



Children and Students with Disabilities Are Beneficiaries from the Parental and Teacher Participation

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Abstract

Community-based therapeutic healing, then abbreviated C-bTH, has crucial advantages for parents, teachers, and their students with disabilities to participate in reciprocal help that facilitates social participation to avoid self-alienation. This study examines the social participation of the parents and the shadow teachers for their children and students with disabilities for fulfilling their needs. The sampling includes 15 adults together with three administrative officers who were involved in the C-bTH. To gather data, in-depth interviews and observations were employed. The data were analyzed via the phenomenological approach that perceives data as what it shows itself as it is without the researcher imposed his/her thoughts on it. The study revealed four themes connected to basic needs of children and students with disabilities to be fulfilled. Results showed the engagement of the parents in the C-bTH and the teacher at school all of which is to meet the basic rights of the children with disabilities. First, the parents accompany their children to participate in the therapeutic healing. They have helped the children to develop physically and psychologically. Second, the parents and the teachers involved in Islamic education such as teaching, learning, and evaluation. Third, the parents participated in the entrepreneurial and cooperative programs to support the children and to evaluate the services. Fourth, the parents participated in recreation and shared their experience.

Keywords: *Parent/Teacher Participation; Child/Student with Disability; C-bTH*

INTRODUCTION

Everyone living with disabilities are entitled to social welfare services.¹ But there is little societal awareness of the entitlements because political and structural barriers do not permit personal access to such services. Also, some lack

¹ Indonesian Act No 8 Year 2016 on Social Welfare for People with Disabilities.

physical mobility or have lack of societal care to seek out the services, due to having been shackled for many years.² Typically disabled students have a plethora of concerns about, and barriers to, meeting basic needs, accessing public services, or finding opportunities for self-development.³ They also encounter the difficulty in getting quality education and thus have fewer opportunities for gainful employment. Even when some are doing progress, they often encounter a social stigma that views people with disabilities as incompetent or as unsuited for employment.⁴ Statistically around 5% of people with disabilities completed a university degree, while approximately 11% for those without disabilities. Also, about 29% of people with disabilities finished only a primary school education, as compared to nearly 25% for those without disabilities.⁵ Not surprisingly then, after graduation people with disabilities have found less opportunity to engage in promising jobs, even are underemployed.⁶ Adding to the overall problem is that the observable trend indicates a steady increase in the number of students with disabilities.⁷ This bodes poorly for the future, unless rights for students with disabilities are better recognized in current society.⁸

² K. Kozik, "Indonesia Upholds Rights of People with Mental Health Conditions," *Human Rights Watch*, <https://www.hrw.org/news/2019/09/03/indonesia-upholds-rights-people-mental-health-conditions>

³ Zulkipli Lessy, Najib Kailani, and Asep Jahidin, "Barriers to Employment as Experienced by Disabled University Graduates in Yogyakarta," *Asian Social Work and Policy Review* 15, no. 2 (2021), 133-144. <https://doi.org/10.1111/aswp.12226>

⁴ K. Dewi, & Hastuti, *Kendala Mewujudkan Pembangunan Inklusif*, (SMERU Research Institute, 2020); Zulkipli Lessy, Najib Kailani, & Asep Jahidin, "Barriers to Employment as Experienced by Disabled University Graduates in Yogyakarta, Indonesia," *Asian Social Work and Policy Review* 15, no. 2 (2021): 133-144. <https://doi.org/10.1111/aswp.12226>

⁵ Statista Research Department, "Share of Indonesian Population over 15 Years Old in 2022, by Highest Education Level and Disability Status," *Science, Society and Education*, 2022. <https://www.statista.com/statistics/1298854/indonesia-share-of-population-by-highest-education-level-and-disability-status/>

⁶ K. Kozik, "Indonesia Upholds Rights of People with Mental Health Conditions," *Human Rights Watch*, <https://www.hrw.org/news/2019/09/03/indonesia-upholds-rights-people-mental-health-conditions>; K. Vornholt, P. Villotti, B. Muschalla, J. Bauer, A. Colella, F. Zijlstra, G. Van Ruitenbeek, S. Uitdewilligen, & M. Corbiere, "Disability and Employment - Overview and Highlights," *European Journal of Work and Organizational Psychology* 27, no. 1 (2017): 40-55. <https://doi.org/10.1080/1359432X.2017.1387536>

⁷ M.S. Durkin, "Increasing Prevalence of Developmental Disabilities among Children in the US: A Sign of Progress?" *Pediatrics* 144, no. 4 (2019): 1-2. <https://doi.org/10.1542/peds.2019-2005>

⁸ Jumi Adela Wardiansyah, Zulkipli Lessy, & Haresh B. Dalvi, "Effects of Societal

Access to quality education and accommodations for people with disabilities should deserve affirmative action.⁹ The C-bTH has partnered with the local government to conduct a therapeutic healing, which is aimed at ameliorating exclusionary effects that hinder the education of children with disabilities. Both has sought to increase inclusion by engaging a focus by parents on relevant processes. This initiative accords with the Act by means of advocating and increasing access to physical and psychological therapy. Simultaneously the community and the government are tasked to expand the educational, social, economic, and personal functioning of students with disabilities. Through the governmental-backed program, there can be direct cash transfers, in cooperation with C-bTH, for the benefit of students with disabilities. The collaboration is considered important for much closer community involvement with the students with disabilities and their rehabilitation needs.¹⁰ While the local government has the funds, it nonetheless has personnel limitations on the ability for outreach to those who are legitimately eligible for the social welfare. Thus, other individuals in the community, and especially parents, can be useful by socially participating in programs to fulfill welfare rights.

Parent participation is a foundational goal of the C-bTH programs. Resources include social services for vulnerable groups, such as women, children, marginalized persons, and people with disabilities. Over time, C-bTH has integrated referral systems for clients to be treated properly during intervention.¹¹ A similar program has also been instituted in Kenya, Uganda, Brazil, Bangladesh, The Philippines, Columbia, and other developing countries.¹²

Stereotype Against Children with Special Needs," *Al-Bidayah: Jurnal Pendidikan Dasar Islam* 13, no. 2 (2021): 273-296. <https://doi.org/10.14421/al-bidayah.v13i2.692>

⁹ Indonesian Act No 8 Year 2016 on Social Welfare for People with Disabilities.

¹⁰ Qarir Yunia Sari et al., "Implementasi Kebijakan Kesejahteraan Sosial pada Adaptasi Sosial Mahasiswa Difabel dalam Proses Pembelajaran," *Jurnal Sosial Humaniora dan Pendidikan* 6, no. 2 (2022), 158-177. <https://doi.org/10.32487/jshp.v6i2.1463>

¹¹ H. Einar, "The Origins of Community-based Rehabilitation," *Asia Pacific Disability Rehabilitation Journal* 18, no. 2 (2007): 8-17. https://www.dinf.ne.jp/doc/english/asia/resource/apdrj/vol18_2007/einar_helander.html

¹² C. Khasnabis, K. Heinicke, K. Achu et al. (eds.), *Community-based Rehabilitation* (Jenewa: WHO, 2010).

Such projects become tools for social advocacy to support persons, regardless of background, to have equal opportunities in accessing the services of social welfare. The therapeutic healing programs include but not limited to community outreach to empower students to seek out and receive the services, including therapy, exercising, training, and learning to strengthen self-capacity. A study shows such community outreach can thereby minimize levels of poverty among children with disabilities.¹³ Understandably then, the social involvement of parents and teachers is an important initiative for the C-bTH programs. They can become personally empowered, take social roles in the community for the uplift of the children.¹⁴ Similarly, involving parents and teachers in the C-bTH yields parental motivation to participate in decision making, thereby contributing to social welfare in the service programs.¹⁵

A report revealed there were nearly 12.000 people with severe disabilities in the regions of Yogyakarta and Klaten, and some 817 persons in one subdistrict, of whom 50% were indigent, meaning that their household income was below the poverty line.¹⁶ For daily needs, their subsistence fulfillment was covered by the government subsidies and extended family aid. So, there is substantial meaning of the establishment of C-bTH, with the primary aim is to help people with physical disabilities. Since then, it has developed an assistance program for helping children and students with disabilities. Over time, C-bTH has expanded its operation by virtue of the involvement of activists, namely community volunteers and social workers.

¹³ E.Y. Chung, "Identifying Evidence to Define Community-based Rehabilitation Practice in China Using a Case Study Approach with Multiple Embedded Case Study Design," *BMC Health Services Research* 19, no. 1 (2019): 1–10. <https://doi.org/10.1186/s12913-018-3838-7>

¹⁴ M. Higashida, "Developmental Social Work for Promoting the Socioeconomic Participation of Persons with Disabilities: An Application of the Capability Approach," *Disability, CBR and Inclusive Development* 29, no. 2 (2018): 94–117. <https://doi.org/10.5463/DCID.v29i2.716>

¹⁵ P. McNeilly, G. Macdonald, & B. Kelly, "The Participation of Parents of Disabled Children and Young People in Health and Social Care Decisions," *Child: Care, Health and Development* 43, no. 6 (2017): 839–846. <https://doi.org/10.1111/cch.12487>

¹⁶ D.A. Paulo, & L. Pardomuan, "Poverty Runs a Thread Through Indonesia as Covid-19 Puts Millions on the Brink," *Channel News Asia*, 2020. <https://www.channelnewsasia.com/cnainsider/poverty-runs-thread-through-indonesia-covid-19-millions-brink-731551>; The Social Affairs Office of Klaten 2020.

Parental participation in the C-bTH is meant to enhance the economy of families. This initiative focuses on methods for generating income, such as sewing clothing or breeding catfish, with the extra income intended to benefit the children with disabilities and their parents. This economic initiative also invokes a partnership between parents and children, for which the C-bTH has provided entrepreneurial training for the children's skills as well, since they will encounter economic competition in their future adulthood. The C-bTH programs also motivate parental involvement by means of a partnership with a children's health program. The parental and teacher participation is now a beneficial stepping stone for the success of healing children and students with disabilities, and it helps their development.¹⁷ Methods that include partnering children with parents or other adults, such as the teacher, can augment their emotional stability, intelligence, and physical well-being. Thereby there are notable benefits to the overall community and even a boost for community businesses.¹⁸

But the post-coronavirus time in the district has proven problematic for the children with disabilities at school and home because many still remember how restrict they felt.¹⁹ Thus, it may raise concerns to track the approaches teachers and parents employed that have shifted from conventional to unusual practices such as the competence-based curriculum to meet students' dynamics. One of the special concerns for them is problems connected to family lives they bring in the school environment. An overall result of the study contends the parents and teachers significantly had provided accommodation yet modification the students needed to facilitate two ways of communication, strengthen understanding, and encourage them to catch up

¹⁷ G. Odongo, "Barriers to Parental/Family Participation in the Education of a Child with Disabilities in Kenya," *International Journal of Special Education* 33, no. 1 (2018): 21-33. <https://files.eric.ed.gov/fulltext/EJ1184076.pdf>

¹⁸ A. Uceng, A. Ali, A. Mustanir, & N. Nirmawati, "Analisis Tingkat Partisipasi Masyarakat Terhadap Pembangunan Sumber Daya Manusia di Desa Cemba Kecamatan Enrekang Kabupaten Enrekang," *Jurnal Moderat*, 5, no. 2 (2019): 1-7. <https://jurnal.unigal.ac.id/index.php/moderat>

¹⁹ P.W. Adi, T. Martono, & Sudarno, "Learning Failures and Barriers in Schools during a Pandemic at Indonesia: A Literature Review," *Duconomics Sci-meet*, 1, no. 1 (2021): 160-165. <https://doi.org/10.37010/duconomics.v1.5436>

with everyday lessons. But many students with disabilities face real challenges as their family did not support them in some case. If the family living condition reflects a daily earning that is only 'from hand to mouth,' children might be trapped in poverty that bars them from seeking quality time with friends or happy engagement with the family. Some even are very poor so that schooling is not their priority. This situation happens especially to those who live with a standard of living below the poverty line, or those who live in improper house, with innutritious food, and lack of space for individual living in the family. The result also revealed many students and their family live in small alleys and near creek banks. For a normal growth, students should have a liveable environment to ease psychological burdens they suffer.²⁰

Every child born to the earth comes with unique abilities, some are advantageous and some have lower capacities.²¹ Thus, the last mentioned must strive to compete with their fellow friends. This study found students with different physical and psychological abilities have issues in learning or in interacting with peers. The teachers reported some have physical and mental impairments such as Down Syndrome, Cerebral Palsy, or autism, and thus they encounter difficulties during their schooling. This study not only focused on these four aspects mentioned early but also on a wider perspective of disability. Some students live with Attention Deficit Hyperactive Disorder, and the minority are indicated as abnormally genius.²² Our preliminary readings regarding students with abilities in the regency have shown many such students are misplaced in a classroom where teachers lack the capacities or the techniques

²⁰ H. Sutton, "Covid-19 Disproportionately Impacts Students with Disabilities across All Sectors", *Disability Compliance for Higher Education*, 26, no. 6 (2021): 9. <https://doi.org/10.1002/dhe.30973>

²¹ M.L. Batshaw, N.J. Roizen, & L. Pellegrino (eds.), *Children with Disabilities*, (Baltimore, MD: Paul H. Brookes, 2019); J.M. Kauffman, & J. Badar, "Definitions and Other Issues," In James M. Kauffman (ed.), *On Educational Inclusion: Meanings, History, Issues and International Perspectives*, (London: Routledge, 2020).

²² Istifadatul Khoziyah, Zulkipli Lessy, & Fathiyaturrahmah, "Peran Stakeholder Dalam Membangun Pendidikan Karakter Religius Pada Keluarga Dengan Tunagrahita," *WANIAMBAY: Journal of Islamic Education* 4, no. 2 (2023), 153-168. <https://doi.org/10.53837/waniambey.v4i2.670>

needed to guide them.²³ Indeed, this especially true that some teachers put aside some responsibilities for the shadow teacher. They suggest their main task is to teach the subjects to only meet with the curriculum target. As a result, a conflicting issue surrounding the responsibilities is resolved without a clear-cut job description between the resource teacher and the shadow teacher.

METHODS

A qualitative approach was the method for this study, in which data were gathered from interviews and observations. This process was utilized in order to examine the social participation by parents whose disabled children received welfare services from the C-bTH, in fulfillment of legal rights. Fifteen participants for the study were chosen. Eight of them who met three criteria, namely (1) being poor, (2) being recipients at the C-bTH, and (3) having parents who partnered with them for receiving services. Three were administrative staff members with job responsibilities pertinent to provision of services to the welfare recipient participants.

Interviews and observations were conducted to solicit information from participants. We sought responses relevant to benefits that may have been gained by children with disabilities by means of social participation of the parents also being engaged with the rehabilitative programs.²⁴ As in any such qualitative approach, we explored relevant knowledge, experiences, and feelings of participants. We sought perspectives on how C-bTH's use of a partnership approach is advantageous for the children, the parents and teachers, and the welfare institution itself. During the interviews, we received information from six mothers, six fathers, and three administrative staff. We engaged parents due to their fundamental roles for strengthening the psychological well-being of their own children, for seeing to their children's education, and for guiding their

²³ E. Rambe, "Konseling Individual pada Peserta Didik Berkesulitan Belajar di Kelas III SDN Balirejo, Yogyakarta," *Tesis*, FITK UIN Sunan Kalijaga Yogyakarta, 2019. <http://digilib.uin-suka.ac.id/id/eprint/41188>

²⁴ J.W. Creswell, *A Concise Introduction to Mixed Methods Research*, (Thousand Oaks, CA: Sage, 2015).

children's societal empowerment. We also sought to interview staff members at C-bTH in order to broaden our knowledge of the institution itself and of the mechanisms used for empowering children with disabilities. Invitation letters, describing the research and asking for participation, were sent via email to prospective participants. Prior to interviews, our research ethical clearance was examined by competent institutions, and in this study two institutions were involved, namely Idea Teman Belajar, a nonprofit research institution in Yogyakarta, and Lembaga Penelitian dan Pengabdian Kepada Masyarakat of Universitas Islam Negeri Sunan Kalijaga, Yogyakarta. The number of ethical clearance is 09/I-RECC/V/2022. The parents and three administrative staff agreed by emails. They affirmed having read about the research purposes and process and having understood the emailed consent form. Interviews were subsequently conducted at the office of C-bTH and/or at participants' homes, based on the permissions given to us. We also observed activities of parents together with children at C-bTH. Also, at C-bTH we interviewed three administrative officers. With these three, we sought to know attitudes about social participation, as being part of a community-based rehabilitation process and as related to fulfilling the rights of the children with disabilities. Additionally, we maintained the dignity and the anonymity of participants by only mentioning their codes that we made, and these codes have no connection with their real identity to keep confidentiality.

Sixteen semi-structured and face-to-face interviews were conducted with five parents of children with disabilities and with three C-bTH administrative officers in Yogyakarta and Klaten. Each interview lasted 70 to 100 minutes. We used open-ended questions in a semi-structured method, in order to receive flexible responses and to induce the participants to expand on their viewpoints, experiences, and feelings. We recorded interview content both manually and digitally. Full transcriptions were done manually by typing words, sentences, and

paragraphs into a laptop that did not connect with the internet, thus maintaining confidentiality of the recordings. After transcribing data verbatim, we used.²⁵

Method of analysis, which is a well-known hermeneutic method for “understanding the meaning of experience [by searching for themes] with greater interpretative engagement with data”.²⁶ This method of analysis²⁷ employs three important techniques, which are: (1) comprehensive reading to capture a holistic understanding of the phenomenon; (2) selection of notable passages by underlining or coloring important meaningful content, and (3) detailed, word-by-word, phrase-by-phrase reading to comprehensively understand each nuance in the materials that are recorded. Analyzing data with these procedures constitute both comprehensive and selective reading because it “result(s) in a good balance between part and whole reading, and less likelihood of idiosyncratic interpretations that are beyond the data”.²⁸ We further adopted techniques proffered by Braun and Clarke²⁹ to complement the hermeneutic phenomenological approach of van Manen.³⁰

For the analysis, we employed an inductive method, in which we began from coding important passages, collating codes into possible themes, and producing thematic maps.³¹ We noted key words or phrases in the manuscripts that described what participants meant in texts and contexts and their repetitions in word choice, as related to the formulation of the questions.³² For this point, we

²⁵ Max van Manen, *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*, (Alberta: Althouse Press, 1990).

²⁶ D. Langdridge, *Phenomenological Psychology: Theory, Research and Method*, (Hoboken, NJ: Pearson Education, 2007).

²⁷ Max van Manen, *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*, (Alberta: Althouse Press, 1990).

²⁸D. Langdridge, *Phenomenological Psychology: Theory, Research and Method*, (Hoboken, NJ: Pearson Education, 2007).

²⁹ Virginia Braun & Victoria Clarke, “Using Thematic Analysis in Psychology”, *Qualitative Research* 3, no. 2 (2006), 71-101.

³⁰ Max van Manen, *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*, (Alberta: Althouse Press, 1990).

³¹ Virginia Braun & Victoria Clarke, “Using Thematic Analysis in Psychology”, *Qualitative Research* 3, no. 2 (2006), 71-101.

³² R. Tesch, *Qualitative Research: Analysis Type and Software Tools*, (New York: Palmer Press, 1990).

utilized van Manen's second approach by noting phrases in our highlighted texts that were particularly salient for the phenomena we wanted to study, and for phenomena and experiences being described by interviewees.³³ Our next step was to group similar codes for thematic analysis by an iterative method.³⁴ We referred to the codes and data to find what topics emerged.³⁵ We categorized participant quotes via this coding and thus obtained grouped lists that revealed themes pertinent to our research.³⁶

Data were gained during the field study. Through summarizing, extracting, and organizing participants' lengthy interviews, we searched for themes related to the participation of parents at C-bTH for, by, and with their children with disabilities. We fixed data by reducing nonrelevant ones for the purpose of clarity and then for data display. Furthermore, we processed data from the interview transcripts and from interviewer observations in order to draw conclusion, as relevant to research topics.

RESULT AND DISCUSSION

1. Parental And Teacher Social Participation

The C-bTH provides four programs, namely health, education, economy, and social. The children involved in any of the four programs can bring their parents into the voluntary activities. The parents are responsible for their own children and are generally motivated for seeing that their children will develop properly. A positive aspect of children's attachment to their parents is that it can be a boon for parental communication and helpfulness. This helps the parents to have positive attitudes toward their children, and the environment where youngsters can learn to take positive and useful roles in society.³⁷ Sessions

³³ Max van Manen, *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*, (Alberta: Althouse Press, 1990).

³⁴ Virginia Braun & Victoria Clarke, "Using Thematic Analysis in Psychology," *Qualitative Research* 3, no. 2 (2006), 71-101. <https://doi.org/10.1191/1478088706qp063oa>

³⁵ J.W. Creswell, *A Concise Introduction to Mixed Methods Research*, (Thousand Oaks, CA: Sage, 2015); E. Babbie, *The Practice of Social Research*, (Belmont, CA: Wadsworth, 2021).

³⁶ R. Tesch, *Qualitative Research: Analysis Type and Software Tools*, (New York: Palmer Press, 1990).

³⁷ F.A. Nuraini, "Hubungan Kelekatan Terhadap Ibu dan Penyesuaian Diri pada Remaja

conducted at C-bTH assist parents to gain fuller understanding about the nature of childhood disabilities and about ways to ameliorate such negative factors as excessive dependence, inappropriate self-blame, and low self-esteem.

1.1. Parental Social Participation in Health Care

The health care activities had originated amid their several services specifically for people who'd had strokes. Later the service goals in the C-bTH expanded to become the Inclusion Center. This occurred due to an increased need and concern for people with other disabilities to receive customized health care. The C-bTH now offers therapeutic healing for many people, and connects with rural midwives, and has its public health center personnel involved in the activities.

In collaboration with physiotherapy students of a public university in Surakarta, the C-bTH is open on morning weekends. Those who have children with disabilities are at those times provided ample benefits from the C-bTH health services. The sooner that a child's disability has been recognized, then the earlier the therapy services can be applied, which can result in better growth for the child.³⁸ It is also important for the parents to involve with the processes of therapy. Their presence not only helps to sooth and calm the young patient, but also deepens the emotional closeness of parents with their children.

The 5-year-old son of Mr. P4 is suffering from right-bending spine, and Mrs. P2's daughter named C2, aged 6, is suffering from polio. In 2018, they brought the children to a local midwife for therapy, and they have regularly attended C-bTH afterward. Mrs. P2 had regularly taken her daughter to the hospital for therapy before she decided the time and cost were unsustainable for her financial situation. She then began taking her daughter to C-bTH.

Mrs. P1's daughter is suffering from Down's Syndrome. They have engaged in the therapeutic healing program at C-bTH ever since the formation of the

Disabilitas Fisik," *Cognicia* 8, no. 2 (2020): 191–205. <https://doi.org/10.22219/cognicia.v8i2.11538>

³⁸ A. Kurniawan, A.K. Wardani, T.J. Angkasawati, & M. Wahidin, "Peningkatan Aksesibilitas Pelayanan Kesehatan Dasar Untuk Difabel di Sukoharjo, Jawa Tengah," *Buletin Penelitian Sistem Kesehatan* 23, no. 3 (2020): 188–197. <https://doi.org/10.22435/hsr.v23i3.2735>

center. Diagnosed with a virus when only five years old, Mrs. P1's daughter had become paralyzed. Now Mrs. P1 is glad to see her daughter's progress – from totally unable to walk, to now slowly moving her feet and walking several steps. In addition to on-site treatment for disabilities, C-bTH therapists teach parents, such as Mrs. P1, several simple therapy-movement models, so that parents can give their children such therapy regularly at home, for even better effect overall.

Parents gladly receive these two benefits, health-care service for their children and basic therapy techniques. Parents are also involved beforehand in the join-or-not therapy decision. In this evaluation, they need to understand and be able to describe the children's condition, and to subsequently report the ongoing changes occurring in response to therapy.

1.2. Parental/Teacher Participation in Islamic Education

In terms of Islamic education, C-bTH teaches the children with disabilities about numbers, how to read and write, in how to understand right and wrong according to Islam. These services were initiated due to the fact that most of those children do not go to school and tend to completely stop studying. The target was for them to be able to study at public schools. In absence-of-motivation cases, the center kept guiding and encouraging them. Due to the importance of Islamic education for the children with disabilities, the regent government has declared inclusive education, meaning that every single child, with or without disabilities, is entitled to proper education.³⁹

Not only does C-bTH help to educate the children with disabilities, but it also offers time availability in the center for educating parents on how to teach their children with disabilities when they are at home. While teaching at their homes, the parents are likely to more clearly understand their children's emotions and thereby improve the nurturing quality at home and allow a more democratic process of teaching and learning, in accordance with their children's

³⁹ M. Anzari, A.H. Sarong, & M.N. Rasyid, "Hak Memperoleh Pendidikan Inklusif Terhadap Penyandang Disabilitas," *Syiah Kuala Law Journal* 2, no. 1 (2018): 57-73. <https://doi.org/10.24815/sklj.v2i1.10586>

ongoing skills development. Better parent-child communication will in these ways bring positive effects to the child's development (Pulungan et al., 2019). Parental involvement in monitoring such progress is encouraged and is documented in a learning-evaluation journal provided by C-bTH, for written descriptions of every advance the child makes.

Naturally, parents or teachers will be glad to see their child's/student's positive developments, such as the ability to write numbers and alphabetic characters and to more fully describe pictures. Also, they will be happy to see their child/student who can greet with Islamic greetings or common greetings such as "*assalaamu'alaikum*" or "*selamat pagi*". Despite their eagerness, however, it is often that parents/teachers are unable to lend a hand to the staff and volunteers. This is sometimes due to overwhelming housework or a parental need for a break from childcare. Hence the C-bTH also provides the children with disabilities with homework assistance, while the parents spend some time with friends. Upon parents' agreement for such times, there are activities for the children that engage their talents and interests.

The role of parents is essential for the child's social life. Parents encourage their children to get along with others and motivate them to sharpen their talents. When children/students learn to dance at the center, for example, parental/teacher involvement can help their child/student make corrections and thereby build confidence. The staff and the volunteers of C-bTH believe this type of involvement brings better parent-child relationships and support. An interview with S2 revealed:

During the performance, parents/teachers are in front of the stage, following the rhythm of the music and giving support. Parents/teachers are excited to see their children/students look charming in colorful costumes, performing on stage. Because we do not have a dance studio nor costumes, so we rent them. We could afford 'woven-bamboo horses' and 'foot rattles' the other day.

The dance performance gives the parents much happiness and pride. They are proud to see their children do the performance they had previously never

considered. The center is now working on improvement of the dance-related facility and on minimizing parents' future expenses for costumes.

Another notable activity at the center is sports. Children with disabilities are encouraged to explore their sports potentials, and are expected to take part in the Paralympics. This relatively new subject at the center has proved to be quite positive. Mrs. P3 has a child named C3 and who is with intellectual disability and a physically handicap respectively, who won in the badminton and the general athletic championships. Parents' participation shows its role, as described by Mr. P5:

They said he was happy. Then he tried to play badminton, but he was fond of other athletics; he took part in a championship and won. I am very glad. I occasionally accompany him practicing in the 'merdeka' track. I like playing badminton with him the best, but he practices running alone in the afternoon.

C5's parents thoroughly assist their son, and especially do so by means of his father's time spent on sports training with C5, as well as their time spent in attending activities at the track. This example reveals parental participation helping to develop their child's interest and skill. C-bTH staff continually tell parents to encourage their children to join any available activity. The extracurricular activities help each child with disability to feel happy by experiencing their own efforts in playing and even winning group games. Another success story tells about C3, who is now a 200-meter-running athlete. Her parents heard about C-bTH in 2018, but at first, they had declined the invitations to visit and to join. Of this Mrs. P3 stated:

I met Mr. S1, a C-bTH staffer, when I was invited to a catfish barrel-rearing training session in a village one day. We became acquaintances afterward. He asked me questions about my daughter before he asked if he could come for a visit someday. Upon his visit, he invited my daughter to play badminton with him. I was doubtful about it because of her physical condition. In his third visit I finally agreed and gave my daughter a try. Surprisingly enough, she enjoyed the game.

Persistent parental hesitation, about undiscovered potentials that could be found in a child with disability, may affect a family's strength and the child's

resilience.⁴⁰ C-bTH staff worked, during regular visits by C3, to allay such doubts. Now C3, who was then a badminton player, is also a 20-meter athlete, and she has concomitantly become better at athletics in general. Her father takes her to the track and brings her home when she is done. Her parents cheer for her to boost her spirit for practicing and improving her strength and skill. C3's mother noted:

When she joined a competition the other day, I took her there but didn't stay since I had to take care of her younger brother and sew my customers' clothes. Luckily, there are her uncle and aunt in town. I actually wanted to see her playing. Let her be independent and confident. I told her that meeting people with similar, even worse, problems would make her aware that she's not alone.

C3's parents both describe positive results from her athletic participation, and they continue to inform and motivate their daughter. The effects of their parental support have changed a novice athlete, C3, into a skilled competitor who has even brought home a winning trophy. She and her family have set a good example of the possibilities open to other children with disabilities.

1.3. Parental Participation in Economic Program

A family living with a child with disabilities is said vulnerable to poverty due to their extra disability-needs expenses.⁴¹ In many cases, they also spend extra time to access important resources for their children. By contrast, zero-disability families can manage to have earnings relatively higher than that of disabled families; yet those lower-income families must put a high proportion of income toward disability-needs expenditures.⁴² This situation is seen in the district, so to help such families cope, the economic program of C-bTH provides instruction, such as sewing courses, in which parents are expected to become

⁴⁰ E.W. Rahayu, "Resiliensi pada Keluarga Yang Mempunyai Anak Disabilitas," *Review Psikovidya* 23, no. 1 (2019): 22-45. <https://doi.org/10.37303/psikovidya.v23i1.126>

⁴¹ M. Pinilla-Roncancio & S. Alkire, "How Poor Are People with Disabilities? Evidence Based on the Global Multidimensional Poverty Index," *Journal of Disability Policy Studies* 31, no. 4 (2021) 206-216. <https://doi.org/10.1177/1044207320919942>

⁴² Z.A. Liu, *A Study on the Economic Status of Disabled Families*, February 2020. <https://doi.org/10.2991/icesed-19.2020.115>

involved. This initiative then serves two goals: economic welfare improvement and parental togetherness experiences.

The sewing program for parents is designed to be managed by the members, with the center providing assistance just when any problem arises. In an interview with Mrs. P1:

Everyone has a different job to do, like cutting, sewing, or packaging. The tailors are local people. Each monthly meeting is held in a member's home. Mrs. R (worker) and Mrs. T (worker) select a motif and purchase the material to sew. We learned that garments with good quality material sell very well. This activity also makes wives understand types and motifs of cloth. Two people are responsible for the money and its records. Net profit is shared equally.

The interviewee also explained the all-out participation for the development of economic program. Mothers in the family hold monthly gatherings that rotate from the home of one member in one month to a different home in the following month. Mrs. P1 and Mrs. P2 take an extra role by having their two houses be the sites for the other mothers to bundle up the finished garments. This group also manages its finances independently, shows positive improvement, and consults with C-bTH about any problems that may arise. C-bTH and its volunteers willingly give such assistance.

In another beneficial C-bTH initiative, a group of fathers are trained for *bioflog* and in-barrel catfish rearing. This activity can lead to sales that add to their family's finances, and it also is providing for a family's own nutrition. C-bTH visits the site and supervises the process weekly, while evaluating the progress of each father and his child. One participant in catfish-rearing is Mr. P5. His daughter has sensory deprivation, deafness, and speech impairment. He described how he and his daughter do the catfish-rearing:

A bioflog is a pond with a huge tarpaulin situated underwater and covering the pond's sides and bottom. An in-barrel serves as a big water collector and container. It has been two years for us of catfish-rearing. My daughter, C5, helps me with the feed and the surrounding cleanliness. We are about to substitute catfish for *gurami* fish because of unfavorable weather and rising feed price.

The involvement of disabled children in this activity is meant to train them in having responsibilities. Their parents are in charge of any decisions to expand this family business, if they wish. The catfish-rearing is already located on their own piece of land and they are buying the feed at their own expense. C-bTH's role is to initially provide the barrel, the tarpaulin, and the start-up eggs.

Another initiative via C-bTH has been a cooperation since 2018 with a savings and loan group. With 269 members, the cooperative is collaboratively managed in 9 of the 19 villages within the district. To be a member, there is a one-time Rp25,000 enrollment fee and then a monthly Rp2,000 contribution. This savings and loan cooperative lends money to its members for investments, among other purposes. Mr. P4, a father of a child with disability, took out a loan to increase his investment in a snacks and salted-eggs business that is managed by his wife. Mr. P4 said:

Three million rupiah is enough to buy snacks and eggs from a pool [in bulk] and sell them in a market. I've been a member for a year. What my wife and I do really helps the economics of our family and enables our daughter to go to a nearby small shop to buy what she likes.

Parents' participation in these economic activities -- sewing, catfish-rearing, and cooperatives -- creates positive effects for themselves and for their disabled children. The additional money earned goes toward the daily needs of the family and the extra needs of the child with disability.

1.4. Parental Participation in Social Activities

The social cluster groups at C-bTH are designed for teaching the disabled to usefully interact with their parents and with their community. Parents are also involved in these groups, which promote self-help to increase self-esteem, accelerate therapeutic healing processes, share personal thoughts and experiences, and improve mutual interactions.⁴³

⁴³ B.J. Landstad, M. Hedlund, & E. Kendall, "Practicing in a Person-Centred Environment - Self-Help Groups in Psycho-Social Rehabilitation," *Disability and Rehabilitation* 1-10 (2020). <https://doi.org/10.1080/09638288.2020.1789897>

There is also a program designed as a self-help-group for parents. It includes sharing parental experiences and hearing keynote-speakers. This parent-oriented self-help group is conducted in alternate months (every other month). Following parent sharing at each meeting, there are materials presented that are useful for both the disabled and the family's life. This self-help group is also utilized by C-bTH to uplift parents' communication skill, in particular for speaking before public. About this, Mrs. P3 asserted:

Many things can be discussed, such as how to assist a child with their school work, how to take care of their needs, and many more. I once attended in a village administration office and once in a district office, too. There I learnt that each individual had their own story which was very likely different from mine.

Participation of informant's mother Mrs. P3 shows that joining the group gives her a better understanding and awareness of facts about being the parent of a disabled child. This, in turn, allows her to accept it well.

Another social program is disability day commemoration on December the 3rd. The C-bTH together with parents of children with disabilities has celebrated it several times. During the celebration, there are seminars open to the public of the district. Dances by disabled children are also performed, and these were arranged by volunteers from C-bTH training the children beforehand. The event, however, was suspended for two years during the Covid-19 pandemic.

Another social program is recreation. Due to the limited number of means of transport, this once-a-year enjoyment activity is not obligatory. The event is an entertainment for families with disabled member. Parents are free to suggest the site to visit and to bring food supplies to share. The center provides an entertainment room for parents and their disabled children. This social program enables parents from C-bTH to act as good examples to encourage more families with disabled children to join. The public-day celebration and outings also open the public's mind toward considering that people with disabilities belong in the overall society and deserve media and room to express themselves.

2. Narrowing Gaps Of The Rights Of Children

2.1. Parental Determination of the Rights Fulfillment for Children

Parents decide which services, such as specific healthcare services or activity modes, that the children with disabilities will receive, and the involvement in any activity at the center requires parental approval. It is considered essential for parents to understand their children's needs and reasonable capabilities before deciding which therapy programs they will take part in. A professional continuously upgrades their understanding of particular disabilities, so that the parents can make accurate decisions for their children.⁴⁴ C-bTH introduces their center, as having a system in which individuals with expertise in childhood disabilities are involved, to parents in the district and encourages those parents to involve their children in activities conducted by C-bTH.

The fulfillment of disabled children's rights is dependent on the awareness and consent of their parents. When parents do not know of C-bTH services, or do not allow their children to join in such activity, the goals of rights of disabled are hindered. Allowing active involvement, on the other hand, can gradually fulfill such rights. Nonetheless, many parents were reluctant to answer C-bTH questions during a data-collecting survey, and this may leave children's needs undetected.

An outreach program of C-bTH is to visit schools in order to inform educators about C-bTH services and to advocate for societal acceptance of the disabled. Even so, the final decision to send a child to school is in parents' hands. Many factors still diminish parents' awareness of the possibilities for, and the importance of, education for their disabled children. Parents stay doubtful or hesitant due such factors as poor family finances, lack of nearby school facilities for the disabled, and a limited number of disability assistant teachers in most schools. Some parents in Karanganom District feel ashamed or inferior in their

⁴⁴ P. McNeilly, G. Macdonald, & B. Kelly, "The Participation of Parents of Disabled Children and Young People in Health and Social Care Decisions," *Child: Care, Health and Development* 43, no. 6 (2017): 839–846. <https://doi.org/10.1111/cch.12487>

situation of poverty, and in such cases, they do not send their disabled child to a public school, despite thereby leaving the child less educated. To minimize this occurrence, C-bTH organizes a simple learning group on Saturdays. The activity is meant for parents to meet together in order to share their concerns with each other and to hear about steps the other parents may have taken, which may be useful information for following in such footsteps.

Going to school can be a challenge, yet it gives the disabled an opportunity to associate and interact with their peers, and to express themselves. They need to gain knowledge, as well as to enjoy school activities like sports. C-bTH provides impetus for disabled athletes to take part in sports competitions, since C-bTH requires such hopefuls to be students in some school.

2.2. Parent Assisting Fulfillment of Rights of the Children

The C-bTH requires not only parental consent, but also parental involvement, in order for children to participate in the programs. Thus, parents take on-site roles in the activities at C-bTH. This is essential for the effectiveness of the center administrator and the volunteer assistants, who otherwise would be unable to fully meet the children's needs. Furthermore, the presence and participation of parents in the various activities have the effect of accelerating the children's rehabilitation.

According to Cohen and Uphoff, active participation occurs in many forms, such as using materials, making efforts, giving services, and providing anything that helps in reaching goals.⁴⁵ Rehabilitation activities at the center include game therapy, physiotherapy, arts, and sports – all of which occur with the presence and participation of parents. In game therapy and physiotherapy, parents' contribution to the rights-for-health fulfillment is their willingness and time to take their children to the C-bTH. If parents could not take the time to do so, the rehabilitation process would consequently be slower. Nonetheless, even with the

⁴⁵ J.M. Cohen, & N.T. Uphoff, "Participation's Place in Rural Development: Seeking Clarity Through Specificity," *World Development* 8, no. 3 (1980): 213–235. [https://doi.org/10.1016/0305-750X\(80\)90011-X](https://doi.org/10.1016/0305-750X(80)90011-X)

best of intentions, there can be health conditions that make it difficult for a disabled child even to travel with their parent to the center in order to attend in person. For such cases, the center provides a home visitation program. In future, the plan is to serve all who need it, but as yet the number of volunteers and experts is far from enough to provide home visitation for every patient.

Parental participation in therapy activities, in order to accelerate disabled-rights fulfillment for their children, is strengthened by parents learning specifically how to do procedures at home. Meetings held on Sundays in the second and fourth weeks of each month for this purpose. Parents learn basics of therapy at the center and thereby can apply techniques when not at the center. Thus, their children gain knowledgeable assistance at home, in addition to times at the center. Mrs. Mirah has learned to apply basic therapy techniques at home, when there is free time and just before bedtime. She and her husband believe that their efforts at home are further helping their child to make progress.

Other child-parent interactions are also supportively pursued. At the center, parents learn to assist with the youth arts, literacy, and sports programs. C3, whose parents support her involvement in badminton and athletics, was accordingly given badminton equipment by her father. He and she now practice together, and C3 is improving her skill in both sports. In athletics, she is especially being encouraged to focus on her running skill, since it is clearly her strength. Parents also become more active for helping their children learn to read and write at the center and at home. When a parent assists at home with the pursuits their child engages at the center, this will accelerate the child's progress and thereby their rights fulfillment.

2.3. Supporting for Meeting Rights of the Children

When childhood disabilities are not ameliorated by appropriate and attentive methods, there will be a lack of fulfillment of their rights. Community rehabilitation carried out by C-bTH provides the needed methods and thereby is beneficial for children with disabilities and for their parents. It is the case that the influence of family plays a significant role in such success, and that family

economics generally correlate with parental knowledge.⁴⁶ To help improve families' economics, C-bTH trains parents how to do fish-rearing in particular, in order to have basic knowledge about raising catfish, which are then marketable. Parents are also taught how to manage their money in order to benefit in the sustainable fish-rearing industry. Benefits come also from skill at sewing. At C-bTH parents can learn in sewing groups about making clothing, selling garments, and doing basic accounting. The catfish skills and the garment skills can lead to financial improvement, which, in turn, is beneficial for fulfillment of the disabled's rights and for boosting each participating family toward a better life.

Mrs. P1 is one of members who gain such benefits. She and her colleagues can better prosper due to benefits from sewing and selling sheets of various motifs. Before guidance from C-bTH, she, as a homemaker, had no extra resources to help with raising her disabled child, but now her sewing skill adds to her options. Another successful story is seen with Mr. P5, whose disabled child helped with catfish-rearing, from which they gained extra resources for the family's needs. The family also benefitted by keeping some of the catfish for their own nutritious meals.

C-bTH members can receive financial assistance, for such enterprises, from the co-op (cooperation service) providing capital loans. Participation in the co-op, through members' monthly contributions, provides support for the activities and services, one of which is financial support for entrepreneurship. Mr. P4, a father whose child is disabled, started running snack and salted-egg business after receiving loan from cooperation. From the profit, he regularly repays the loan. His business is running, and his economy is improving. Co-op membership can also be passed on to each grown-up child.

⁴⁶ H.H. Setiawan, M. Syawie, B. Pudjianto, M. Astuti, H. Husmiati, & R. Murni, "Pengaruh Dukungan Ekonomi Keluarga dan Kompetensi Keluarga Terhadap Pemenuhan Hak Penyandang Disabilitas Berat", *Sosio Konsepsia* 6, no. 2 (2017): 123-136. <https://doi.org/10.33007/ska.v6i2.837>

Self-help groups, conducted monthly by the center, provide another format for parental participation in fulfilling the disabled's rights. This activity is yet another means of supportive togetherness and upgrading of knowledge. Practical and helpful knowledge is transferred from keynote speakers during the group meetings. The knowledge conveyed is yet another was to assist parents toward helping with their children's rights via expression, communication, and opinion.

2.4. Evaluation to Meet the Rights of the Children

Rehabilitation processes in Karanganom society do encounter constraints in nearly every activity the center conducts. Staff and volunteers accordingly have worked year after year on upgrading the services. Criticisms, kudos, and suggestions from parents of the children with disabilities are kindly welcomed for these ongoing efforts. Thereby the center gradually improves their services in almost every aspect.

The health cluster, for example, was begun by specifically serving people who were disabled due to having had a stroke. Subsequently, since stroke is not the only illness needing therapy, the local government, the Healthcare Center of the District of Karanganom, and the families whose children had disabilities were urging C-bTH to widen its scope of service. As a result, in the health cluster now, parents can directly consult with a therapist, ask in detail about their child, and gain ongoing evaluation of the child's condition. The center also has acquired more kinds of game therapy equipment, such as aids for standing and walking, as were suggested by parents for their children's needs.

In the education cluster, parental participation includes involvement in, and evaluation of, the children's learning progress. Problems in school subjects, noted as emerging while children are studying at home, are brought to the center for solutions. Parents also actively consult with the center staff about various schooling efforts. In addition, the center provides assistance with any problems arising for enrollment in public schooling.

In the economic cluster, the participation is through feedback and suggestions. Although the management and development of actual businesses are done by parents themselves, there is C-bTH help via monitoring and advising. Among in-coming information arriving at the center's desk, for example, was a product-marketing problem. Parents had found that getting customers for their products was not very effective when information was conveyed merely by paper flyers, for example. So, C-bTH in cooperation with village authorities within Karanganom District, set up a market for the products to be displayed and sold.

In the social cluster, evaluation is channeled through self-help. C-bTH staff facilitate group-sharing experiences, where all participants can give input and advice, and can together voice complaints about problems. The mutual style of evaluation tends to become comprehensive, thereby reviewing all activities they carry out. A recently persistent proposed agenda was the need for more recreation opportunities. Parents said, for example, that having a holiday trip once a year is not often enough. On this issue the staff then responded by planning for trips to occur twice a year. Parents' participation via evaluative feedback now is helping the community-based rehabilitation of C-bTH to give newly augmented services. The improvements lead to even better fulfillment of the disabled's rights.

Overall, four channels for improving disabled children's services were gained by parental participation. Benefits were gained via their roles in making decisions, carrying out activities, improving benefits, and presenting evaluations. Such processes are evidence of the power of parents' efforts to gain even more effective fulfillment of disabled children's rights.

CONCLUSION

Social therapeutic healing services for children with disabilities were implemented to gain effectiveness when C-bTH was actively expanded. Beneficial methods include identifying problems, modifying programs, expanding program content, and frankly evaluating results. The community-

based rehabilitation system such as C-bTH is working well, and growing wisely, with parents' attentiveness and ideas. This participation further advances the C-bTH toward fulfilling the rights of the children with disabilities in Klaten and Yogyakarta. Parents or teachers more fully can choose the most appropriate services for their children with disabilities. Once parents or teachers start taking their child for one community rehabilitation activity, they are likely to then access additional services for the child. Furthermore, the activities at C-bTH lead parents and children to continue independently at home with practices they have learned at the center and use information learned from other parents at the center.

Faster fulfillment of rights can then occur, due to additional time and extended focus occurring at home. Parental participation has helped the children to gain benefits from activities such as marketable sewing projects and catfish-rearing, co-op financial participation by parents, and parental groups intentionally designed for sharing advice and boosting morale. The benefits in turn help with the fulfillment of rights for the disabled, especially with parents gaining skill and knowledge. Family well-being can improve overall when a disabled child receives such assistance. Evaluations from parents' point of view take note of the positive influences of the C-bTH services. This community-based rehabilitation for disabled children, as established in the district, works well by including parental participation and encouragement for at-home enabling activities. Participation also contributes to goal achievement by disabled children, thus helping to fulfill their rights.

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