

READINESS LEVEL OF PARENTS FOR STUDENTS WITH SPECIAL EDUCATIONAL NEEDS IN EARLY INTERVENTION PROGRAMME SERVICES

Lo Wen Huey^{1*}, Mohd Norazmi Nordin¹

¹Faculty of Education, Universiti Kebangsaan Malaysia (UKM),
43600 Bangi, Selangor, Malaysia.

*Corresponding author: Lo Wen Huey (p111191@siswa.ukm.edu.my)

ABSTRACT

Early intervention programme services in special education can be said to be support and assistance services to optimally develop children's development and potential. The purpose of the study is to identify the level of readiness of parents for students with special educational needs in early intervention programme services. This study was carried out with a quantitative approach of questionnaire survey design. This study is based on the Epstein Model (1995). The study sample involved 138 parents of children with special educational needs from the Johor Bahru district using a simple random sampling method. Data was collected using a questionnaire adapted from the Special Education Teacher Questionnaire Part A and Part B instrument. Data analysis was conducted using descriptive statistics. Based on the findings of the study, it can be found that the level of parental readiness in the early intervention programme is at a high level. This study can provide important input and awareness to parents of children with special education needs, special education teachers and the parties concerned about the effectiveness and importance of early intervention programme for children with special education needs.

Keywords: readiness level, parents, children with special educational needs, early intervention programme

1. INTRODUCTION

Early intervention programme are defined as programme to ensure that children with developmental delays are given the opportunity to get an equal education (Individual with Disabilities Education Act atau IDEA - Part C, 2004). Along with that, various parties put emphasis on the need to involve children with special needs under the age of as early as age involving various categories (Special Education Regulations, 1997) in a structured early intervention programme (Shonkoff & Hauser-Cram, 1987).

According to the United Nations Children's Fund (2014), every child is born with the same rights. Based on Malaysian Education Development Plan 2013-2025, everyone has an equal opportunity to access international quality education (Ministry of Education Malaysia, 2013). Furthermore, children with special needs have to be given a comprehensive education in order to develop their potential to the maximum level. However, children with special needs should have more attention and time spending than typical child (Kebbi & Al-Hroub, 2018). Also,

children with special needs require approaches and methods that are modified and adapted in line with their ability and level of mastery.

Early intervention programme services in special education can be said to be a support and assistance service to optimally develop children's development and potential. For example, interventions aimed at improving the quality of life of a family and general relationships with support services such as education, health, social care services (Sapiets et al., 2020). According to Borhannudin dan Wan Nomi (2018), early intervention programme able to help parents who have special need child to decide which intervention is more suitable for their child. Therefore, child who is diagnosed should undergo an early intervention programme as soon as possible.

Among the services provided in the early intervention programme that are speech therapy, occupational therapy, physio therapy, music therapy, cognitive behavioral therapy, Applied Behavior Analysis (ABA), play therapy, hippo therapy and so on. The involvement of parents with teachers and experts is very important to guarantee the effectiveness of the implementation of the early intervention programme. An effective early intervention programme needs to involve the cooperation of parents, teachers and service professionals such as physiotherapists, speech pathologists and others (Borhannudin and Wan Nomi, 2018). Not only that, children with special needs who follow early intervention programme since childhood show better development (Fuller & Kaiser, 2019; Noyes-Grosser et al., 2018). For example, children with autism spectrum disorder can speak in simple words and follow spoken words. Likewise, Batool and Ijaz's (2015) study proved that speech therapy helps autistic children understand and follow instructions after undergoing an early intervention programme. This statement supports by Sridevi and Arya (2014) that children who undergo early intervention programme show an increase in self-management skills which further help them to be independent. Early intervention programme can help children with special needs be more prepared to receive formal education at school.

The involvement of parents in early intervention programme can help them to handle children with special needs in a more organized and systematic manner. Sridevi and Arya's (2014) study, early intervention programme help parents to care for and educate children with special needs more effectively and efficiently. In the meantime, they were given counseling sessions and information on how to manage their children's behavior and emotional disturbances. Nevertheless, there are a few parents who lack exposure about early intervention programme in children with special educational needs. This is due to parents not being exposed to information and a lack of professional experts in early intervention programme.

On the other hand, the willingness of parents in the early intervention programme plays an important role. Parents should be prepared to fully involve themselves in the early intervention programme of children with special needs. Parents who understand and value early intervention programme have shown positive development for their children (Powell et al., 2010; Wilder, 2014). There are a few parents who are not ready to get involved in early intervention programme. This is because time constraints, financial factors and transportation problems make parents less willing to take their children to early intervention programme. All of these barriers result in parental non-involvement in early intervention programme.

In addition, there are other factors that cause parents to be less prepared to seek early intervention programme for children with special needs. Due to lack of knowledge, time, insufficient training centers and finances have been obstacles to implementation in early

intervention programme (Bari et al., 2016; Nasir & Efendi, 2016). This has made their children fall behind and miss the golden time to undergo early intervention programme. Therefore, the objective of this study is to identify the level of readiness of parents for students with special educational needs in early intervention program services.

2. LITERATURE REVIEW

In order to achieve a dynamic and progressive education system, the importance of students with special education needs cannot be ignored. In the Salamanca Statement and Framework for Action on Special Needs Education (1994), it emphasized the importance of students with special education in gaining equal education such as typical students to improve the education system.

Malaysian Education Development Plan (2013 – 2025) in phase 1 also states about early intervention programme services, early detection of children with special needs and healthcare support. The formulation of co-curricular standards that are suitable to the level of students with special needs so that they understand and follow the content of the taught learning. In addition, the ministry also provides support services, namely the *Pusat Perkhidmatan Pendidikan Khas* (3PK). 3PK provides intervention, rehabilitation and consultation services such as audiologists, psychologists, speech specialists, occupational therapy and physiotherapy. The establishment of 3PK is to help students with special needs to be able to follow school learning and assist those who miss out on opportunities in pursuing early intervention programme. With this, pupils with special educational needs can get intervention and therapy services well.

Early intervention programme should be carried out as early as possible for children with special needs. Therefore, parents need to plan and identify the type of early intervention programme services that their child needs to implement. Not only that, parents can learn skills to manage the emotional, behavioral and cognitive needs of a child with special educational needs. Specialists or therapists can give recommendations or training to parents (Kandel & Merrick, 2003). Based on Woodman (2014), parents of children with special needs experience high stress compared to typical parents to children. With this in mind, parents should be mentally and emotionally prepared to receive early intervention programme.

There are many studies show that lack readiness level of parents to children with special needs in early intervention programme (Schiltz et al., 2018; Levinson et al., 2021), most parents are reluctant to engage in early intervention programme due to input on the importance of limited early intervention programme (Kurth et al., 2020).

Among the issues for parents to be less involved in early intervention programme are due to factors in the socioeconomic status of the family, like the level of education of parents, the income of parents (Norbury Sparks, 2013), the gender of children with special needs (Meadan et al., 2015), and the severity of children's behavioral problems (Schiltz et al., 2018) are inevitable factors. Not only that, the lack of time and social stress from the family can make most parents skip their children's diagnosis from an early age to get early intervention programme (Hsu et al., 2017).

The lack of co-operation and lack of parental involvement has frustrated the school (Bari et al., 2016). There are many parents who rely on early intervention centres to improve their child's

development, they do not implement the skills that the child has learned. To achieve effective interventions, parents need to apply activities continuously at home. In addition, parents lack collaboration with hospitals, the private sector and the community. This is because most early intervention programmes are implemented in private centres. Some low-income parents cannot afford to take their children to private centers through early intervention programme.

Furthermore, the lack of social support among parents makes it an obstacle to parental involvement in early intervention programme. Based on Hamme et al. (2010), parents who actively engage in early intervention programme due to high social support. There are several studies stating the active involvement of parents in early intervention because they receive social support, even when they face stress and lack of self-confidence (Zand et al., 2015; Hong and Liu, 2019).

Moreover, family stress, parents who raise children with special needs experience more serious parenting stresses in the family than parents with typical children (Estes et al., 2009; Myers et al., 2009). Typically, parents with high levels of parenting stress may be more likely to exhibit behaviors such as negative facial expressions, apathy, and neglect, which may have irreversible negative effects on parental involvement (Hastings, 2003). This indicates the need to study how social support can improve such parenting stress.

The Curtiss et al. (2019) study states that fathers' involvement in early intervention programme on the development of children with special needs. Father involvement is defined as typological characteristics such as interaction, availability and responsibility (Lamb et al., 1987). This argument is in line with the opinion of Tamis-LeMonda, Baumwell Cabrera (2013) that fathers have a unique way of interacting with their children. Cowan et al. (2009) and also (Flippin Crais, 2011; Tamis-LeMonda, Cabrera, 2011) found that paternal involvement in early intervention programme displayed a positive impact on children's development.

Although fathers play an important role in early intervention. However, past studies have shown that paternal involvement is influenced by cultural factors where fathers have the impression that mothers are seen as having a great duty to care for their children. This is in line with Jarrett's opinion, Hamilton Coba-Rodriguez (2015) that fathers have negative biases and perceptions like mothers who should take responsibility in childcare. This is clearly evident through the Engle (2005) study that most fathers provide less support to care for a child. Moreover, the less flexible working hours factor becomes one of the factors hindering fathers' involvement in their children's early intervention (McBride et al., 2017).

In this regard, involvement in early intervention should not be subject to the responsibility of one party only. Both parents should take on a shared responsibility. This is related to the opinion of Turnbull et al. (2010) that family involvement has positive implications for the development of children with special needs. In fact, according to the Individuals With Disabilities Education Act (IDEA), families become an integral part of making all decisions for their children as well as participating in services and support. In addition, the Division for Early Childhood of the Council for Exceptional Children (DEC; 2014) recommends that the practice of focusing on early childhood intervention programs is family-centered. Therefore, future studies may target potentially acceptable factors that may facilitate increased parental involvement in early childhood intervention programme.

3. METHODOLOGY

This study is carried out with the design of the questionnaire survey. The use of questionnaires is appropriate for this study as the researchers obtain accurate data through questionnaires. Study data can be processed and generalize conclusions in order to achieve the objectives of the study. Not only that, survey design is a simple research design and is frequently used by researchers.

3.1. Study Location

The study was conducted in the district of Johor Bahru, Johor. The researchers choose the location of the study in the state of Johor because the researchers served in Johor Bahru so the data collection became easier for the researchers to collect the data. In addition, most government hospitals and private centres offer early intervention services for children with special educational needs in the state of Johor. With this in mind, it can be shown that most children with special needs have the opportunity to get early intervention programme in Johor Bahru.

3.2. Population and sample studies

The study population was 130 people, parents of children with special educational needs who studied in primary schools and private centres in Johor Bahru, Johor. The determination of sample size was based on Krejcie and Morgan (1970). A total of 97 parents who had special needs children between the ages of 2 years and 8 years old or had participated in the early intervention programme were involved in this study. They were randomly selected to answer the questionnaire through Google form.

3.3. Sampling Method

In this study, researchers used simple random sampling to select the study population. The selected respondents were parents with the same characteristics and backgrounds as parents of children with special needs and had been involved in early intervention programmes.

3.4. Study Instrument

The use of questionnaires is used because it is easy to operate. The researchers were able to determine the scope of the questions, the questions asked and the purpose for which they were studied through the questionnaire. The items in this questionnaire use closed ended question and bilingual like Malay and Chinese with simple sentences.

Researchers use questionnaires as instruments to collect study data. Questionnaires are the easiest way to get data in a short time. Respondents can also easily fill out questionnaires through Google Forms. This questionnaire is adapted from the Special Education Teacher Questionnaire Part A and Part B (U.S. Department of Education National Center for Education Statistic, 2009) questionnaire. In the questionnaire there are two sections, part A is demographic information, part B is the readiness level of parents to students with special needs in early intervention programme. Table 1 shows a description of the instrument construct. In addition, the questionnaire is create through the Google Form application in the form of a five-

point likert scale which is an ordinal scale where respondents only need to choose one answer. The scale classification table as shown in table 2.

Table 1. Instrumen Construct

Part	Construct	No. Item
A	Demographic information	7
B	Readiness level of parents to students with special needs in early intervention programme services	9
Total Item		16

Table 2. Scale classification table

Scale	Score
Strongly Disagree (SD)	1
Disagree (D)	2
Not Sure (NS)	3
Agree (A)	4
Strongly Agree (SA)	5

Source: Singarimbun and Effendi (1995)

3.5. Validity and reliability

The validity of the content and items tested according to the suitability and requirements of the study. Questionnaires should also be tested for face validity and content validity. For face validity, the instrument will be reviewed by three parents who has special needs children. This aims to ensure that the built-in items are clear, easy to understand and have sufficient answering time. With this in mind, parents are asked to give an interpretation of the understanding of the items contained in the study instrument.

From expert validation, the instruments in the questionnaire are reviewed by three experts in the field of Special Education before the questionnaire is distributed to the respondent. The chosen specialist is a specialist who understands and has a long experience in the field of special education.

Among them, one of the lecturer at the Institute of Teacher Education Kent Campus, Sabah. He has 30 more years of experience in the field of special education. The second is a lecturer from the Institute of Teacher Education Kota Bharu Campus, Kelantan, who has 30 years of experience in the field of special education learning disability. The third, expert is a child psychologist on special needs. She has 22 years of experience in special education early intervention programme.

The researchers will get feedback such as selection of question concepts, suitability of question forms, instructions and so on. Any questions that are inappropriate and difficult to understand or can be misleadingly fixed in order to solidify the constructed item are relevant to the field studied.

Next, questionnaires are distributed through the Whatsapp or telegram to complete. An explanation of how to fill out the items in the questionnaire is given. In fact, respondents are also informed that the information provided is for research purposes only. Researcher take into account that the information collected is confidential and is used only for data collection and study purposes. Not only that, this can protect the privacy of the respondents involved but also gain the trust and cooperation of the respondents by answering the questionnaire items.

A descriptive analysis was carried out to analyse the data that had been collected. The demographic data of the survey respondents, that are gender, age, income and category of child disability were analysed to obtain a distribution of frequency and percentage value. Whereas, the data obtained for each item of the level of readiness to get the frequency distribution, percentage value, and mean score.

The mean score obtained was used to see the level of readiness of parents to pupils with special educational needs in early intervention programme, whether at low, medium or high levels. The mean score performance for this study used a source from Jamil Ahmad (2002). Table 3 shows the mean interpretation used in the studies. The analysis of the interpreting level is taken into account from the five-point value, which is the highest value of 5.00 divided into three levels, which are low (mean=1.00-2.33), medium (mean=2.34-3.67) and high (mean=3.68-5.00).

Table 3. Mean interpretation

Mean Score	Level
1.00 – 2.33	Low
2.34 – 3.67	Medium
3.68 – 5.00	High

Source: Jamil (2002)

4. RESULT

In section A, the questionnaire instruments relate to demographic characteristics. That are gender, parent's age, race, occupation, total income, highest academic of parent and child disability categories. This can be clearly seen on table 4. The questionnaire instrument was answered by 138 parents of children with special educational needs in Johor Bahru. The questionnaire has been divided into two parts and each section will be analyzed and discussed.

Based on table 4, it can be found that most of the respondents were women, 119 (86.2%) while men were 19 (13.8%). Next, the age range of 31 to 40 years was 66 people (47.8%) being the age of the respondents who answered the most questionnaires. Then followed by age 41 to 50 years old were 61 people (44.2%), age 51 and above was 6 people (4.3%) and age 30 and below was 5 (3.6%).

Most of the respondents were Chinese with 129 people (93.5%). The respondents were 6 Malays people (4.3%) and 1.4% were other races which are bidayuh, Indonesia and China. In terms of employment, there were respondents who worked as private workers (47.9%), jobless (45.7%) and 6.5% were government employees. 2.1% of the respondents had no income, 8.7% were respondents earning less than RM1000, 34.1% of respondents earning RM1000 to RM3000, 31.2% of respondents earning RM3000 to RM6000 and 23.9% of respondents had

income of RM6000 and above. Most of the respondents were of Malaysian Certificate Education at 78 (56.5%). Then, there were 30 respondents (21.7%). 25 respondents (18.1%) diplomas and 5 respondents (3.6%) Masters who were respondents to this study.

Through the analysis of data from respondents, it can be clearly seen that most of the children of the respondents were categories of learning difficulties (63.1%) such as autism spectrum disorder, hyperactivity disorder and dyslexia. There were 31.1% speech problems, 4.2% were physical problems, vision problems and hearing problems were the same at 0.7%.

Table 4. Distribution of respondents by demographics

Respondent Demographic Details		Frequency(f)	Percentage (%)
Gender	Male	19	13.8
	Female	119	86.2
Age (Mother/ father)	30 years old below	5	3.6
	31 – 40 years old	66	47.8
	41-50 years old	61	44.2
	51 years old above	6	4.3
Race	Malay	6	4.3
	Chinese	129	93.5
	India	0	0
	Others	2	1.4
Jobs	Government employee	9	6.5
	Private Employment	66	47.9
	Jobless	63	45.7
Total Salary	No Salary	3	2.1
	Less than RM1000	12	8.7
	RM 1000-RM3 000	47	34.1
	RM 3000- RM 6000	43	31.2
	RM 6000 above	33	23.9
Highest Academic (Mother/ Father)	Sijil Pelajaran Malaysia (SPM)	78	56.5
	Diploma	25	18.1
	Bachelor	30	21.7
	Master	5	3.6
	Doctor of Philosophy (Phd)	0	0

Child Disability Category	Learning Disability	87	63.1
	Vision Problem	1	0.7
	Hearing Problem	1	0.7
	Speech Problem	43	31.1
	Physical Problem	6	4.2
Total		138	100

This construct interprets the level of readiness of parents to pupils with special educational needs. There are two items that show the same mean score which is item one (1) and item three (3). Respondents strongly agreed in the willingness to take their child to an early intervention center to receive early intervention services and respondents were willing to explore for exposure to early intervention programme. Item two (2) shows a mean score of 4.31 is the second high of the mean score. Respondents were very interested in discussing and sharing experiences with other parents with children with special educational needs on early intervention programme. However, the lowest mean score is item six (6). Some respondents faced transportation problems to access to the programme. The total mean score is at a high of 3.95.

Table 5. Parent Readiness Levels for pupils with special educational needs in early intervention programme ($n=138$)

No	Item	MEASUREMENT SCALE					Mean	Standard Deviation	Interpretation of mean score
		SD	D	NS	A	SA			
1.	Are you ready to take your child to an early intervention center to receive services?	1 0.7%	3 2.2%	11 8%	41 29.7%	82 59.4%	4.44	0.79	High
2.	Are you interested in discussing and sharing experiences with other parents who have children special needs on early intervention programme?	0 0%	3 2.2%	17 12.3%	51 37%	67 48.6%	4.31	0.77	High
3.	Are you willing to explore for exposure on early intervention programme?	0 0%	1 0.7%	13 9.4%	48 34.8%	76 55.1%	4.44	0.69	High
4.		0	1	38	49	50	4.07	0.81	High

	Do you know the right route to help the child to get early intervention services?	0%	0.7%	27.5%	35.5%	36.2%			
5.	Are you having financial difficulties accessing early intervention services?	7 5.1%	14 10.1%	31 22.5%	44 31.9%	42 30.4%	3.72	1.15	High
6.	Are you having trouble transporting to access early intervention services?	21 15.2%	24 17.4%	34 24.6%	33 23.9%	26 18.8%	3.13	1.33	Medium
7.	Do you regularly practice with your child about sensory skills, speech skills and how to work at home?	2 1.4%	5 3.6%	47 34.1%	47 34.1%	37 26.8%	3.81	0.92	High
8.	Do you have enough time and energy to engage in early intervention programme?	1 0.7%	11 8%	63 45.7%	41 29.7%	22 15.9%	3.52	0.88	Medium
9.	Are you ready to communicate with the teacher or expert about the development of your child's early intervention programme?	1 0.7%	2 1.4%	22 15.9%	65 47.1%	48 34.8%	4.13	0.78	High
Total							3.95	0.90	High

5. DISCUSSION

This study looked at whether the level of readiness of parents to children with special needs in early intervention programmes. Based on the findings interpreted, most parents have a high level of readiness, that is, parents are willing to take their children to early intervention centres to receive early intervention programme. This can be clearly seen in parents who are aware that early intervention programmes are very important and effective for their children, especially children with special needs. The effect of early intervention programme for children with special educational needs for parents had a beneficial effect (Ginn et al., 2017; Hansen et al., 2017; Howard et al., 2018; Iadarola et al., 2018; Postorino et al., 2017; Zhou et al., 2018). They strongly agree to provide their children with early intervention programmes from a small or large age. This can be supported by the Mounzer et al. (2021) study which states parents are very satisfied with the services provided in early intervention programs for children with special educational needs.

Moreover, early intervention programme can help parents in developing skills and ways of communicating with their child. There are many intervention services that have been developed to ease the burden of parents with children with special needs. Given the association identified between the characteristics of children with special needs and parental outcomes, interventions often consist of skills training or knowledge-building treatments that prioritize practical exercises designed to teach parents about the symptomatology of children with special educational needs such as autism spectrum disorder, down syndrome, hyperactivity deficit disorder (ADHD). Skills training assists parents in their child's adaptation in communication or social interaction as well as helping them learn to manage and adapt in the realm of society (Ginn et al., 2017; Gulsrud et al., 2016; Howard et al., 2018; Iadarola et al., 2018; Kuravackel et al., 2018; Rivard et al., 2017; Zand et al., 2017; Zlomke et al., 2017). Therefore, parents are very willing to take their children to early intervention centres to receive early intervention services as early intervention programme can improve the quality of life of parents to children with special educational needs and children with special educational needs.

Exploration in information and types of early intervention programmes for children with special educational needs is also highly agreed by parents. Parents who show a positive attitude can help their child adapt faster and be self-confident in daily life. In a study Trute et al. (2010) it was stated that parents with a positive attitude can compensate for complex situations in caring for and supporting children with special educational needs whether in chronic health conditions. With this in mind, such a situation can be a very powerful and transformative example for other parents as a spirit of support for those with children with special educational needs.

In addition, some parents will join the parent association for children with special educational needs to obtain information and get to know more about early intervention programmes. Parents will also share their experiences as they engage with their child in early intervention programmes. The enthusiasm and hope of parents will increase because they can express their anxiety and stress. Therefore, it is important for parents who provide high-quality support and provide information and emotional support to parents seeking help asking for parental views.

Parents are interested in discussing and sharing experiences with other parents with children with special educational needs on early intervention programme. They will discuss and express their feelings with other parents throughout their care for children with special educational needs as some parents find that help from professionals does not meet their needs in information and emotional support (Galpin et al., 2017) while other parents can provide a unique form of assistance (Bray et al., 2017). The Bray et al. (2017) study of parent-to-parent peer support programs has become popular in the United States and other countries in response to this need. Therefore, parents will seek support from other informal sources.

However, transportation problems for parents to get early intervention programme are still low. It is most likely that parents who live far away from the town area or parents who do not have more transport in home and have only one car at home. In fact, there are parents who live in rural areas or villages which makes it difficult for them to move to remote areas to get early intervention services. Based on the Mello et al. (2016) study, parents living in rural areas, they were less exposed to the importance of early intervention programs for children with special needs. Expertise is limited for early intervention programs such as speech therapy and occupational therapy. With this, they had to take their child to the city for the early intervention (Martinez et al., 2018).

Through this study, it can be clearly seen that most parents have a high willingness to have early intervention programmes for their children with special educational needs. In this regard, this study can provide important input and awareness to parents of children with special educational needs, special education teachers and relevant parties on the effectiveness and importance of early intervention programmes for children with special educational needs. Therefore, it is hoped that in future studies researcher can focus on the scope of studies such as parents with children with special educational needs in the age range of 2 to 7 years in order to obtain different findings and views.

6. CONCLUSION

Parental involvement in early intervention is important to promote the development of special needs children. Children who received early intervention services tended to show more positive development. It is undeniable that early intervention has positive implications for children of special education. As we know, special need children needs a different approach to teaching than typical pupils.

Moreover, parents should be proactive in educating their children. In fact, therapists should also be willing to equip themselves with a wide range of knowledge, especially knowledge of special children to maximise their potential. As a result, the education system should be transformed by focusing on early intervention to improve the quality of early intervention services effectively and meaningfully. All parties need to take advantage of early intervention programmes to develop the development and growth of children with special needs.

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