

MICROMODULE SYLLABUS

Family Support

Lesson 1: The role of the family in education for children

Introduction:

This module clarifies the role of family and parents in the upbringing and development of children. The module also emphasizes that for families with children with disabilities, the role is even more important, especially the stage of early detection and educating children at home.

The aim of this learning task is:

To able to explain the role of parents and family in the development of children, especially children with disabilities, then analyze the role of the mother in the case study.

Task instructions:

- Read the information and answer the questions:

1. What is the role of parents in children's education?
2. When having a child with a disability, how does the role of parents change?

- Group discussion and clarify the mother's role in the case study.

Module information:

1.1. The role of family in children's development

The family is the cell of society. Family is one of the most important factors that play a role in shaping human personality (Rezaei-Dehaghani et al, 2015). Each person's physical, psychological and social development originates from the family (Zareipour et al., 2012). Every day, the family is a source of stimulation for children's development through care, education, communication, and daily activities. Children's needs can be better understood in the home environment because that is where they receive the most attention. Family members are the first influencers on a child's social life.

Family status, family upbringing motto and attitude, views on values, relationship between parents, relationship between parents and children, family economic status, influence from grandparents or relatives, etc., especially the caring method and parenting styles are significantly related to the child's developmental state and development tendency.

In the family, parents with high self-esteem often have positive interactions with their children, are less likely to neglect and abuse their children, and help their children have high self-esteem (El Ghaziri & Darwiche, 2018). Tomoda's studies (2017) in Japan provide evidence that parental abuse and violence cause serious damage to the child's brain: Children who are physically abused are often reduced volume of the frontal lobe, an area related to emotions, thinking, and the ability to restrain violent behavior; Severe physical abuse can reduce frontal lobe volume by 19.1%. Children who experience verbal violence (yelling) have deformities in the auditory function area, an area that plays an important role in speech, language and communication; Children who have to witness their parents arguing may have reduced visual area volume. The relationship between family stress (a consequence of low income or related to parents' education level) also

has an impact in shrinking the child's brain surface area, reducing cognitive and intellectual development of children (Noble et al., 2015).

Many studies demonstrate that parents' active participation in care and education helps develop positive characteristics in typical children and children with disabilities. Family education is an important component to develop cognition and behavior, reduce depressive symptoms, and reduce negative thoughts in children (Asarnow et al., 2002). Appropriate parental expectations, combined with recognition and facilitation of children's independence, also have the long-term effect of enhancing children's self-esteem and developing future social relationships (Khaleque & Rohner, 2012)

1.2. The role of the family in educating children with disabilities

In the family, parents' positive educational methods have the effect of promoting the healthy social-emotional and language-cognitive development of typical children in general and children with disabilities in particular (Smith. & Anderson, 2014). There is a link between parents' early interactions with their children and the development of children with autism spectrum disorders. Specifically, when mothers have good response skills with children, they are able to improve socio-emotional functioning and social interactions in children (Mahoney & Perales, 2003). Appropriate and responsive caregiving skills can help children with ASD develop language (Siller & Sigman, 2008). Support, encouragement, and recognition and facilitation of children's independence help children with disabilities transition smoothly in learning (Doren et al., 2012).

Through the above information, it can be seen that the family (parents) plays an important role in educating and promoting the development of children with disabilities.

For children with disabilities, the risk of being raised in families that are not favorable for development is much higher, about 10 times higher than for children without disabilities (Goldson, 2001) . There is a relationship between the phenomenon of abuse and the issue of disability. According to Sullivan & Knutson (2000): Comparing between children with disabilities and children without disabilities, children with disabilities are 3.79 times more likely to be physically abused and 3.14 times more likely to be sexually abused, the risk of being abandoned is 3.76 times higher.; It is likely that the actual number is higher due to children's difficulty in communicating and the reliability of reports from child victims. The consequences of inappropriate parenting are negative impacts on the development of children with disabilities. The more parents scold and punish their children, the more autistic behavior and symptoms increase (Greenberg et al. 2006, Baker & Seltzer et al., 2011). Family environment has an impact on the behavioral development of children with autism spectrum disorder throughout life (Baker & Smith et al., 2011).

Thus, it can be seen that families play an important role in educating children with disabilities. Summarizing the results of research on the role of parents of children with disabilities at a young age, it can be seen that families of children with disabilities have the following roles:

- Parents are early education teachers for their children at home

Family is a cradle that nurtures a child's soul and early knowledge from communication, language, motor to self-care skills. Parents are children's first teachers. At home, parents are the ones who regularly reinforce their children's behavior and skills, and practice good behavior over and over again with their children. In addition to learning in class, at home, children can carry out activities

and practice skills with their parents to suit each child's ability, level, and needs. Parents can teach their children simple things that happen in every day activities.

To fulfill the above roles, parents are required to make real efforts to study, gain knowledge, and practice skills to be able to effectively intervene to help their children.

Coordination between parents and teachers to care for and educate children of all ages, especially children with disabilities, is extremely important. Parental participation in the process of detection, intervention and education for children is essential.

However, due to differences in social and economic backgrounds, many parents can be very active participants, but some are passive and reluctant participants in their children's educational decisions.

- Parents are the ones who detect their child's special needs early and provide information for the assessment facility

Parents are close people and have regular contact with their children, so they are often the first to notice their child's unusual manifestations and raise suspicions about their child's abnormal development. Parents are the ones who take their children to medical facilities, centers, and specialists for examination. In the family environment, the child's strengths, weaknesses and needs will be revealed, so parents more than anyone else will be the ones to provide the most accurate and realistic information about the child to the evaluator (teachers, doctors orr therapists). This is important information for the evaluator to have an overall view, contributing to the development of a child's individual education plan that is appropriate and effective (Khong Thi Ha, 2014).

Case studies:

Hong is a 35 years old mother and currently works as a worker in Thanh Hoa province (Vietnam). Her son's name is H. By the time he was examined, his chronological age was 3 years and 9 months old. He was diagnosed with autism spectrum disorder average level. H. could speak 4-5 word sentences, understand simple requests, follow simple directions, and had good gross motor skills. He was weak on cognitive abilities, had poor eye contact, hand waving behavior, poor fine motor skills, and lack of initiative in speech and communication.

His mother provides information to the teacher to assess the child's abilities and needs. At first, H's mother was very confused because she had not read much information about her child's condition before and had not practiced applying skills and intervention strategies to her child. But when guided by the teacher, she felt very happy and worked with her child using the lesson designed by the teacher.

References:

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