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by Suharsiwi Soeratman

THE ROLE OF SCHOOL IN DEVELOPING SOCIAL SKILLS CHILDREN WITH DEVELOPMENT OBSTACLES

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Abstract- The development of children's ability to adapt varies, this is also related to the character and perception of children. Children's perceptions develop in line with their social experiences that are obtained in a certain period of time. The acquisition of simple social skills has begun to be mastered by children in general in childhood, and more complex skills increase as they get older. People around children become "role models" for the development of a number of children's social skills such as interacting skills, establishing friendships, communication and independence. However for children with special needs, often simple social skills must be obtained with effort and relatively long time. This is exacerbated if the child's opportunity to practice is lacking due to lack of interaction. Descriptive qualitative research with the subjects of students with special needs consisting of 3 elementary school and 2 kindergarten in Tangerang. The result is that students can develop a number of social skills after taking education in inclusive schools. Based on the findings obtained how the role of schools in developing social skills is to make routine activities, provide guidance, positive attitude and give examples. The attitude shown by the school as an institution, and commitment will have an impact on the growth of social abilities.

Keywords: *developmental barriers, formal education, role models, social skills.*

1. INTRODUCTION

Children's social skills develop as they age and their opportunities to interact with their environment. The development of children's adaptability is diverse, this is also related to the child's character and perception. Children's perceptions develop in line with their social experiences gained over a certain period of time. The acquisition of simple social skills has begun to be mastered by children in general in childhood, and more complex skills increase as they grow into adolescence. Adults alongside children such as teachers, parents, and peers become "role models" for the development of a number of children's social skills such as the skills to interact, establish friendships, communication, and independence.

However, in children with special needs, requiring simple social skills must be obtained with effort and relatively long time. This is exacerbated if the child's chance to practice is lacking because of the minimum interaction. Not all schools accept children with special needs. The classic reasons for the school are: the school does not have sufficient skills and there are no teachers who understand about children with special needs in school. Based on data from the *Badan Pusat Statistik* (BPS) in 2017, the number of children with special needs (ABK) in Indonesia reaches 1.6 million

children. Around 115 thousand children with special needs go to SLB, while ABK who attend regular schools implementing Inclusion Schools take around 299 thousand [1]. In the records of the *Data Pokok Pendidikan* (Dapodik), currently there are already 31,724 inclusive schools spread throughout Indonesia. By counting, there are 23,195 elementary schools, 5,660 junior high schools and 2869 high schools [2].

So around 70% of ABK do not get proper education. Whereas in accordance with the mandate of the 1945 Constitution Article 31 Paragraph 1 and Law Number 20 of 2003 concerning the National Education System Chapter IV Article 5 Paragraph 1 is mandatory for every child with special needs to obtain quality educational services. The education services contained in the Strategic Plan of the Ministry of National Education in 2005, namely through special education and inclusive education [3].

There are 30 private schools (PAUD and Elementary School level) that have inclusion programs in the Greater Jakarta area [4]. Giving the opportunity for ABK to interact and get proper education in both inclusive and special schools, it will increase the number of ABK school participation in Indonesia. It is hoped that schools can develop a number of social skills for children with special needs, such as the ability to interact and relate to others, communicate, and independence.

Social Skills

Social skills are defined as the ability to interact both in the form of positive and negative behavior and the behavior will reinforcement or punishments from other parties [5]. While Cotugno 2009 defines social skills as a set of complex behaviors that enable an individual to engage in mutually beneficial reciprocal positive social interactions [6]. Combs and Slaby in Lecroy and Beke define that social skills are an ability to interact with others in existing social contexts in various ways that can be valued and socially accepted, and also provide benefits for themselves, others, and both.

Another opinion states that social skills are knowledge of human behavior and interpersonal processes, the ability to understand feelings, attitudes, motivations of others about what is said and done, and the ability to communicate clearly and effectively and the ability to build effective and cooperative relationships [7]. While other opinions state that social skills are one's ability to think and behave effectively with others in social situations [8]. The example of the involvement of cognitive functions is when individuals interact and read the feelings or thoughts of other individuals and make conclusions from social cues around them.

These various opinions conclude that social skills are very important to humans as social creatures because they are the actual way to start, to get involved, to communicate, and to respond to others when involved in a relationship. Social skills provide the actual way to be done in various social situations (for example, making eye contact, saying hello, asking questions, listening and formulating answers, arranging the next meeting, saying goodbye) [9].

From the above definition it can also be concluded that social skills are behaviors that are shown to respond to existing situations, all of which are aimed at establishing relationships with others appropriately, and it is expected that the relationships / interactions will benefit each individual. Social skills also involve a person's ability to think so that he is able to see the social cues around him or understand the feelings of other individuals. Social skills themselves have a broad

scope and relate to practical ways that individuals must do in socializing with people around them.

Walker, Odom, McConnel, Holmes, Todis, Wakler, and Golden, divide social skills into five aspects, namely skills in the classroom, basic interactions, getting along, making friends, and overcoming problems. Having a variety of social skills, allows individuals to initiate, maintain, manipulate, or strengthen a social interaction, thereby creating a "social relationship." This may also have a secondary benefit from improving social status. [10].

According to Malik and Furman in Santrock, improving social skills in children under the age of 10 or younger than that will be easier. Weak social skills are often caused by the child's inability to listen and communicate with peers, take the initiative to talk and open conversation with friends, and be positive in dealing with friends. This is in line with Yulk's statement, that social skills are also mentioned as interpersonal skills. Mc Intry states that children's social skills include the following: 1) positive behavior and interactions with friends, 2) appropriate behavior in the classroom, 3) ways to overcome frustration and anger, 4) ways to resolve conflicts with others [11].

Children ASD, ADHD AND ADD

Many terms are termed in children with ASD (Autism Spectrum Disorder), ADHD, and ADD including developmental disorders and pervasive disorders. They generally have social-emotional disorders and other problems, so they are categorized as children with developmental disorders. The United States Department of Education as quoted by Slavin defines that autism (autism) as a developmental disability which greatly influences social interaction and communication both verbal and non-verbal [12]. Symptoms that appear in children with autism mainly are in the areas of social interaction, communication and behavior [13]. Three main characteristics stated in DSM IV that appear before the age of three years, namely: Disturbances in social relations that are qualitatively reciprocal, there are disturbances or delays in terms of communication and "imagination" activities, there is an interest in activities and interests that are repeated routinely [14].

ADHD and ADD children are children with attention deficit disorder which in the medical world is known as ADD (Attention - Deficit Disorder) terminology. In 1980 the United States Psychiatric Association recommended the use of ADD terminology instead of MOD (Minimal Brain Dysfunction). Previously, the terminology used was that brain injured was further divided into two types namely ADHD (Attention-Deficit Hyperactivity Disorder) and ADD (Attention Deficit Disorder Without Hyperactivity) put forward by Task Force on DSM-IV 1991 [15]. The term ADD in the Encyclopedia. Turkington & Anan is interpreted as a condition to describe someone with attention disorder but without the presence of hyperactivity. Children with ADD have the same characteristics as those with ADHD except for hyperactivity; and in addition, the various characteristics and disorders are generally mild [16].

Hyperactive children have characteristics including a tendency to move from one activity to another without being able to complete the given task, unable to concentrate properly when working on a task that requires the involvement of cognitive functions, as well as appearing activities that are not orderly, excessive and chaotic. In general, attention deficit and hyperactivity disorder (Attention-Deficit

Hyperactivity Disorder / ADHD) is a neurobiological disorder characterized by inattention, and impulsivity (hyperactivity) [17]. There are several possible causes that a child can experience ADHD. The cause of the onset of ADHD can't be known with certainty, but some results of research scientists have raised the possibility of many cases found that cause ADHD including neurological dysfunction, heredity, and environmental factors [18].

Many researchers about learning difficulties children who see lack of attention as the most critical disorder. Ross as stated by Lerner views the ability to maintain selective attention (selective attention) is a cognitive problem that affects most children with learning difficulties (learning disabilities) [19]. Selective attention is the ability to focus attention on one of the various types of stimuli that affect our senses. Students with ADHD require a long, limited time, and difficulty in developing the ability to focus on tasks that are less stimulating, repetitive, or require a lot of attention such as when working on math problems or reading textbooks [20]. The medical world and the world of education have a great concern for the existence of children who lack the ability to focus this attention; and therefor allows the creation of a multidisciplinary approach (interdisciplinary) in the handling of children's education with ADHD and ADD [21].

Pervasive developmental disorder or pervasive developmental disorder (PDDs) is a behavior or function disorder in various areas of development. This disorder generally becomes apparent in the first years of life and is often associated with mental retardation. This disorder is generally classified as a form of psychosis in the initial edition of the Diagnostic and Statistical Manual of Mental Disorder (DSM). The number of sufferers of pervasive developmental disorders is still unclear, a recent community study of preschool children in the UK shows that 0.6% of all children meet the criteria for one of pervasive developmental disorders, especially autism. Autism is one of five types of disorders under the PPD (Pervasive Development Disorder) umbrella outside of ADHD (Attention Deficit Hyperactivity Disorder) and ADD (Attention Deficit Disorder). There are several types of pervasive developmental disorders with each different characteristic [22].

a. Autistic Spectrum Disorder (ASD), Appears before the age of 3 years with symptoms of barriers in social interaction, communication, and the ability to play imaginatively as well as the presence of stereotypical behavior in interests and activities.

b. Asperger's Syndrome, a barrier to the development of social interaction, limited activity, generally does not show language and speech delays, has an average level of intelligence to above average.

c. Rett's Syndrome, is more common in girls and rarely occurs in boys. Children have experienced normal development, then there is a decline or loss of ability they have, losing the functional abilities of the hands which are placed with repetitive hand movements in the age range 1-4 years.

d. Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS). Referring to the term atypical autism, the diagnosis of PDD-NOS applies if a child does not show all the criteria for a particular diagnosis (Autism, Asperger or Rett's Syndrome).

e. Childhood Disintregative Disorder (CDD), shows normal development during the first 2 years of developmental age. In the following year the child loses abilities that have been achieved before.

The term ASD in Autism Encyclopedia of Spectrum Disorder is defined as a group of disorders characterized by varying degrees of problems in communication skills, social interactions, and patterns of behavior that are limited, repetitive, and inhibited. A small proportion of people with autism have developed normally, but their development has stopped before reaching the age of three, after which setbacks have begun and symptoms of autism have begun [23]. The results of Kandou, et al showed that autism spectrum disorders were more common in male sex than female, and most were aged 7-10 years. In addition, aberrant interactions between children with autism and siblings and parents can take the form of tantrums and crying suddenly [24].

2. Research Methods

This qualitative research was conducted in kindergarten and elementary school in Tangerang, Banten. The selected TK is a private public TK, located in a middle cluster in Gading Serpong, Tangerang. While the location of the Inclusive Elementary School is in the Islamic Village area not far from the existence of its kindergarten. Not all schools around there accept and also handle children with special needs appropriately. At the elementary level, observations were made on three children with grade 3 autism aged between 9-10 years. While observations in kindergarten were done with children with autism class TK B totaling 2 children. They are around 7-8 years old. The average child with age needs is older than the age of his classmates. This happens because they enter school late, for various reasons. Observations were made when the children were doing activities in class, when playing both inside and outside the classroom, when eating activities, and also when elementary school children were visiting. In addition, interviews were also conducted with 6 teachers consisting of kindergarten / elementary school heads and kindergarten / elementary school teachers, 4 peers in kindergarten / elementary school, and 2 parents.

Documentation is done by looking at student data, videos and photos of children's activities during the study, in addition to making field notes. This is done for data triangulation. Analysis of the Miles Hubberman data model, namely the activities in qualitative data analysis are carried out interactively and continue continuously until the data is saturated. Stages of analysis include data reduction, data display and conclusion drawing and verification [25]

Research objectives are focused on related questions:

1) What is the role of the school / teacher in developing the social skills of children with special needs in school?
2) How is the acquisition of the social skills of children with special needs after attending activities in school?

3. Research Result

The age of children with special needs who are the subject of research is above the age of children. Based on interviews with teachers and parents related to this matter because of difficulties in finding schools that accept ABK, and limited acceptance of students with special needs in each class. According to the Head of

Kindergarten and Elementary School, they must refuse some children to go to school due to consideration of children's capacity. They only accept 2 to 3 children in one class. On average children with special needs received at kindergarten and elementary school inclusion experience developmental disorders with a diagnosis of autism and attention deficit disorder. In general they experience problems in interacting, communicating, and independence. Although their social development is late compared to their peers, after having attended school for 2-3 years, there have been many developments related to the acquisition of their social skills.

Research Focus 1:

The Role of Schools and Teachers in Developing Social Skills of Children with Special Needs.

Acceptance of children with special needs in school is related to school acceptance as an institution and also the attitude of teachers towards ABK in schools. Field findings show several related things: management of ABK acceptance in schools, habituation programs in schools, school activity programs, and efforts made by teachers in schools. All of these components are part of the curriculum in a broad sense, which influences the success of schools in developing a number of skills in children.
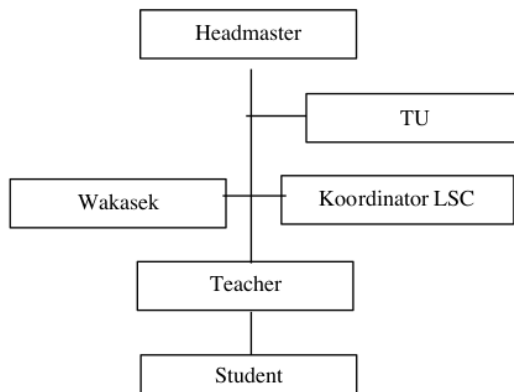
School / Teacher Admissions

The similarity between the two schools, both kindergarten and elementary school, is the admission process and how the two schools treat students with special needs. Both schools accept children with special needs well, by not distinguishing students with special needs from other children. Information of teachers in kindergarten when interviewed regarding the presence of ABK, 100% of teachers did not object to the presence of ABK in the classroom without a companion. They can share assignments with other teachers and divide their time while doing tutoring, involving them in class activities and other activities. Likewise, in elementary school,
100% accept the existence of ABK with humanitarian considerations and also a challenge, although they have to be patient and learn how to deal with ABK in class.
But in the management and accompaniment of students in class there is little difference. At the kindergarten level, schools do not facilitate children with a teacher in the classroom with costs that will be borne by parents. This is supported by the attitude of the class teacher who does not object to the existence of ABK in the classroom without a companion. Class teachers feel they can share assignments with other teachers and divide their time while doing guidance, and involve them class activities and other activities. While in elementary school, the school facilitates children with special needs with accompanying teachers in the classroom with costs incurred by parents. The school also facilitates students with special needs through:
1) Initial assessment when admission of students with special needs, to determine the potential and strength of students with special needs as a material consideration for making individual education programs

2) The assessment is carried out by a team consisting of psychologists and teachers from UNJ PLB graduates
3) Conduct interviews with parents to find out more about the child's condition
4) Program socialization from school to parents

The ABK service coordination structure in schools is as follows:

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                    │ Headmaster  │
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                    │   Student   │
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Chart 1. ABK Service Structure in Primary Schools

School / Teacher Efforts to Develop Students

The observation found that there are several school programs that [1] have an impact on the development of children's social abilities. The program is like:

1. **Habitual Program (Routine)**
Habituation activities are routine activities which are school programs to shape the character of children. Habituation is done from the beginning of entering school until the child comes home from school. Routine activities undertaken by the school are: Welcoming children, lining up, praying before and after carrying out hand washing before and after eating, eating together, sharing food, tidying cutlery, doing assignments in class, tidying books / stationery, carrying out prayer in congregation, and shake hands / kiss the teacher's hand before going home.

2. **Give an example.**
Routine activities at school from beginning to end are done by the teacher by giving examples, such as greeting children, greeting, shaking hands, apologizing, asking permission, praying, washing hands, eating together, sharing, tidying cutlery, modeling class activities, tidying toys / stationery, perform prayers, invite shaking hands before returning home

3. Give guidance

Activities carried out in school both in the classroom and outside the classroom are always in the teacher's watch. The teacher provides guidance on social skills to children with special needs and also all children, if it is felt the child has not been able to do it. Like greeting children, greeting, shaking hands, apologizing, asking permission, praying, washing hands, eating together, sharing, tidying cutlery, modeling class activities, tidying toys / stationery, carrying out prayer, asking to shake hands before going home. Form of guidance by giving ways, asking children to do, correcting if it is not right, asking children to repeat again, motivating and maintaining children's behavior by constantly reminding.

4. Positive Acceptance

15 How positive attitudes and behaviors towards ABK shown by foundations, teachers, parents of other students and students in schools are inseparable from the school's policy of establishing themselves as inclusive schools and from the beginning having a good dialogue with parents, teachers and students. Because the foundation makes a policy of ABK services in schools, the teacher has a positive view on its existence, this also has an impact on parents and students at school doing good / appropriate for ABK.

These attitudes and behaviors are shown in: greeting kindly, soothing if friends are upset, treating the same, not blaming, inviting play, being involved in class / school activities, helping children with special needs if necessary, inviting children to talk, making friends, guiding and motivating when not failing.

Research Focus 2: Acquire ABK social skills in class / school.

Children with special needs who are the subject of research, on average have been educated either in kindergarten or elementary school have undergone education for more than 2 15 rs. This means that ABK has undergone a lengthy educational process at school. Based on the results of interviews of teachers and parents in, a lot of changes that arise related to various good behaviors that arise. The social skills acquired at ABK are summarized in the form of:

1) **Social contact,** such as shaking hands, greeting, smiling, playing, working together, sharing food.
2) **Communication** is shown in verbal language such as: greeting, conversing, thanking, apologizing, and in the form of non-verbal language such as showing expressions of pleasure, sadness, anger, shame and jealousy, and
3) **Independence,** such as: competing in competitions, performing on stage, lining up, tidying toys, going to the toilet, putting on shoelaces, eating alone, doing errands to finish, and praying.

Based on the findings obtained how children with special needs, interact, communicate and learn to adapt by doing social activities similar to what is done by friends around them. They learn to do activities without the help of others. Based on the findings in the elementary school children are more complex in the skills they acquire, and have varied to include interaction, communication and independence. This is very reasonable considering the age of those who are older than children in kindergarten. While children in kindergarten, still lack of interaction and communication development, but independence has developed.

This can be seen from behaviors that have begun to emerge, such as eating alone, washing hands, tidying toys / stationery, going to the toilet without assistance, doing the task to completion, daring to come forward, and wearing shoes without help.

Discussion

According to Kimbal and Raymond in Soekanto, social interaction is the key to all social life, because without social interaction there can be no shared life. When two people meet, social interaction begins at that moment. They exchanged greetings, shook hands, talked to each other or maybe even fought. The ongoing process of interaction is based on various factors including, imitation, suggestion, identification, and empathy. The imitation factor, has a very important role because the imitation factor, can encourage someone to obey the rules and values that apply [26].

This is in line with the opinion of Gabriel T in Soekanto in assuming that all social life is actually based on imitation alone. In students with autism and attention disorders who are the subjects of this study, social skills are a challenge for children. Therefore, programs that can support the development of children's social skills really need to be provided [27].

Schools are institutions that enable patterns of interaction. Schools that have positive roles, inclusive institutions that embrace all differences and provide educational facilities that can build social relationships to develop a number of social skills. There is an assumption that these children need opportunities to practice, because often those opportunities are expensive to obtain.

According to Vaughn et all, the existence of assessments for children with special needs is very important to determine various decisions related to children's education. Identification of the strengths and weaknesses of children will help make the right program for children. Thus, the existence of an assessment to the socialization carried out by the school is an appropriate step for handling students with special needs at school. Making the right Individual Educational Program by paying attention to response to intervention, and involving parents in learning plans and making programs for students with special needs is needed. Monitoring of programs that are then given to children also needs to be done, so that the effectiveness of the program can be monitored [28].

Associated with the role of teachers in improving children's social skills, it appears that teachers have understood things that need to be done. According to Vaughn et al, increasing social skills in children with socialization barriers can be done by training children to start conversations with others, respond to invites friends to interact, converse, and the more complex is being able to respond to criticism. This will be developed through the school programs mentioned in the research results section. It would be very good if the increase in teacher knowledge and skills needs to be continued through various training programs [29].

The existence of various programs carried out in schools seems to have improved children's skills. In this case, teachers need to have creativity in teaching in order to facilitate and develop the skills of all students, including students with special class needs [30]. More specific programs need to be developed again. Sider, Maich, and Morvan state that the role of the principal is very important to develop a positive school culture and support teachers in implementing the principles of proper inclusion. [31].

Conclusion

Looking at the developmental differences between kindergarten and elementary school age children, this shows that children with developmental barriers such as children with autism, ADHD and ADD, can develop when they are in a formal school environment. The role of schools is very important in developing their social skills, through providing examples, guidance, and habituation which are routine school activities into behaviors that are unconsciously inherent in children. With good reception, proper assessment, and supporting programs in accordance with the results of the assessment carried out, children can be expected to develop optimally in accordance with their abilities.

This research also concludes that the role of schools is important in setting up the curriculum in a broad sense, starting from the vision, derived in the program, and the readiness of HR. Developing a positive climate and non-discriminatory acceptance will have an impact on the positive development of children with special needs. Because every child should have ample opportunities to develop their full potential. Cooperation between teachers and parents is also needed, so that what is developed at school is strengthened at home. The government is also expected to strengthen inclusive education policies in the country.

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