervention strategies.

At major hospitals and therapy centers, pediatricians typically collaborate with psychologists and therapists (e.g. speech and occupational therapists) based on a child's needs.

3. Implement a Therapy Program

Based on the assessments by a pediatrician and/or psychologist, a tailored therapy program can be developed. This may include:

- **Speech Therapy** - for difficulties in speaking or understanding language.
- **Occupational Therapy** - to improve fine motor skills and sensory processing.
- **Behavioral Therapy** - to address challenges in social interaction and emotional regulation.
- **Physiotherapy** - for issues with balance and coordination.

4.2 Effective Therapy Tips for Children: A Guide for Caregivers

1. Understand your child's specific needs

- Caregivers must understand why their child needs therapy (Dunst et al. 1988) - not as a "cure," but to support them in areas of difficulty.
- Identify the child's specific challenges, such as motor skills difficulties, communication issues, or emotional regulation.
- Consult with professionals to determine the most suitable therapy for the child's needs.

2. Therapists and caregivers must collaborate (Blue-Banning et al. 2004)

- Caregivers must be involved in designing the therapy program. Do not leave the entire planning process solely to the therapist.
- Ensure continuity between therapy sessions led by a therapist and practice at home.
- Therapists should provide guidance on methods and techniques that can be applied at home to make therapy more effective.
- Caregivers should play an active role in supporting the therapy process by understanding and implementing the techniques used.

3. Consistency and repetition are key

- Therapy activities should be consistently repeated at home to help accelerate the child's development.
- Establish a suitable routine so the child feels comfortable and not pressured during therapy.

4. Therapy must have clear goals, timelines, and measurable progress (Guralnick 2005)

- The therapist should develop a plan with specific and realistic goals according to the child's needs.
- There should be a clear timeframe for evaluating the child's progress.
- If there is no significant progress within a certain timeframe, the therapy method should be re-evaluated.

5. Do not force the use of therapy that is too intensive or costly

- Implement therapy that matches the child's capacity without causing physical or emotional strain.
- Avoid expensive and intensive therapy if it does not yield real results.
- Prioritise therapies that genuinely provide positive benefits for the child.

6. Be patient, optimistic, and stay consistent

- The therapy process takes time, and each child progresses at their own pace.
- Focus on even the smallest improvements and appreciate your child's efforts.
- Consistency is more important than high-intensity therapy, which may cause stress for the child.

4.3 What Should Caregivers Be Aware Of?

Consider stopping or switching therapy centers or therapists if caregivers encounter the following situations:

1. Methods that lack scientific evidence, are not evidence-based, or are harsh and unethical, such as

- The therapist uses methods that are not supported by scientific research.
- The therapist applies an overly harsh approach, forcing the child or instilling fear.
- A lack of empathy or consideration for the child's comfort.
- The child appears traumatised, reluctant to attend therapy, or shows signs of excessive stress after sessions.

2. No clear evaluation, such as

- The therapist does not conduct a thorough initial assessment before starting therapy.
- There are no specific therapy goals, only vague promises such as "the child will be cured" or "will become normal."

3. Does not provide clear explanations to caregivers, such as

- The therapist or center does not explain the methods used in therapy.
- Caregivers are not allowed to ask questions or are not given the opportunity to understand the approaches used.
- There are no regular or measurable progress reports.

4. Does not allow caregivers to be involved, such as

- The therapist or center does not explain the methods used in therapy.
- Caregivers are not allowed to ask questions or are not given the opportunity to understand the approach being used.
- There are no regular and measurable progress reports.

5. Promising instant or misleading results, such as

- Claims such as "the child will be cured in a few months" without considering the child's specific condition.
- Offering methods that are not scientifically proven with promises that seem too good to be true.
- Using manipulative language like "if you don't join this therapy, your child will fall further behind."

6. Forcing a program that does not fit the child's needs, such as

- Therapists are not flexible in tailoring therapy to the child's needs and abilities.
- The therapy program is too intensive to the point of causing the child stress or fatigue.
- There is no adaptation or change by the therapist/center despite the child showing discomfort or a lack of progress.

7. Non-transparent fees or excessive commercialization, such as

- Therapists or centers that are more business-oriented than focused on the child's needs.
- There is pressure to purchase large therapy packages without options for periodic evaluations.
- Therapy costs are not transparent or continue to increase without clear justification.

8. No evaluation or method adjustments if the child does not progress, such as

- The therapist continues using the same method even when the child shows no progress.
- There are no evaluation sessions or discussions with caregivers about the child's therapy progress.

- Instead of offering alternative solutions, the therapist blames the child or caregivers for the lack of progress.

4.4 Who Are the Professionals That Can Help?

Caregivers can support children with special needs (ASD, learning difficulties, and ADHD) by finding the right professionals who can address their specific challenges. Below are some specialists that caregivers can consult:

Professional	Main Role	Support Provided
Pediatrician	Evaluates child health and development	Developmental screening, referrals to specialists.
Psychologist	Assesses emotional health and provides initial diagnosis and therapy.	Cognitive Behavioral Therapy (CBT), Parent Training, Emotional Assessments. Evaluasi Emosi
Neurologist	Detects neurological issues such as seizures.	Epilepsy evaluation, developmental disorder assessment.
Nutritionist	Provides guidance on a child's diet based on their needs.	Focus and behavior-related diet plans, supplementation.
Ophthalmologist (Eye Doctor)	Detects vision impairments.	Vision tests, eye therapy.

ENT Specialist (Ear, Nose, and Throat Doctor)	Assesses hearing and sensory issues.	Audiometry, hearing aids.
Rehabilitation Medicine Doctor	Manages physical and developmental disabilities.	Recommendations for physical therapy, and assistive devices.
Occupational Therapist	Develops fine motor skills, sensory processing, and daily activities.	Sensory Integration, adaptive task training.
Speech Therapist	Supports language and communication skills.	Picture Exchange Communication System (PECS), phonemic exercises, speech therapy.
Physiotherapist	Enhances gross motor skills, balance, and body coordination.	Posture exercises and functional movement training.
Behavioral Therapist	Develops social and behavioral skills.	Applied Behavioral Analysis (ABA), Parent-Child Interaction Therapy (PCIT), Positive Behavior Support.
Special Education Teacher	Adapts teaching methods for special needs children.	Individualised Education Plans (IEPs), visual learning strategies
Shadow Teacher	Provides one-on-one support at school.	Curriculum adaptation, social support.

4.5. Questions Caregivers Can Ask to Help Evaluate the Effectiveness of Therapy

To determine whether a therapy is effective for a child's condition, caregivers can prepare specific questions for professionals. This helps ensure that the therapy aligns with the child's needs and addresses their main challenges. Below are some key questions caregivers can ask:

1. Questions to help understand the child's needs

- Based on your evaluation, what are the main challenges my child is facing?
- What are the specific goals of the recommended therapy for my child?
- What signs of progress should I monitor during therapy?
- Are there any medical conditions or other factors that could affect my child's progress in therapy?

2. Questions about therapy methods and approaches

- What therapy approach is being used? Is it based on scientific research or evidence?
- Has this method been proven effective for children with conditions similar to my child's?
- How will you tailor the therapy to meet my child's specific needs?
- Can this therapy be combined with other therapies, or is there an alternative therapy that might be more effective?

3. Questions about caregivers' role at home

- How can I support my child's therapy at home?

- Are there specific exercises or activities I can do at home to reinforce therapy outcomes?
- How can I track my child's progress outside of therapy sessions?
- What should I do if my child resists or struggles with therapy?

4. Questions about therapy evaluation and progress

- How will you measure my child's progress during therapy?
- How often will progress evaluations or reports be provided?
- If my child does not show improvement in a few months, what are the next steps?
- Are there any indications showing this therapy has been effective/ineffective? Do you think there should be any changes or adjustments to the therapy based on my child's progress/lack of progress?

5. Questions about therapy duration and frequency

- How long does this therapy usually take before noticeable results appear?
- How often should my child attend therapy sessions for the best outcomes?
- Are there recommended breaks or rest periods for the therapy?

6. Questions about therapy costs and sustainability

- What is the cost per session, and are there more flexible therapy package options?
- Is there a possibility for insurance coverage or financial assistance for this therapy?

- If therapy needs to be discontinued for any reason, are there alternative options to continue supporting my child?

7. Questions to assess the therapist or therapy center

- What are your qualifications and experience working with children with conditions like my child's?
- How do you adjust your therapy approaches if the child experiences stress or a lack of progress?
- What should I do if I want to seek a second opinion about the therapy being provided?

4.6 What Government Assistance Can I Access for My Child?

BPJS (Indonesia's National Health Insurance)

BPJS Kesehatan covers consultation and therapy costs for children with Attention Deficit Hyperactivity Disorder (ADHD) and Autism. The services covered include child development therapy, such as speech therapy, occupational therapy, and behavioral therapy, based on medical indications determined by a doctor.

Procedure to Access Therapy Services Through BPJS Kesehatan

1. Ensure active membership

The child must be registered as an active BPJS Kesehatan participant.

2. Visit a first-level health facility (Fasilitas Kesehatan Tingkat Pertama-FKTP)

Take the child to a registered FKTP (such as a **puskesmas** or clinic) for an initial consultation.

3. Obtain a referral

If necessary, the FKTP doctor will issue a referral to a **pediatric specialist** or **child development clinic** at a BPJS-affiliated hospital.

4. Consult with the Specialist

The specialist will conduct an evaluation and determine the type of therapy the child needs.

5. Therapy implementation

The child will undergo therapy based on the schedule set by the doctor or therapist.

6. Check any age limits

BPJS child development therapy coverage is available up to **14 years old**. Some hospitals limit this to 12 years old.

7. Procedures and availability

Follow BPJS regulations and bring your BPJS card, Family Card (KK), and referral letter. Not all facilities offer therapy services, so check with **BPJS or the hospital** beforehand.

Caregivers Activity Sheet

Class Activity - Case Study: “Where Should I Go?”

Case Study 1 - Erikson

Erikson, a 5-year-old boy, is unable to communicate verbally. He is enrolled in school through a cross-subsidy program, where his low-income family receives a 75% tuition discount.

On a daily basis, Erikson still consumes instant porridge as his main food. He is also frequently seen drooling. His behavior is dominated by screams or specific vocalizations like “ooooooo,” “aaaaaaaaaah,” and “iiiiihhhhhh.” When he wants something, Erikson pulls his mother’s hand.

With a desperate expression, Erikson’s mother asks, “What should I do? Where should I go? Maybe this is just my child’s fate.”

Case Study 2 - Daniel’s Mother

Daniel’s mother has four children, and Daniel is her third child. When she drops Daniel off at school, she is often seen carrying her infant.

Daniel is a very active child, but he frequently has bruises and scars on his body. When asked, his mother explains that they are the result of frequent falls due to his high energy levels.

The teacher has tried to talk to Daniel’s mother several times, but she seems unfocused, her gaze empty, as if she is not truly listening. Sometimes, she reacts with anger or defensiveness. Her body appears thin, and she no longer socialises with other mothers waiting for their children at school. Every time class

ends, Daniel's mother is always in a hurry, dragging Daniel home while still carrying her baby.

Study Case 3 - Adi

Adi, a 6-year-old boy, is often dropped off at school by his paternal grandmother. At several caregiver meetings held by the school, Adi's parents never attend and are always represented by his grandmother, who is already 70 years old.

Adi's grandmother appears confused when the teacher shares various parenting tips. She admits that she does not understand what is being discussed. She shares that since Adi was three years old, his caregivers have frequently fought and blamed each other for Adi's condition. They often say that no one else in their family is like Adi. According to his grandmother, Adi's parents are planning to divorce, and his mother has already moved back to her parents' home.

Caregivers Home Practice Sheet

This guideline is designed for application at home and includes activities that caregivers can try. Caregivers may ask the facilitator for guidance if they face any difficulties or simply wish to share their child's progress.


1. Home Practice - Finger 1: Stress Management Techniques

Try one of these emotional regulation techniques:

- **4-4-4 Breathing Technique** : Inhale deeply for 4 counts, hold for 4 counts, and exhale for 4 counts. Repeat several times to calm yourself in stressful situations.
- **Personal Time (Me Time)** : Set aside 10-15 minutes daily for an activity you enjoy, such as reading, walking, or sipping a warm cup of tea without interruptions.
- **Self-Compassion** : Don't pressure yourself to complete all household chores at once. It's okay to postpone tasks if you feel overwhelmed.
- **Delegating Tasks** : Don't hesitate to ask for help from your partner, family, or friends. You don't have to do everything alone - allowing others to help is also a way to care for yourself.
- **Relaxation Techniques** : Try light stretching, yoga, or listening to soothing music to ease physical and mental tension.
- **Journaling** : Take five minutes to write down your feelings and reflections. This helps process emotions and provides a fresh perspective on challenges.

2. Check off the stress management activities you have tried from the list above. Take a photo and share your progress with the facilitator.

3. Write down any other methods you usually use to manage stress.

	Stress Relief Methods
	4-4-4 Breathing Techniques
	Personal (Me) Time
	Self-Compassion
	Delegating Tasks
	Relaxation Techniques
	Journaling

2. Home Practice - Finger 2

Includes:

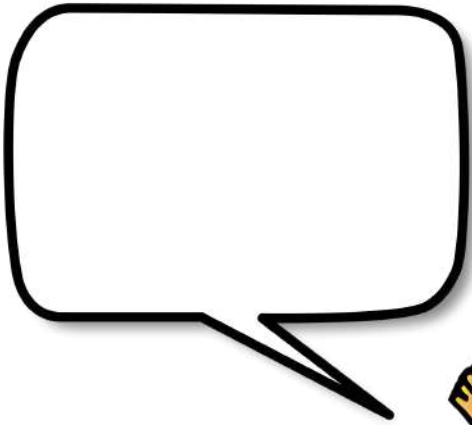
1. Observation Using PINS
2. Screening Using the Posyandu KIA Book
3. Identify Skills in the Learning Tree (Sensory, Gross Motor, Fine Motor, and Cognition) that are still underdeveloped.
4. Create Home Activities to support skill development.

A. Home Practice for Finger 2: Observation Using PINS

1. Let's Observe Our Child's Strengths Using the PINS Method
2. Fill in the speech cloud on the following page using the PINS Method:
 - **(P) Preference:** What does the child like?
(Example: The child enjoys drawing, playing music, being tickled, or is most energetic at certain times of the day.)
 - **(I) Interest:** What captures the child's attention?
(Example: The child is interested in animals, bright colors, logos, shapes/patterns, cars, or building blocks.)
 - **(N) Needs:** What does the child currently need?
(Example: The child has difficulty speaking, balancing while standing, or holding a pencil.)
 - **(S) Strategy:** How can we support the child?
(Example: Practicing block stacking for a child who loves blocks and needs fine motor skill development.)

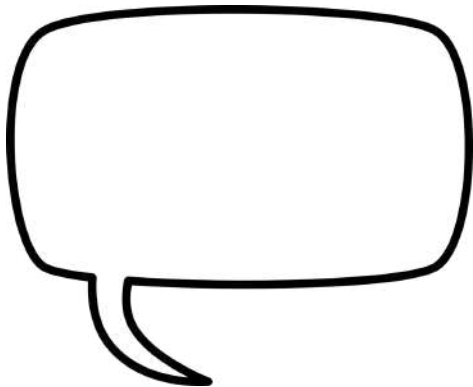
P = Preference

N = Needs



I = Interest

S = Strategy



B. Home Practice: Simple Screening for Your Child Using the Mother and Children Health Book (Buku Kesehatan Ibu-Anak (KIA))

For Children 3-4 years old

Mark the skills your child can do/has achieved:

#	Child Development Milestone	Yes	No
1.	The child can stand on one foot for 2 seconds		
2.	The child can jump with both feet off the ground		
3.	The child can pedal a tricycle		
4.	The child can draw a straight line		
5.	The child can stack 8 cubes		
6.	The child can recognise 2-4 colors		
7.	The child can state their name, age, and place		
8.	The child understands the meaning of "above," "below," and "in front"		
9.	The child can listen to a story		
10.	The child can wash and dry their hands independently		
11.	The child can play with friends and follow game rules		
12.	The child can put on their shoes independently		
13.	The child can wear pants, a shirt, and a jacket independently		

For Children Aged 4-5 Years

Mark the skills your child can do/has achieved:

No	Child Development Milestone	Yes	No
1.	The child can stand on one foot for 6 seconds		
2.	The child can hop on one foot		
3.	The child can dance		
4.	The child can draw a cross		
5.	The child can draw a circle		
6.	The child can draw a person with three body parts		
7.	The child can button their clothes or dress a doll		
8.	The child can say their full name without assistance		
9.	The child enjoys saying new words		
10.	The child enjoys asking questions		
11.	The child can answer questions with correct words		
12.	The child speaks clearly and is easy to understand		
13.	Children can compare/differentiate things based on their size and shape.		
14	The child can name numbers and count fingers		

For Children Aged 5-6 Years

Mark the skills your child can do/has achieved:

No	Child Development Milestone	Yes	No
1.	The child can walk in a straight line		
2.	The child can stand on one foot for 11 seconds		
3.	The child can draw a complete person with six body parts		
4.	The child can catch a small ball with both hands		
5.	The child can draw a rectangle		
6.	The child understands the meaning of opposites		
7.	The child understands conversations with seven or more words		
8.	The child can answer questions about what objects are made of and their use		
9.	The child recognises numbers and can count from 5 to 10		
10.	The child can identify colors		
11.	The child can express sympathy		
12.	The child can follow game rules		
13.	The child can dress independently without assistance		

C. Home Practice: Observe Your Child's Needs

1. Check the Screening Results
2. Review the results from "Child Screening Using the KIA Book" that has been conducted.
3. Identify Areas of Concern
4. Record any "No" responses from the screening sheet.
5. Match with the Learning Tree
6. Compare each "No" response with the Learning Tree to understand the skills that have not yet been achieved.
7. Mark the Relevant Sections
8. Circle the areas in the Learning Tree that correspond to the child's needs and developmental stage.
9. Determine Prerequisite Skills
10. Identify foundational skills that need to be strengthened before the child can achieve the skills they have not yet mastered.

Example:

1. Mark areas that are still underdeveloped

If on the screening table the child has not been able to walk straight (as shown in the table below)

No	Child Development Milestone	Yes	No
1.	The child can walk in a straight line		X

2. Identify Areas of Concern in the Development Tree

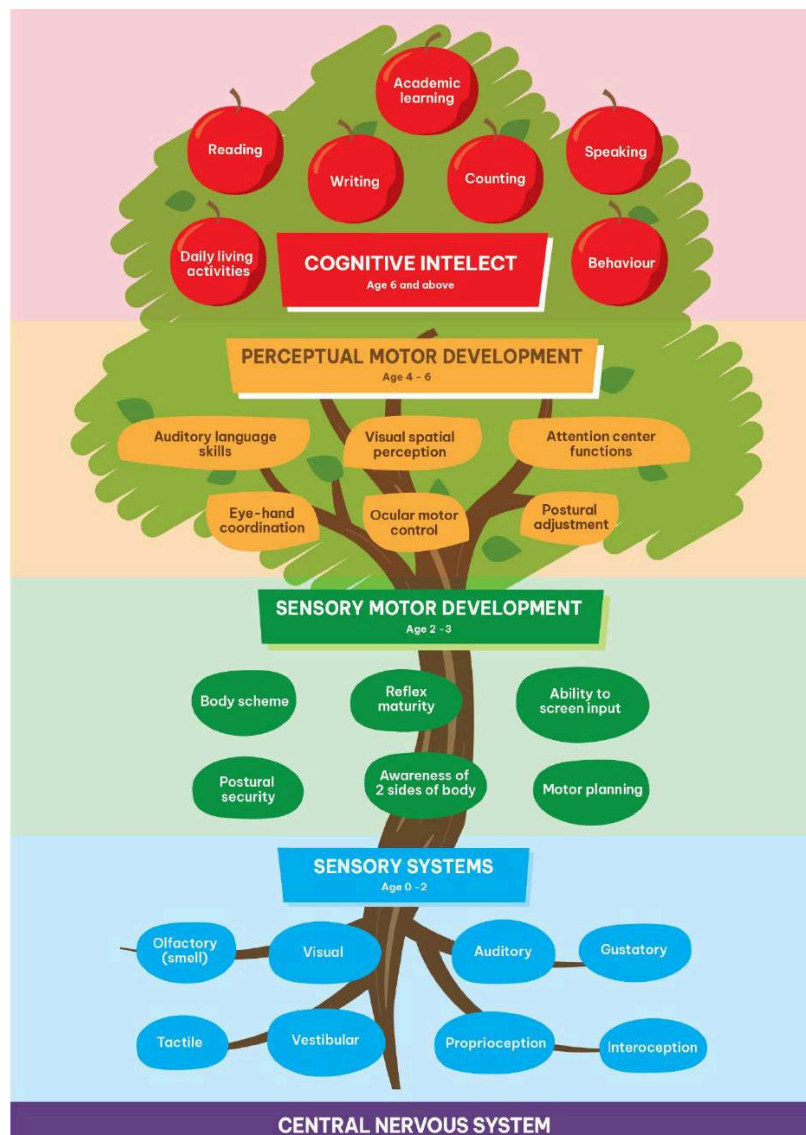
(Reference learning tree available on the next page)

Sensory Skill:

- Vestibular: Plays a role in balance and body orientation while walking.
- Tactile: Helps the child feel the ground surface to adjust their steps.

Gross Motor:

- Postural Stability: Supports body balance while walking.
- Bilateral Body Awareness: Enables coordinated movement of the right and left legs.



D. Home Practice: Observe Your Child's Needs

1. Skills Not Yet Mastered Based on Screening:

2. Fundamental Skills to Strengthen in the Learning Tree:

3. Activities to Support Development

4. Monitoring and observation

Disclaimer

*The information in this guide **does not replace professional advice** from doctors, therapists, or other experts. **The screening conducted serves as an initial identification to understand areas of child development that need attention.***

*The purpose of this guide is to **empower caregivers** to better understand their child's development and provide appropriate **stimulation in daily environments.***

*To achieve optimal benefits, caregivers should **read and complete the entire guide before implementing the recommended steps.** If there are further concerns regarding a child's development, it is advisable to consult a qualified professional (refer to Module Finger 4).*

3. Home Practice - Finger 3: Practicing Assistive Technology (AT) with Your Child

- On the next page, there is a table listing activities for practicing assistive technology (AT) tools, adapted to prerequisite skills based on the Learning Tree.
- Please try engaging your child in these activities through play-based learning. Record whether the child:
 - Completely refuses the activity,
 - Is willing to try but still requires significant assistance,
 - Can perform the activity independently.

Activity	Developmental Skill	Assistive Technology	Frequency	Monitoring		
				0	1	2
1. Tracing letters by poking with a used pen 2. Writing letters in rice	Cognition: Writing, Sensory: Tactile, Proprioceptive	1. Used pen wrapped with rubber for better grip 2. Tray filled with rice	Starting Week 3	0 = Completely refuses	1 = Willing to try but still needs assistance	2 = Can perform independently
1. Clipping pegs on a letter panel 2. Clipping pegs on a shape panel 3. Clipping pegs on a color panel 4. Following instructions to clip objects of a specific color (e.g., red, green)	Fine Motor Skills, Hand-eye Coordination, Listening Comprehension	1. Clothespins 2. Letter panels made of cardboard 3. Letter or shape panels made of cardboard	Starting Week 2			
1. Frog jump movement (10x) 2. Duck walk (10 steps) (Can be done outdoors on a street or field, or indoors)	Gross Motor Skills	Flat surface environment	Everyday, Monday - Saturday			
1. Walking barefoot on various surfaces (park, residential area, rice field, grass, rocks, wet soil, mud) 2. Climbing up and down stairs	Sensory: Tactile Sensory, Vestibular	1. Various ground surfaces 2. Stairs (house, town hall or mall, or building's stairs)	Everyday, Monday - Saturday			

Note: 0= Completely refuses
 1 = Willing to try but still needs a lot of assistance
 2 = Can perform independently

Closing Words

Dear Parents and Caregivers,

Your journey with your child is a unique path, not a race. Everyone starts from different points and moves at their own pace. Every step forward, no matter how small, is a victory worth celebrating.

Keep moving forward and stay consistent. If you feel exhausted, take a moment to rest. Remember, this is a long journey that requires strength and perseverance. However, never give up or stop.

Believe in your abilities. Your love and dedication are the greatest gifts for your child. You are the right parent and caregiver for them. Stay motivated and keep moving forward!

Next Steps

- Review this guide thoroughly. If there are any parts you do not understand, feel free to ask the facilitators.
- We highly recommend trying the activities designed for home practice (refer to previous chapters). These include: Finger 1 Practice, Finger 2 Practice, Finger 3 Practice, and Finger 4 Practice.
- Revisit this guide and www.orangtuaberdaya.com regularly to refresh your understanding and adjust your goals.
- Never stop learning for your child. You are their best guide in this journey.

Feedback Section

- Use the space below to share your suggestions or success stories. Your experiences can inspire and guide other caregivers, creating a circle of support and collective growth.

Reference

Ayres, A. Jean. 1973. *Sensory Integration and Learning Disorders*. Los Angeles: Western Psychological Services.

American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington, VA: American Psychiatric Publishing.

Barker, Jed. 2008. *No More Meltdowns: Positive Strategies for Managing and Preventing Out-Of-Control Behavior*. Arlington, TX: Future Horizons, Inc.

Blue-Banning, Martha, Jean A. Summers, Holly C. Frankland, Laura L. Nelson, and Gary Beegle. 2004. "Dimensions of Family and Professional Partnerships: Constructive Guidelines for Collaboration." *Exceptional Children* 70 (2): 167–84.
<https://doi.org/10.1177/001440290407000203>.

Dell, Amy G., Deborah A. Newton, and Jerry G. Petroff. 2008. *Assistive Technology in the Classroom: Enhancing the School Experiences of Students with Disabilities*. Upper Saddle River, NJ: Pearson.

Direktorat Jenderal Pendidikan Anak Usia Dini dan Pendidikan Masyarakat, Kemendikbud RI [Directorate General of Early Childhood Education and Community Education, Ministry of Education and Culture of the Republic of Indonesia]. 2015. *Perkembangan Anak Usia Dini: Pedoman Deteksi Dini Tumbuh Kembang Anak* [Early Childhood Development: Guidelines for Early Detection of Child Growth and Development].

Dunst, Carl J., Carol M. Trivette, and Angela G. Deal. 1988. *Enabling and Empowering Families*. Brookline Books.

Fisher, John. 2012. The Personal Transition Curve. Businessballs. <https://www.businessballs.com/change-management/personal-change-stages-john-fisher/> (accessed February 21, 2025).

Guralnick, Michael J. 2005. "Early Intervention for Children with Intellectual Disabilities: Current Knowledge and Future Prospects." *Journal of Applied Research in Intellectual Disabilities* 18 (4): 313–24. <https://doi.org/10.1111/j.1468-3148.2005.00270.x>.

Kementerian Kesehatan Republik Indonesia [Ministry of Health of Republic Indonesia]. 2022. *Pedoman Stimulasi, Deteksi, dan Intervensi Dini Tumbuh Kembang Anak (SDIDTK)*. [Early Detection and Intervention Standards for Child Development (SDIDTK)]. Jakarta: Direktorat Jenderal Kesehatan Masyarakat, Kemenkes RI.

Kementerian Kesehatan Republik Indonesia [Ministry of Health of Republic Indonesia]. 2024. *Buku Kesehatan Ibu dan Anak (KIA)* [The Maternal and Child Health Book]. Jakarta: Kemenkes RI.

Montessori, Maria. 1967. *The Absorbent Mind*. New York: Holt, Rinehart and Winston.

Nelsen, Jane, Carol Delzer Raphael, and Steven Foster. 2011. *Positive Discipline for Children with Special Needs: Raising and Teaching All Children to Become Resilient, Responsible, and Respectful*. New York: Three Rivers Press.

Seligman, Martin E. P. 2011. *Flourish: A Visionary New Understanding of Happiness and Well-being*. New York: Atria Books.

University of Cincinnati, CECH. 2024. *PINS: Preferences, Interests, Needs, and Strengths [PDF worksheet]*. University of Cincinnati, College of Education, Criminal Justice, and Human Services. <https://cech.uc.edu>.

Webster-Stratton, Carolyn. 2006. *The Incredible Years: A Trouble-Shooting Guide for Parents of Children Aged 2–8 Years*. Seattle: Incredible Years Inc.

Williams, Mary Sue, and Sherry Shellenberger. 1996. *How Does Your Engine Run? A Leader's Guide to the Alert Program for Self-Regulation*. Albuquerque, NM: TherapyWorks, Inc.

World Health Organization. 2022. *Global Report on Assistive Technology*. Geneva: World Health Organization.

Annexes

Annex Finger 3

Daily Functional Activities Suitable for Outdoor Settings⁷	Benefits for Child Development According to the Learning Tree			
	Sensory Stimulation	Motor (Gross & Fine)	Cognitive	Social Communication
	Tactile (Touch) Gustatory (Taste) Visual (Sight) Auditory (Hearing) Olfactory (Smell) Vestibular (Balance & Movement) Proprioceptive (Body Awareness & Joint Position Sense) Interoceptive (Internal Body Awareness)			
1. Grounding (walking barefoot on various textures)	Tactile, Vestibular, Proprioceptive	Postural security, bilateral body awareness, motor planning	Eye contact, focus, attention, procedural memory (long-term memory)	Nonverbal, verbal, following instructions, naming or categorizing objects, social flexibility

⁷ Summarised from TML's years of professional experience in supporting children with special needs.

2. Exploring the surroundings with different walking routes	Visual, Auditory, Proprioceptive, Vestibular, Interoception	Motor planning, postural security, bilateral body awareness	Eye contact, focus, attention, procedural memory (long-term memory)	Understanding verbal instructions, interacting with the surrounding environment
3. Riding the bicycle	Vestibular, Proprioceptive, Visual, Auditory, Interoception	Postural security, motor planning, bilateral body awareness, body coordination, balance	Focus, attention, procedural memory (long-term memory), self-regulation	Understanding verbal instructions, environmental awareness, emotional regulation when facing obstacles
4. Swimming	Tactile, Vestibular, Proprioceptive, Interoception	Bilateral body awareness, reflex maturity	Eye contact, focus, attention, procedural memory (long-term memory)	Understanding verbal instructions, social interaction in water settings, confidence in group participation
5. Running	Proprioceptive, Vestibular, Interoception, Tactile	Postural security, motor planning, bilateral body awareness, body coordination, balance	Focus, attention, procedural memory (long-term memory), self-regulation, response speed	Understanding verbal instructions, environmental awareness, healthy competition, cooperation (in group setting)
6. Playing at the playground (hanging, sliding, swinging)	Vestibular, Proprioceptive, Tactile, Interoception	Postural security, motor planning, bilateral body awareness, balance, body coordination	Focus, attention, procedural memory (long-term memory), problem-solving, self-regulation	Understanding verbal instructions, social interaction with peers, patience in waiting for turns, environmental awareness

7. Playing in nature (rice fields, rivers, gardens, beaches)	Tactile, Proprioceptive, Vestibular, Olfactory, Visual, Auditory, Interoception	Postural security, motor planning, bilateral body awareness, balance, body coordination	Focus, attention, procedural memory (long-term memory), problem-solving, spatial orientation, self-regulation	Understanding verbal instructions, social interaction with peers or family, environmental awareness, adaptability to natural conditions
8. Playing ball games	Visual, Proprioceptive, Vestibular, Auditory, Interoception	Postural security, motor planning, bilateral body awareness, balance, hand-eye or foot-eye coordination	Focus, attention, procedural memory (long-term memory), quick decision-making, game strategy	Understanding verbal instructions, teamwork, social interaction, emotional regulation when winning/losing, environmental awareness
9. Fishing	Tactile, Visual, Auditory, Proprioceptive, Interoception	Hand-eye coordination, ocular motor control (vision), visual-spatial perception	Focus, attention, patience, procedural memory (long-term memory), decision-making	Understanding verbal instructions, social interaction (if done with others), emotional regulation while waiting or dealing with the result (success/failure)
10. Shopping at local stores, kiosks, or minimarkets	Visual, Auditory, Tactile, Olfactory, Interoception	Hand-eye coordination, visual-spatial perception	Focus, attention, procedural memory (long-term memory), decision-making, planning, problem-solving, independence	Understanding verbal instructions, social interaction with sellers/other buyers, confidence in speaking, environmental awareness

11. Riding public transportation	Vestibular, Proprioceptive, Visual, Auditory, Interoception	Postural security, balance, body coordination while sitting or standing in a moving vehicle	Focus, attention, procedural memory (long-term memory), travel planning, decision-making, self-regulation	Understanding verbal instructions, social interaction with drivers or other passengers, environmental awareness, public manners
12. Riding as a motorcycle passenger	Tactile, Auditory, Visual, Olfactory, Proprioceptive, Vestibular	Postural security, balance, body coordination while sitting and adjusting to motor movement	Focus, attention, procedural memory (long-term memory), self-regulation, environmental awareness	Understanding verbal instructions, interacting with the rider, etiquette as a passenger
13. Sweeping the yard	Tactile, Auditory, Visual, Olfactory, Proprioceptive, Vestibular	Postural security, body coordination, bilateral body awareness, motor planning	Focus, attention, procedural memory, self-regulation, independence	Understanding verbal instructions, responsibility toward the environment, cooperation if done with others
14. Putting on and taking off shoes	Tactile, Proprioceptive, Vestibular	Body coordination, bilateral body awareness, motor planning, balance	Focus, attention, procedural memory, independence	Understanding verbal instructions, responsibility for personal neatness
15. Wearing flip-flops	Tactile, Visual, Proprioceptive, Vestibular	Body coordination, bilateral body awareness, motor planning, balance	Focus, attention, procedural memory, independence	Understanding verbal instructions, responsibility for personal neatness

16. Holding a water bottle without letting go	Tactile, Proprioceptive, Vestibular	Body coordination, bilateral body awareness, motor planning, balance, grip control	Focus, attention, procedural memory, self-regulation	Understanding verbal instructions, responsibility for personal belongings
17. Jump rope without shoes	Tactile, Proprioceptive, Vestibular, Visual	Postural security, body coordination, bilateral body awareness, motor planning, balance	Focus, attention, procedural memory, self-regulation	Understanding verbal instructions, social interaction, teamwork (if played together), environmental awareness
18. Climbing a tree or playground structure	Tactile, Proprioceptive, Vestibular, Visual	Postural security, body coordination, bilateral body awareness, motor planning, balance, muscle strength	Focus, attention, procedural memory, problem-solving, self-regulation	Understanding verbal instructions, environmental awareness, confidence, social interaction if playing together
19. Walking on a balance beam	Tactile, Proprioceptive, Vestibular, Visual	Postural security, body coordination, bilateral body awareness, motor planning, balance	Focus, attention, procedural memory, self-regulation	Understanding verbal instructions, environmental awareness, confidence
20. Flying a kite	Visual, Proprioceptive, Vestibular, Tactile, Auditory	Body coordination, bilateral body awareness, motor planning, balance, hand-eye coordination	Focus, attention, procedural memory, problem-solving, self-regulation	Understanding verbal instructions, social interaction, teamwork if played together, environmental awareness

21. Walking barefoot on sand or grass	Tactile, Proprioceptive, Vestibular	Postural security, balance, body coordination	Focus, attention, self-regulation	Environmental awareness
22. Flying a kite	Visual, Proprioceptive, Vestibular, Tactile, Auditory	Body coordination, bilateral body awareness, motor planning, balance, hand-eye coordination	Focus, attention, procedural memory, problem-solving, self-regulation	Understanding verbal instructions, social interaction, teamwork if played together, environmental awareness
23. Playing hide and seek	Visual, Auditory, Proprioceptive	Motor planning, body coordination, bilateral body awareness	Focus, attention, problem-solving, procedural memory	Teamwork, understanding game rules
24. Playing with water (pool, hose, rain, or shallow stream)	Tactile, Proprioceptive, Vestibular	Motor planning, body coordination, balance	Focus, attention, self-regulation	Concentration, understanding verbal instructions, social interaction
25. Jumping on soil or rocks	Tactile, Proprioceptive, Vestibular	Motor planning, body coordination, balance	Focus, attention, procedural memory	Environmental awareness
26. Climbing small cliffs or climbing walls	Tactile, Proprioceptive, Vestibular, Visual	Postural security, body coordination, bilateral body awareness, balance	Focus, attention, problem-solving, self-regulation	Understanding verbal instructions, confidence
27. Rowing or paddling a boat on a lake/river	Proprioceptive, Vestibular, Tactile,	Body coordination, bilateral body	Focus, attention, self-regulation	Teamwork, understanding verbal instructions

	Visual	awareness, motor planning		
28. Catching insects or observing animals in nature	Visual, Tactile, Proprioceptive	Hand-eye coordination, motor planning	Focus, attention, observation, procedural memory	Understanding verbal instructions, self-awareness, environmental awareness
29. Arranging stones or branches to build simple structures	Tactile, Proprioceptive, Visual	Body coordination, bilateral body awareness, motor planning	Focus, attention, problem-solving, creativity	Teamwork, understanding verbal instructions
30. Walking along a stream or small forest	Tactile, Proprioceptive, Vestibular, Olfactory, Visual	Body coordination, bilateral body awareness, motor planning	Focus, attention, procedural memory, problem-solving	Understanding verbal instructions, patience, responsibility
31. Walking on sidewalks with natural obstacles (stairs, curbs, poles, etc.)	Tactile, Proprioceptive, Vestibular, Visual	Postural security, balance, body coordination, motor planning	Focus, attention, procedural memory, environmental awareness	Understanding verbal instructions, safety in public places
32. Playing at a city park (jungle gym, slides, swings, crawling tunnels)	Tactile, Vestibular, Proprioceptive, Visual	Postural security, balance, body coordination, bilateral body awareness	Focus, attention, procedural memory, self-regulation	Interacting with other children, understanding play rules, waiting turns
33. Walking or running to catch a bus/public	Tactile, Proprioceptive,	Balance, motor planning, body	Focus, attention, problem-solving,	Understanding verbal instructions, interacting

transport (with adult supervision)	Vestibular, Visual, Auditory	coordination	environmental awareness	with urban surroundings, road safety
34. Exploring an outdoor market or shopping center	Tactile, Olfactory, Visual, Auditory, Proprioceptive	Body coordination, motor planning, bilateral body awareness	Focus, attention, procedural memory, problem-solving	Interacting with sellers, social environmental awareness, independence
35. Riding a bicycle or scooter on a dedicated bike path	Vestibular, Proprioceptive, Visual, Tactile	Balance, motor planning, body coordination	Focus, attention, self-regulation, environmental awareness	Understanding verbal instructions, traffic safety, sharing the road with others
36. Visiting an open-air library or public reading park	Visual, Auditory, Tactile	Hand-eye coordination, motor planning	Focus, attention, procedural memory, reading and information comprehension skills	Understanding verbal instructions, interacting with librarians or peers, following public space rules
37. Playing at an interactive water fountain or city splash park	Tactile, Vestibular, Proprioceptive, Visual	Balance, body coordination, bilateral body awareness	Focus, attention, self-regulation, procedural memory	Social interaction, sharing space with other children, following water play rules
38. Walking along sidewalks while observing buildings and surroundings	Visual, Auditory, Tactile, Proprioceptive	Postural security, balance, motor planning	Focus, attention, spatial awareness, procedural memory	Communicating with others, social environmental awareness, understanding city signs and rules
39. Attending outdoor classes or workshops (e.g. kids yoga in the	Vestibular, Proprioceptive, Visual, Tactile,	Postural security, balance, body coordination, bilateral	Focus, attention, self-regulation, problem-solving, creativity	Understanding verbal instructions, peer interaction, teamwork in

park, outdoor art or dance classes)	Auditory	body awareness		groups
40. Observing city transportation (buses, trains, cars, bicycles) and discussing it	Visual, Auditory, Proprioceptive	Motor planning, bilateral body awareness	Focus, attention, procedural memory, understanding of the environment	Understanding verbal instructions, discussing with parents, awareness of urban systems and transportation

Daily Functional Activities Suitable for Indoor Settings⁸	Benefits for Child Development			
	Sensory Stimulation	Motor (Gross & Fine)	Cognitive	Social Communication
	Tactile (Touch) Gustatory (Taste) Visual (Sight) Auditory (Hearing) Olfactory (Smell) Vestibular (Balance & Movement) Proprioceptive (Body Awareness & Joint Position Sense) Interoceptive (Internal Body Awareness)			
1. Sweeping	Tactile, Proprioceptive, Vestibular, Visual	Postural security, body coordination, bilateral body awareness, motor planning	Focus, attention, procedural memory, independence, self-regulation	Understanding verbal instructions, responsibility for cleanliness, awareness of home environment
2. Mopping	Tactile, Proprioceptive, Vestibular, Visual	Postural security, body coordination, bilateral body awareness, motor planning,	Focus, attention, procedural memory, independence, self-regulation	Understanding verbal instructions, responsibility for cleanliness, awareness of home environment

⁸ Summarised from TML's years of professional experience in supporting children with special needs.

		balance		
3. Wiping the table	Tactile, Proprioceptive, Visual	Body coordination, motor planning, bilateral body awareness, hand-eye coordination	Focus, attention, procedural memory, independence	Understanding verbal instructions, responsibility for cleanliness, awareness of home environment
4. Writing	Tactile, Visual, Proprioceptive	Hand-eye coordination, fine motor control, visual-spatial perception, motor planning	Focus, attention, procedural memory, creativity, problem-solving	Understanding verbal instructions, expressing ideas, language skills
5. Reading	Visual, Auditory, Proprioceptive	Hand-eye coordination, ocular motor control, stable posture	Focus, attention, procedural memory, language comprehension, imagination, problem-solving	Understanding verbal instructions, expressing ideas, processing information for social interaction
6. Bathing	Tactile, Proprioceptive, Olfactory, Visual, Vestibular	Body coordination, motor planning, bilateral body awareness, balance	Focus, attention, procedural memory, independence, self-regulation	Understanding verbal instructions, responsibility for personal hygiene, awareness of daily routines
7. Dressing and undressing (shirt and pants)	Tactile, Proprioceptive, Visual	Body coordination, motor planning, bilateral body	Focus, attention, procedural memory, independence,	Understanding verbal instructions, responsibility for self-care, awareness of daily

		awareness, balance, hand-eye coordination	self-regulation	routines
8. Folding clothes	Tactile, Proprioceptive, Visual	Hand-eye coordination, motor planning, bilateral body awareness	Focus, attention, procedural memory, independence, problem-solving	Understanding verbal instructions, responsibility for neatness, awareness of home environment
9. Assisting with cooking	Tactile, Proprioceptive, Olfactory, Visual, Auditory	Gross motor (body movement), hand-eye coordination, motor planning, bilateral body awareness, body coordination	Focus, attention, procedural memory, problem-solving, creativity	Nonverbal, verbal, following instructions, labeling, social aspects (helping, waiting, flexibility, initiative, problem-solving)
10. Eating independently	Tactile, Auditory, Visual, Gustatory, Olfactory, Proprioceptive, Vestibular	Hand-eye coordination, motor planning, bilateral body awareness, fine motor control	Eye contact, focus, attention, procedural memory (long-term), self-regulation	Understanding verbal instructions, awareness of table manners, independence in daily activities
11. Washing eating utensils	Tactile, Auditory, Visual, Proprioceptive, Vestibular	Gross: upper/lower body coordination, balance, spatial orientation. Fine: hand-eye coordination	Eye contact, focus, attention, procedural memory (long-term memory)	Nonverbal, verbal, following instructions, labeling
12. Washing clothes	Tactile, Auditory, Visual, Olfactory, Proprioceptive,	Hand-eye coordination, motor planning, bilateral	Eye contact, focus, attention, procedural memory,	Understanding verbal instructions, responsibility for cleanliness, awareness of the

	Vestibular	body awareness, fine motor control	independence, self-regulation	home environment
13. Making the bed	Tactile, Proprioceptive, Visual	Body coordination, motor planning, bilateral body awareness, hand-eye coordination	Focus, attention, procedural memory, independence, self-regulation	Understanding verbal instructions, responsibility for tidiness, awareness of the home environment
14. Tidying up and storing toys	Tactile, Visual, Proprioceptive	Hand-eye coordination, motor planning, bilateral body awareness	Focus, attention, procedural memory, independence, self-regulation	Understanding verbal instructions, responsibility for personal belongings, awareness of the home environment
15. Hanging laundry to dry	Tactile, Visual, Proprioceptive, Vestibular	Hand-eye coordination, motor planning, bilateral body awareness, body coordination	Focus, attention, procedural memory, independence, self-regulation	Understanding verbal instructions, responsibility for household tasks, awareness of the home environment
16. Watering plants	Tactile, Visual, Proprioceptive, Vestibular	Hand-eye coordination, motor planning, bilateral body awareness, body coordination	Focus, attention, procedural memory, independence, self-regulation	Understanding verbal instructions, responsibility for the environment, awareness of living beings
17. Gardening (weeding, fertilizing)	Tactile, Visual, Proprioceptive, Vestibular, Olfactory	Hand-eye coordination, motor planning, bilateral body awareness, body	Focus, attention, procedural memory, independence, self-regulation,	Understanding verbal instructions, responsibility for the environment, awareness of living beings

		coordination	problem-solving	
18. Planting flowers	Tactile, Visual, Proprioceptive, Vestibular, Olfactory	Hand-eye coordination, motor planning, bilateral body awareness, body coordination	Focus, attention, procedural memory, independence, self-regulation, problem-solving	Understanding verbal instructions, responsibility for the environment, awareness of living beings
19. Caring for pets	Tactile, Visual, Proprioceptive, Olfactory	Gross: upper/lower body movement, balance, spatial awareness. Fine: coordination of hands and feet	Eye contact, focus, attention, procedural memory (long-term memory)	Understanding verbal instructions, responsibility for living beings, social interaction with animals, environmental awareness
20. Exploring rooms in the house, their functions, and related items	Tactile, Visual, Proprioceptive, Auditory	Hand-eye coordination, motor planning, bilateral body awareness	Focus, attention, procedural memory, problem-solving, spatial concept understanding, independence	Understanding verbal instructions, awareness of home environment, ability to explain and ask, social interaction
21. Going up and down stairs while carrying a load	Tactile, Visual, Proprioceptive, Vestibular	Postural security, balance, body coordination, motor planning, bilateral body awareness	Focus, attention, procedural memory, self-regulation, problem-solving	Understanding verbal instructions, environmental awareness, independence

22. Shopping at a kiosk, market, or minimarket	Tactile, Visual, Proprioceptive, Vestibular	Hand-eye coordination, motor planning, bilateral body awareness	Focus, attention, procedural memory, problem-solving, decision-making, independence	Understanding verbal instructions, social interaction with seller or other shoppers, environmental awareness, confidence in communication and transactions
23. Sitting and standing on a chair or step	Proprioceptive, Vestibular, Tactile, Visual	Postural security, balance, body coordination, motor planning	Focus, attention, procedural memory, self-regulation	Understanding verbal instructions, environmental awareness, independence
24. Stretching (warm-up exercises)	Tactile, Visual, Proprioceptive, Vestibular	Postural security, balance, body coordination, motor planning, bilateral body awareness	Focus, attention, procedural memory, self-regulation	Understanding verbal instructions, body awareness, independence
25. Yoga	Tactile, Visual, Proprioceptive, Vestibular	Postural security, balance, body coordination, motor planning, bilateral body awareness	Focus, attention, procedural memory, self-regulation, body and breath awareness	Understanding verbal instructions, environmental awareness, independence, relaxation and emotional regulation
26. Gymnastics	Proprioceptive, Vestibular, Visual, Tactile	Postural security, balance, body coordination, motor planning	Focus, attention, procedural memory, self-regulation	Understanding verbal instructions, environmental awareness, social interaction

27. Throwing and catching a ball	Proprioceptive, Vestibular, Visual, Tactile	Hand-eye coordination, motor planning, bilateral body awareness, balance	Focus, attention, procedural memory, self-regulation, problem-solving	Understanding verbal instructions, social interaction, teamwork
28. Pushing a water gallon	Proprioceptive, Tactile, Vestibular	Body coordination, motor planning, bilateral body awareness, muscle strength	Focus, attention, procedural memory, self-regulation	Understanding verbal instructions, environmental awareness
29. Throwing out the trash	Tactile, Proprioceptive, Visual	Hand-eye coordination, motor planning, bilateral body awareness	Focus, attention, procedural memory, independence	Understanding verbal instructions, responsibility for cleanliness
30. Putting on and removing pillowcases and bolster covers	Tactile, Proprioceptive, Visual	Hand-eye coordination, motor planning, bilateral body awareness	Focus, attention, procedural memory, independence	Understanding verbal instructions, independence
31. Playing with dough/flour or plasticine	Tactile, Proprioceptive, Visual	Hand-eye coordination, motor planning, bilateral body awareness	Focus, attention, procedural memory, creativity	Understanding verbal instructions, creativity, social interaction
32. Assembling puzzles	Visual, Tactile, Proprioceptive	Hand-eye coordination, visual-spatial	Focus, attention, procedural memory, problem-solving	Understanding verbal instructions, collaborative problem-solving

		perception, motor planning		
33. Using chopsticks or tongs to pick up small objects	Tactile, Visual, Proprioceptive	Hand-eye coordination, fine motor control, motor planning	Focus, attention, procedural memory, precision	Understanding verbal instructions, cooperation, patience
34. Cutting and pasting paper	Tactile, Visual, Proprioceptive	Hand-eye coordination, fine motor control, motor planning	Focus, attention, procedural memory, creativity	Understanding verbal instructions, creativity, patience
35. Stacking used cans	Tactile, Proprioceptive, Visual	Hand-eye coordination, motor planning, bilateral body awareness	Focus, attention, procedural memory, creativity, problem-solving	Understanding verbal instructions, social interaction, teamwork
36. Folding paper	Tactile, Proprioceptive, Visual	Hand-eye coordination, fine motor control, motor planning	Focus, attention, procedural memory, creativity	Understanding verbal instructions, creativity, patience
37. Beading with cardboard pieces	Tactile, Proprioceptive, Visual	Hand-eye coordination, fine motor control, motor planning	Focus, attention, procedural memory, precision	Understanding verbal instructions, precision, social interaction
38. Playing with sand, rice, or seeds	Tactile, Visual, Proprioceptive	Hand-eye coordination, motor	Focus, attention, procedural memory,	Understanding verbal instructions, environmental

		planning, bilateral body awareness	self-regulation	awareness
39. Blowing soap bubbles	Tactile, Proprioceptive, Visual, Auditory	Breath coordination, oral motor control, motor planning	Focus, attention, procedural memory, self-regulation	Understanding verbal instructions, social interaction, patience

Stages of Development in Daily Living Skills (ADL)

(Adapted from ADL Assessment by Bill Nason, MS, LLP & Carrie Aldrich, BSBA)

Rating Criteria:

- 0 – The individual performs the task only with full assistance.
- 1 – The individual actively participates in the task with minimal assistance.
- 2 – The individual performs the task independently without assistance.

Example:

Target Skill: Taking off pants

Assessment:

- 0 – Requires full guidance; makes no attempt to remove pants.
- 1 – Actively attempts to remove pants with prompts or physical support.
- 2 – Removes pants independently.

1. Personal Hygiene Skills				
No.	Activity	0 – Not Yet Able	1 – With Assistance	2 – Independent
1	Washing face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Brushing teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Brushing hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Washing and drying hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Dressing Skills				
No.	Activity	0 – Not Yet Able	1 – With Assistance	2 – Independent
1	Putting on and taking off clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Wearing and removing socks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3	Wearing and removing pants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Wearing and removing shirts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Feeding and Eating Skills

No.	Activity	0 – Not Yet Able	1 – With Assistance	2 – Independent
1	Eating with spoon/fork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Drinking from a cup/glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Carrying a plate/tray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Toileting and Bathroom Use

No.	Activity	0 – Not Yet Able	1 – With Assistance	2 – Independent
1	Using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Wiping after using toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Washing hands after toilet use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Household Participation Skills

No.	Activity	0 – Not Yet Able	1 – With Assistance	2 – Independent
1	Cleaning up toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Folding clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Tidying up the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	bed			
4	Sorting laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Pouring water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Screwing/unscrewing bottle caps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Wearing and removing a backpack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Toileting Independence

No.	Activity	0 – Not Yet Able	1 – With Assistance	2 – Independent
1	Requesting to go to the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Going to the toilet when prompted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Going to the toilet without being told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Communication Skills

No.	Activity	0 – Not Yet Able	1 – With Assistance	2 – Independent
1	Responding to name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Expressing needs (food, toilet, drink, play)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Responding to simple instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Using gestures (nodding,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	shaking head, pointing)			
5	Expressing emotions (crying, smiling, frowning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Eating Routine and Cleanliness

No.	Activity	0 – Not Yet Able	1 – With Assistance	2 – Independent
1	Washing hands before and after eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Sitting properly while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Using spoon/fork properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Cleaning mouth and hands after eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Environmental Awareness

No.	Activity	0 – Not Yet Able	1 – With Assistance	2 – Independent
1	Returning toys after use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Picking up fallen objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Putting things back in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Throwing trash in the bin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Playing with Others

No.	Activity	0 – Not Yet Able	1 – With Assistance	2 – Independent
1	Taking turns when playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Following play rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Initiating interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Responding to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Movement and Coordination

No.	Activity	0 – Not Yet Able	1 – With Assistance	2 – Independent
1	Walking steadily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Jumping in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Walking up/down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Throwing and catching a ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Responsibility and Task Completion

No.	Activity	0 – Not Yet Able	1 – With Assistance	2 – Independent
1	Finishing an activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Cleaning up after activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Following routines independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Self-Regulation

No.	Activity	0 – Not Yet Able	1 – With Assistance	2 – Independent
1	Calming self after crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Waiting for a turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Following a schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Academic Preparation

No.	Activity	0 – Not Yet Able	1 – With Assistance	2 – Independent
1	Carrying school bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Preparing materials before study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Tidying up after study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Emotional Expression

No.	Activity	0 – Not Yet Able	1 – With Assistance	2 – Independent
1	Recognizing own feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Expressing feelings verbally or nonverbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Responding appropriately to others' emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Safety Awareness

No.	Activity	0 – Not Yet Able	1 – With Assistance	2 – Independent
1	Avoiding dangerous objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Stopping when called	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Recognizing unsafe areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annex Finger 4

List of Help Desks for Caregivers of Children with Special Needs in Indonesia

A. National Emergency Services

1. **112** – National emergency services (police, ambulance, fire department)
2. **119 ext. 8** – Ministry of Health (Mental Health & Counseling)
3. **129** – Ministry of Women’s Empowerment and Child Protection Hotline
4. **1500-771** – Ministry of Social Affairs Call Center (information on social assistance and disability services)
5. **165** – BPJS Health Call Center

B. National Health & BPJS Services

To access BPJS services, caregivers can start by contacting their local **Puskesmas (community health center)** or **Posyandu cadre**. In some areas, there are also **BPJS cadres** who can assist families in navigating the system.

Through BPJS, children can receive professional health support available at **public hospitals** and other designated facilities.

These services may include consultations, therapy, and referrals to specialists, depending on the child’s needs.

1. Banjarmasin

Rumah Sakit Umum Daerah (RSUD) ULIN
Jalan A. Yani Km. 2,5 No. 43, RW.05, Sungai Baru, Kec. Banjarmasin Tengah,
Kota Banjarmasin, Kalimantan Selatan 70233, Indonesia
05113252180

2. Bandung

Rumah Sakit Umum Daerah (RSUD) Kota Bandung
Jl. Rumah Sakit No.22, Pakemitan, Kec. Cinambo, Kota Bandung, Jawa Barat
45474, Indonesia
0227811794

3. Bantul

Rumah Sakit Umum Daerah (RSUD) Panembahan Senopati

Jl. Dr. Wahidin Sudiro Husodo, Area Sawah, Trirenggo, Kec. Bantul, Kabupaten Bantul, Daerah Istimewa Yogyakarta 55714, Indonesia
0274367381

4. Bireuen

Rumah Sakit Umum Daerah (RSUD) dr. Fauziah
Jalan Mayjen Jl. T. Hamzah Bendahara No.13, Kota Bireuen, Kec. Kota Juang, Kabupaten Bireuen, Aceh 24261, Indonesia
064421228

5. Boyolali

RSUD Simo Kabupaten Boyolali
Jl. Bangak - Simo No.Km. 01, Kebayanan 3, Pelem, Kec. Simo, Kabupaten Boyolali, Jawa Tengah 57377, Indonesia
02763294719

6. Ciamis

Rumah Sakit Umum Daerah Ciamis
Jl. Rumah Sakit No.76, Ciamis, Kec. Ciamis, Kabupaten Ciamis, Jawa Barat 46211, Indonesia
265 771018

7. Cianjur

Rumah Sakit Umum Daerah Cianjur
Jl. Pasirgede Raya No.1b, Bojongherang, Kec. Cianjur, Kabupaten Cianjur, Jawa Barat 43216, Indonesia
08112292275

8. Badung

RSUD Wangaya
Jl. Kartini No.133, Dauh Puri Kaja, Kec. Denpasar Utara, Kota Denpasar, Bali 80231, Indonesia
0361222141

9. Makassar

RSUD Daya
Jl. Perintis Kemerdekaan No.KM.14, Daya, Kec. Biringkanaya, Kota Makassar, Sulawesi Selatan 90243, Indonesia
081144401488

10. Malang

RSUD Dr. Syaiful Anwar
Jl. Jaksa Agung Suprpto No.2, Klojen, Kec. Klojen, Kota Malang, Jawa Timur 65112, Indonesia
0341362101

11. Surabaya

RSUD Dr. Mohamad Soewandhie
Jl. Tambak Rejo No.45-47, Tambakrejo, Kec. Simokerto, Surabaya, Jawa Timur 60142, Indonesia

0313717141

RSUD Bhakti Dharma Husada

Jl. Kendung No.115-117, Sememi, Kec. Benowo, Surabaya, Jawa Timur 60198,
Indonesia

0317409135

12. East Jakarta

RSUD Budhi Asih

Jl. Dewi Sartika III No.200, RT.1/RW.3, Cawang, Kec. Kramat jati, Kota Jakarta
Timur, Daerah Khusus Ibukota Jakarta 13640, Indonesia

0218090282

RSUD Pasar Rebo

Jl. TB Simatupang No.30, RT.9/RW.2, Gedong, Kec. Ps. Rebo, Kota Jakarta Timur,
Daerah Khusus Ibukota Jakarta 13760, Indonesia

0218401127

Puskesmas Kramat Jati

Jl. Kerja Bakti No.1 2, RT.2/RW.10, Kramat Jati, Kec. Kramat jati, Kota Jakarta
Timur, Daerah Khusus Ibukota Jakarta 13510, Indonesia

13. West Jakarta

RSUD Kalideres

Jl. Bedugul Jl. Daan Mogot, Kalideres, Kec. Kalideres, Kota Jakarta Barat, Daerah
Khusus Ibukota Jakarta 11840, Indonesia

021 22306463

C. Psychological Services

For caregivers of children with disabilities who require psychological support, assistance is available through the **Indonesian Psychologists Association (HIMPSI)**. Several types of support can be accessed to meet your needs.

1. HIMPSI Aceh

Prodi Psikologi Fakultas Psikologi Universitas Islam Negeri Ar-Raniry Jl. Syekh Abdurrauf Kopelma, Gedung Museum Prof. Dr. Safwan Idris, MA Darussalam Banda Aceh
0813 8659 9902

2. HIMPSI South Kalimantan

Program studi psikologi FKIK ULM, Lt.2
Jl. Ahmad Yani, Km. 36 Banjarbaru
05114774405

3. HIMPSI Central Java

Jl. Kelud Selatan I - 55, Semarang - 50232
081575815500

4. HIMPSI Bali

Fakultas kedokteran Universitas Udayana Gedung Fakultas Kedokteran UNUD Lt.I
Jl. PB. Sudirman, Denpasar Bali 80232
0818194902 / 081805650007 / 081338424616

5. HIMPSI West Java

Jl. Panaitan No. 15 Bandung
081394881485

6. HIMPSI Jakarta

Jl. Cipete Dalam no 8B, Kel. Cipete Selatan, Kec. Gandaria, Jakarta Selatan 12410
08119737123

7. HIMPSI East Java

Fakultas Psikologi Universitas Airlangga, Kampus B UNAIR, Jl. Airlangga 4-6 Surabaya
085943519300

8. HIMPSI South Sulawesi

Jalan RSI Faisal II Kompleks Griya Modern 7 Rappocini Makassar 90222
089656456106

9. HIMPSI Jogjakarta

Universitas Gadjah Mada Jl. Humaniora No. 1, Bulaksumur, Yogyakarta 55281
0811 2556 58

D. Non Profit Organisation and Community Services

You can access support from the **organisation and community** to gain knowledge, receive assistance, and participate in discussions.

- **Indonesia Mengajar ABK**
Taman griya kencana, jalan Melon Blk. B No.4 9 no 14, RT.002/RW.011, Kota Bogor, Jawa Barat 16167, Indonesia
08111979891
- **Sahabat Sindroma Down Istimewa**
Instagram : @ssdi_id
- **Yayasan Masyarakat Peduli Autis Indonesia - Mpati**
Jl. Tanjung Raya Barat No.7, RT.2/RW.2, West Tanjung, Jagakarsa, South Jakarta City, Jakarta 12530, Indonesia
6281380741898
- **Yayasan Autisma Indonesia**
Jasmine tower It.2 Apartemen Kalibata City, Jl. Raya Kalibata, Jakarta, Indonesia
Instagram : @yayasanautismaindonesia
- **Sasana Inklusi dan Gerakan Advokasi Difabel (SIGAB) Indonesia**
Jl. Kopral Samiyo I No.37, Sribit Lor, Sendangtirto, Kec. Berbah, Kabupaten Sleman, Daerah Istimewa Yogyakarta 55573, Indonesia
+622742840056
- **Mitra Inspirasi Pendidikan Indonesia**
<https://mipiindonesia.org/>
+628128421947
- **Inklusiva Disabilitas Indonesia**
Jl. Gatot Subroto No. 123, Kelurahan Menteng, Kecamatan Menteng Jakarta Pusat 10310
Indonesia
081234567890
- **Yayasan Bhakti Senang Hati**
Jl. Mundeh, Br. Teruna, Desa Siangan, Gianyar – Bali
0361954877