

# Disability to Improve the Quality and Effectiveness of Its Roles and Functions: Formidable Policy Challenges

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*Abstract:* - This study aims to examine disability policies in Indonesia. Apart from that, a comparison is also made here regarding disability policies in Indonesia with other countries. The research uses a qualitative approach, namely the systematic literature review method, using previous research and existing legal documents. The results of the study show that 11 rights must be protected for persons with disabilities, including the right to education, the right to accessibility, the right to be free from stigma, the right to be free from discrimination, neglect, torture, and exploitation, the right to habilitation and rehabilitation, the right to justice and legal protection, right to health, social welfare rights, job rights, entrepreneurship and cooperatives, disaster protection rights, and political rights. All of these rights have also been listed and explained in detail in Law No. 8 of 2016. It is hoped that this research can become material for consideration for the government or even stakeholders in efforts to implement quality and effective disability policies.

*Key-Words:* - Disability, Policy, Social Welfare, Disability Rights

Received: October 29, 2022. Revised: July 14, 2023. Accepted: August 28, 2023. Published: September 28, 2023.

## 1 Introduction

As you can see from the title of the paper you must One of Indonesia's five guiding principles is social welfare. To live decent lives, be able to develop personally, and carry out their social tasks, all people must be supported in terms of their material, spiritual, and social needs. The prerequisite for social welfare has been analyzed before, [1]. People with disabilities, who have the same legal standing and human rights as everyone else, are one of the community groups that need social welfare services, and social welfare development in Indonesia is carried out using a selectivity strategy that is targeted at them, [2].

To maintain the current level of social welfare and guarantee that all inhabitants can enjoy an acceptable standard of living, ongoing efforts must be made to offer protection and services, [3]. The central government, local governments, and the community collaborate to achieve social welfare as a directed, integrated, and sustainable endeavor,

with the primary objective of meeting every citizen's basic requirements. An indication of effective national development is an increase in social welfare for individuals, groups, and communities. To enhance social welfare, the government must therefore establish policies that motivate citizens to participate as actively as feasible.

Disability is a subject that society cares about since it is a part of the human condition, [4]. People with disabilities must be citizens and an essential component of society to enjoy just lives and grow in it, [2]. In fact, due to restrictions, difficulties, and rights concessions, the majority of individuals with disabilities continue to live in unsafe, underdeveloped, and/or inadequate conditions.

People with impairments have difficulty obtaining an education since they are commonly undervalued, [5], [6], [7], [8]. The paradigm of society toward disabled persons is commonly likened to a person's lack of medical competency, creating the idea that a person with a disability is a

sick person who requires continual support and cannot complete education, let alone work as humans in general. People with physical disabilities frequently experience social undervaluation, which makes it challenging for them to get a job because they are perceived as being less productive, [9]. Due to a lack of social acceptance by their non-disabled peers, employees with disabilities regularly leave regular companies for brief periods. Several studies have studied the challenges faced by people with impairments in the workplace, [9], [10], [11]. The study shows that coworker characteristics, characteristics of individuals with impairments, and characteristics of employers or organizations all affect how loved employees with disabilities are. Most studies include information like demographics that may influence how coworkers or employers feel about employees with impairments.

As a result, this study considers awareness of disability among people as a cornerstone for building more equitable societies. The integration of people with disabilities into families and communities must therefore be encouraged to become a policy. The government also has a responsibility to foster an environment that is welcoming to people with disabilities to maximize each disability's potential and strength and to facilitate the formation of strategic relationships within the community.

## 2 Literature Review

Worldwide programs and therapies for kids with developmental issues have long been hampered by a lack of population-level data, [12]. The Sustainable Development Goals (SDGs) [13], [14] and the Convention on the Rights of the Child, as well as the current Disability Resolution of the World Health Assembly, codify political support for international actions to reduce this health inequity. The Sustainable Development Goals (SDGs), the World Health Assembly's current Disability Resolution, and the Convention on the Rights of Persons with Disabilities.

Enhancing interprofessional collaboration received top priority throughout the Children & Families Act reforms. The relationships between the volunteer and community sectors are also covered, in addition to the three main systems of education, health, and social care. This article specifically covers collaborative cooperation, which has regularly been identified by parents, educators, and administrators as a source of unhappiness due to its purported deficiency, [15]. All children in Scotland

at the time this study was conducted were routinely evaluated by Health Visitors for developmental delay between the ages of 27 and 30 months (this has subsequently been expanded to include additional evaluations at 13-15 months and 4-5 years). Pediatricians frequently conduct additional research on patients for whom developmental difficulties have been identified. Pediatricians are well-positioned to assist with the official diagnosis of intellectual disability in developmental clinics, [15], but it is necessary for applied psychologists who have the necessary training to conduct assessments of cognitive and adaptive functioning to do so, [16].

Every individual needs knowledge and awareness to function. More crucially, it is thought that the key to altering behavior is to raise one's level of awareness. [17], asserted that consciousness affects both human action and behavior. According to, [18], a person's conduct is influenced by their knowledge, leading them to act more consistently and faithfully to cultural norms. A person's level of awareness influences their attitudes, behaviors, and beliefs, [18]. The awareness of impairment is among the most crucial kind of awareness in human life. It is described as educating the public about impairments and those who have them from a variety of perspectives, such as their legal status, the need for proper care, and how to treat them as fellow citizens.

In every community, there are always people with disabilities. As a result, a society's capacity to advance and defend the fundamental human rights of each of its constituents rests on its capacity to increase its level of impairment awareness. In reality, several studies [19], [20], including the social model of disability, claim that society frequently creates disabilities. Both individuals and institutions need to be aware of disabilities. To promote positive perspectives and acceptance of disability and individuals with disabilities among the general public, disability awareness campaigns aim to expand the availability of disability information, [22], [23].

People with impairments may find it challenging to exercise their fundamental human rights, [24], [25], [26]. They experience physical impairments, neglect, unfavorable opinions, repression, discrimination, and general contempt. It is necessary to respect and uphold the rights of individuals with disabilities utilizing a variety of instruments, including laws, rules, and societal norms. These instruments include respect, acceptance, involvement, education, empowerment,

and equality. These resources can help people of all ages, genders, and educational backgrounds gain a better understanding of impairments. While these methods may help to maintain the rights of people with disabilities, it is primarily the community's knowledge of the needs and rights of this segment of society that gives them a sense of belonging.

### 3 Materials and Methods

#### 3.1 Study Design and Data Collection

The objective of this study was to provide a recent synthesis of studies that describe disability. Therefore, we made an effort to select studies that used empirical data and were published between 2010 and 2022 in international scientific peer-reviewed publications. With the help of the browser's search function, 20 references were located. A study had to satisfy the following criteria to be considered relevant for this review:

1. Evaluations of the literature on the subject of standardizing services for those with physical limitations from diverse sources
2. Carry out all administrative responsibilities necessary for data collection and the provision of uniform services for people with physical limitations.

50 papers were excluded from the database because, based solely on their titles and/or abstracts, they did not fully satisfy the selection criteria. The majority of the study was excluded based on one criterion (Table 1).

Table 1. Number of rejected studies according to the selection criteria, first filtering

Criteria	n
Did not focus on disability to improve the quality and effectiveness of its roles and functions	30
Did not focus on disability in Indonesia	10
Did not focus on formidable policy challenges	10
Total	50

The requirement wasn't met. After the initial filtering, 50 studies were considered for further investigation. Four of the studies could not be found

(either online or at a library, for example), which led to the creation of a database of studies. The search of the journals turned up no fresh research. After carefully reading the 50 papers, 30 articles were taken out of the database because they didn't fit the criteria. Some studies lacked concrete data. Additionally, because identical data was presented in two researches, we decided to omit it. Finally, a trustworthy psychometric tool was absent from 10 investigations. By eliminating the 10 papers, a final database of studies was produced.

#### 3.2 Analysis of Studies

The methodology used includes doing a study of the literature utilizing recently released materials, such as scientific papers, reports, news, and documents relevant to the challenging policy challenges linked with the handicap. The literature study had an impact on the continuous and intertwined procedures utilized in, [27], research design for data collection and analysis. We initially decide on the review scope based on the study objectives to clarify the focus. To connect past findings to the research framework, the desired topic is conceptualized in the second step. Locating genuine databases is done in the third step to gather relevant data sources. The last step also included conducting a literature review. It should be stressed that the necessity of cogent data and information necessitated iterative processes for selecting and analyzing the literature.

### 4 Result and Discussion

#### 4.1 Qualitative Synthesis

Twenty English-language articles were identified in the search results. Additionally, a decision was based on standards linked to policies for people with disabilities. Several periodicals talk about disability policies every year. This demonstrates that disability policy-related research has remained important in recent years. Then, as shown in Table 2 (Appendix), a qualitative synthesis of the 20 articles that were chosen is produced.

## 4.2 Different Disability Policy Regimes: Between Universalism and Needs-Test

### 4.2.1 Main Disability Legislations in Japan

Japan has a long history of emphasizing rehabilitation in key ways. From the perspective of his rehabilitation paradigm, which sees disability as a personal matter, analyzes this. Alter (or roughly alter) your manner of life. As a result, rehabilitation models usually only provide social assistance to those people with disabilities who are deemed capable of contributing to the labor force and the economy. For those with intellectual disabilities, the Employment Promotion of Persons with Disabilities Act (EPAPD) offers extensive employment assistance and vocational rehabilitation programs. Quota systems, tax and subsidy systems, and other financial incentives are strongly dependent on the encouragement of the employment of individuals with disabilities in this setting. Businesses that fail to hire enough disabled people must pay a levy to promote the hiring of more disabled people overall and improve working conditions. Medical viewpoints on disability have led to exclusive government regulations, separated jobs and educational facilities, and high-tech, segregated welfare and rehabilitation facilities. Such legal developments appear to place a higher priority on special needs than on equality and inclusion, [28], [29].

Providing services (or additional funding) that are required because of a person's handicap is the goal of social welfare. For instance, Japan's Special Child Dependent Allowance (Special Child Dependent Allowance) pays qualifying parents and caregivers of children with disabilities, based on the severity of the disability. This is due to the economic disadvantage faced by people with impairments in Japan. In that it provides financial assistance for living expenses, medical facilities (for conditions of disability), specialized equipment, and the value of rehabilitation, the Disability Benefits Act is commonly compared to Sweden, [30], [31].

### 4.2.2 Main Disability Legislations in Sweden

The Swedish welfare policy change towards social security and welfare services that are available to everyone and encourage inclusion and engagement in all parts of community life shouldn't put people with severe disabilities at a disadvantage was proposed. Instead of being integrated into society, people with needs that could not be met by regular services or with paid work income assistance (because they had never worked) were ostracized. The 1950s social democratic welfare measures were

upheld by segregation. The strategy is more concerned with lowering poverty among big employee groups (blue-collar workers and the middle class) than it is with improving living conditions for people with disabilities. I did. serious illness and protracted disability. Extended disability payments were first implemented in the middle of the 1970s to help pay for the additional costs of daily care and living expenditures for people with impairments (including compensation for family members of impaired children).

During the economic crisis of the 1990s, stricter eligibility standards for social services and social security benefits were established, and "ethics of merit" garnered more emphasis. The civil rights of those with impairments were, nevertheless, strengthened at this time, [31]. The Disability Reform of 1994 established ten different social rights for those with severe disabilities. The most significant of them is personal assistance, which denotes a shift from a medical to a social understanding of disability. The Special Assistance and Benefits Act for Persons with Disabilities, LSS, and the Assistance Benefit Act, LASS represented a substantial attempt at reform at the time. The target population was open to anyone with disabilities who "had serious and persistent trouble functioning with everyday life."

### 4.2.3 Main Disability Legislation in Indonesia

The current policies relating to the defense and fulfillment of the rights of persons with disabilities in Indonesia are listed in the law that expressly regulates people with disabilities. Law No. 4 of 1997 Concerning Persons with Disabilities, which is the original version of this law, was released in 1997. Articles 5, 6, and 14 of Government Regulation 43/1998 also lay forth guidelines for Indonesians with disabilities. Additionally, there are regulations about disabilities (article 29) in the laws controlling building construction (Law 28/2002, Article 27), public services (Law 25/2009), and human rights (Law 39/1999, Article 41, Paragraph 2). This law employs an outmoded approach, particularly the health approach. This approach treats those who have disabilities like patients. In addition, Indonesia amended it in 2016 to become Law No. 8 of 2016 Concerning Persons with Disabilities. A method based on social justice and human rights was used to change this statute. As a result, people with disabilities are currently accepted as a diverse group of people with equal and fundamental human rights. The rights of people with disabilities have been completely controlled by Law No. 8 of 2016 Concerning Persons with Disabilities.

According to Law No. 8 of 2016, a person with a disability is anyone who encounters long-term barriers to fully and productively interacting with other citizens based on equal rights due to physical, mental, intellectual, or sensory limitations. Law No. 8 of 2016's major components cover the various categories of individuals with disabilities, their legal rights, and how those rights are implemented in terms of respect, protection, and fulfillment. The passage of this legislation expands the opportunities and rights available to those with disabilities. Consider the rights to life, a respectable job, better education, unrestricted access to public areas, and other rights as a starting point.

Education, accessibility, freedom from stigma, freedom from discrimination, neglect, and exploitation, habilitation and rehabilitation, justice and legal protection, health, social welfare rights, employment rights, entrepreneurship and cooperatives, disaster protection rights, and political participation are among the 11 categories, [32], use to group the rights of people with disabilities. Each of these rights is fully listed and explained in Law No. 8 of 2016.

The laws governing people with disabilities manage the rights of individuals with disabilities in their lives as citizens, taking into account current policies. This demonstrates that enforcing the rights of those with disabilities has a strong base and clear indicator. Based on this law protecting them, it should be feasible to achieve the rights of those with disabilities in Indonesia. Thus, it can be concluded that in practice, Indonesian governance should be founded on the law on people with disabilities, be inclusive and non-discriminatory, and be able to meet all of society's rights, [32].

### **4.3 Policy Outcomes-Issues and Challenges**

It is a global obligation for all countries to defend the rights of those with disabilities. The United Nations (UN) Resolution No. 61 of 2006, which addressed the Convention on the Rights of Persons with Disabilities (CRPD), has resulted in a paradigm shift in how persons with disabilities are perceived. More than ever, defending the rights of individuals with disabilities entails defending human rights, which also include the rights of citizens. Even though 166 countries have ratified the CRPD, more work has to be done to conform the country's internal policies and regulations to the CRPD. There is a striking disconnect between the vision set out in the CRPD and the reality experienced by the majority of persons with disabilities in the world, [33].

One of the rights that people with disabilities are unable to exercise is the ability to work. Although employment rates for people with disabilities are sometimes more than 20 percentage points lower than those for people without impairments, according to estimates from the World Health Organization (WHO) in 2011 15% of people globally have a serious handicap. Additionally, several studies have shown that people with impairments still make much less money even after accounting for variations in features, [34], [35], [36]. Individuals without impairments often earn more money on average per hour and put in fewer hours at work than Indonesians with severe disabilities, while people with mild impairments earn somewhat more money on average per hour and put in fewer hours at work. This demonstrates that the government still struggles to uphold the rights of people with disabilities who demand that they be treated equally with everyone else.

Along with the right to employment, additional rights that the government works to preserve and that remain unmet are the right to accessibility and the right to education. The majority of Indonesians who would benefit from accessibility aids or assistive technology like glasses or hearing aids do not have access to them. Despite having legal rights, many disabled children drop out of school because facilities are inaccessible, leaving them with educational gaps that linger into adulthood. The UN Convention on the Rights of Persons with Disabilities (UNCRPD) was adopted by Indonesia in 2011, however, its implementation has been hampered by strict regional and national laws. These rules legalize the incarceration of people with disabilities without a trial and allow family members to make decisions without the handicapped person's agreement. They also prevent persons who "have an illness that causes unrest in the community" from appearing in public. The Indonesian Government Regulation No. 43 of 1998 on Efforts to Improve the Social Welfare of the Handicapped established a hiring quota for people with disabilities, mandating that one out of every 100 employees have a disability, [38].

Additionally, regional restrictions control the social assistance services that are available to Indonesians with impairments. However, the fact is that due to restrictions, difficulties, problems, and a reduction in or elimination of their rights, the majority of individuals with disabilities continue to live in precarious, underdeveloped, and/or disadvantaged situations. As a result of this urgent problem, it is crucial to develop a setting that can act as a platform for social rehabilitation to fully

integrate persons with disabilities into families and society. A supportive environment for people with disabilities can be created by improving family dynamics, and by doing so, we can maximize the potential and advantages of each disability to establish strategic alliances in society.

A social service program in House is just one of the initiatives the Social Service uses to protect the rights of individuals with disabilities. According to the features of each handicap, the Social Service in this place has a Technical Implementation Unit. This procedure complies with Law No. 8 of 2016 for People with Disabilities and Law No. 11 of 2009 concerning Social Welfare. The social welfare service system established through the system in this institution is an alternative service that enables people with disabilities to be able to carry out their social functions properly in community life through a variety of service activities and social rehabilitation programs. This service is available if the roles and responsibilities of the family and community are unable to meet the needs of its members. The social welfare of those with disabilities has not been realized since the Social Service Technical Implementation Unit (UPT) has not yet standardized services for those with physical disabilities.

#### 4.4 From Policies to Practices: Implementing Support for Persons with Disabilities

Disability, according to the World Health Organization (WHO), is "A restriction or inability to perform an activity in the manner or within the range considered normal for a human being, usually resulting from the impairment." According to the WHO, a disability is a restriction or an inability to do a task in a manner or within a range that is considered normal for humans, usually as a result of aging. In addition to a definition based on a common understanding, WHO has proposed the following definition of disability:

1. Impairment, which is incompleteness or abnormalities coupled with repercussions for particular functions. For instance, being unable to walk on two legs due to lower-body paralysis; and
2. Disability/handicap (disability/disability) is a loss/limitation in some activities as a result of social variables that take into account persons with specific "damages/weaknesses" little to no or not at all, hence excluding these people from the flow of social activity.

There are two types of disability interpretation models: medical models and social models. These medical models are Full-Essentialist Individual Deficiency interpretation (FEID),

1. Interpretation of Part-Essentialist Individual Deficiencies (PEID).
2. The social model incorporates two interpretations of disabilities
3. The politics of disability (POD) and 2. The social construction of disability (SCOD).

Table 3. Interpretation of the Medical Model (Medical Model) and Social Model (Social Model) on Disability

Model	Interpretation	Understanding of Disabilities
Medical Models	1. Full essentialist individual deficiency interpretation (FEID)	Disability caused by persistent medical characteristics were leading a life with deficiencies and "abnormalities"
	2. Part essentialist individual deficiency interpretation (PEID)	Disability is caused by medical characteristics where some can be reduced and changed through the social environment so that it is possible to live a normal life
Social Models	3. Politics of Disablement Interpretation (POD)	Disability is caused by social practices that systematically exclude persons with disabilities from normal civic activities
	4. Social Construction of Disablement Interpretation (SCOD)	Disability is caused by a deficiency that is defined and linked to characteristics of fulfillment, development, and social identity

Source: Kristiansen; Vehmas; and Shakespeare, 2009

The rights of those with disabilities in Indonesia are governed by the Law of the Republic of Indonesia Number 8 of 2016 protecting Persons with Disabilities. The Law of the Republic of Indonesia, Number 08 of 2016, defines a person with a disability as any individual who, for an extended period, experiences physical, intellectual, mental, or sensory limitations in interacting with the environment and may experience obstacles and difficulties to participate fully and effectively with citizens of other countries based on equal rights. The Interpretation of the Medical Model (Medical Model) and Social Model (Social Model) on Disability is presented in Table 3.

The rights of individuals with disabilities generally include the following: the right to life, the right to be stigma-free, the right to privacy, the right to justice and legal protection, the right to education, the right to work in entrepreneurship and cooperatives, the right to health, and the right to equal opportunity.

The rights listed below are also applicable to children with disabilities: (1) Special protection from discrimination, neglect, abuse, exploitation, and crimes involving sexual violence; (2) Care and upbringing from a family or substitute family to promote optimal growth and development; (3) Protected interests in decision-making; (4) Humane treatment of children by their rights; (5) Fulfillment of special needs; and (6) Equality with other children.

The focus of this study is on the rights of people with disabilities to social welfare, education, and employment. These three rights are the main issues that need to be resolved for people with disabilities to obtain their rights and welfare. Services for social welfare are provided by the regional government in four categories: social security, social empowerment, and social rehabilitation. Social rehabilitation is to assist those who are experiencing social dysfunction in growing and healing so they can carry out their social roles successfully. The intention is to make it easier and more effective for persons with disabilities to carry out the regular duties and roles they play in society.

In Indonesia, the development of social welfare is carried out utilizing a selectivity

strategy that is directed at particular people and groups of people that require social welfare services. One of these groups is the disabled community, who, even though the majority of people without disabilities are not regarded as members of the general public, have the same legal standing and human rights as Indonesian citizens and are an essential part of the country's citizens and people. The Minister is in charge of carrying out social welfare, which is the responsibility of the federal government. Meanwhile for the Regional Government, at the provincial level, it is carried out by the Governor, and at the Regency/City level it is carried out by the Regent/Mayor.

The social services and rehabilitation that a blind UPT offers have value or significance if, in practice, they successfully integrate all of the elements of development, recovery, and coaching through accommodations, guidance, training, health, and therapy services as support to make clients independent so that their social functions can flourish in social life. Up to this point, efforts have been undertaken to improve client service programs, specifically in coordinating and balancing perspectives among all instructors from both inside and outside the UPT regarding the comprehension and application of social guidance for people with visual impairments. From admission to graduation, the mentoring process for clients takes two to three years. The implementation of targeted guidance and training can be done by the target and the skills guidance that the client received while attending the UPT as working capital or provision. for clients to be able to live independently and respectably in society.

The Special Standards for Bina Netra Social Institutions (Based on the Decree of the Minister of Social Affairs of the Republic of Indonesia Number: 50 / HUK / 2004) are presented in Table 4 (Appendix). People with disabilities experience greater difficulty than non-disabled individuals do in obtaining public services such as those linked to education, health, and employment. The problems that people with disabilities deal with typically include physical and mobility restrictions in carrying out daily activities, impaired productive work skills, susceptibility to socioeconomic conditions, psychological

and mental disorders such as low self-esteem, isolation, and lack of confidence, and barriers to performing social functions such as being unable to get along with others, communicating naturally, being unable to participate, and being more dependent on others. since of their limitations, people with disabilities need the government's aid and fulfillment in particular since they are unable to carry out their activities successfully.

According to Article 10 of Law 8/2016, which lays out the regulations governing this right, the right to education for people with disabilities must be safeguarded. The right to education is the subject that garners the most interest in academic literature. The realm of education is where inclusive education and disability rights interact the most. The framework for policy research that is employed in the literature on the right to education applies to its implementation, scope, and political context. Numerous studies using the policy evaluation model have shown that Indonesia's efforts to implement inclusive education have not yet been successful because of the nation's history of separate education, the failure of regulations to be put into place, a lack of monitoring, a lack of funding, and insufficient awareness-raising efforts. As a result, enrolling impaired pupils in special schools remains difficult despite Indonesia's efforts to promote inclusive education, [39], looked at the environment to identify the factors affecting educational policy for people with disabilities. Among the environmental trends in this model of policy research that affect the implementation of inclusive education are those related to technology, schools, and disabilities. Thus, it can be concluded that fulfilling the educational rights of persons with disabilities can be done by applying the inclusion method, with the condition that you have to improve your technical skills so that this can run smoothly.

The right to employment for people with disabilities is also mentioned in Law 8/2016 Article 11, which also protects their rights to work, entrepreneurship, and cooperatives. Using a policy environment research technique and the relevant literature, [40]. measured and compared the outcomes of the Indonesian job market for individuals with disabilities. [41], have investigated how to protect the rights of individuals with disabilities to work in their

fields of expertise without risking such rights using a policy content research paradigm. It is hoped that persons with impairments will be able to find work that pays fairly in this situation.

## 5 Conclusion

The results of this study show that since Law No. 8 of 2016 on disabilities was passed, Indonesian policies towards disabilities have developed. The three most commonly discussed research trends, in terms of themes, are the rights to social welfare, employment, and to education. The effectiveness of the government's implemented policies for people with disabilities is expected to be improved. The implementation of many rights related to the benefits that people with disabilities get is well covered by this policy for the disabled, but it is still not ideal similar to the social services' approach to social issue rehabilitation. There is currently no standardization of disability services in this country, even though this is an essential indicator for determining the efficiency of social institutions for disabled persons that the Social Service has built. Additionally, people with disabilities have access to an inclusive educational system, but in practice, this right is still not being satisfied because of the influence of technology and an unsuitable atmosphere. Although Indonesians with severe disabilities often earn less per hour and work fewer hours per week than persons without disabilities, they have the right to equal treatment at work.

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## APPENDIX

Table 2. List of Qualitative Articles and Synthesis

No	Year	Author	Title	Country	Purpose
1	2022	Mary McCarron, Darren McCausland, Eimear McGlinchey, Sarah Bowman, Michael Foley, Margaret Haigh, Eilish Burke, Philip McCallion	Recruitment and Retention In Longitudinal Studies of People With Intellectual Disability: A Case Study of the Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDS TILDA)	Ireland	In this project, older persons with intellectual disabilities in Ireland are recruited and kept as participants in a longitudinal study of aging.
2	2022	Dr Bolajoko O Olusanya,	Accelerating progress on early childhood development for children under 5 years with disabilities by 2030	Centre for Healthy Start Initiative, Lagos, Nigeria	In light of the Sustainable Development Goals agenda, this study emphasizes the urgent need to give early childhood development a top priority for those recipients of global child survival initiatives who have lifelong disabilities, especially in low-income and middle-income countries.
3	2022	Lauren Delahunty, Anne O'Hare, Louise Marryat, Tracy M. Stewart, Karen McKenzie, George Murray, Nandita Kaza	Short Report: Exploring the extent to which Intellectual Disability is undiagnosed within children attending developmental pediatric clinics	School of Health Sciences, Forth Avenue, Kirkcaldy KY2 5YS, UK	The goal of this study was to identify the clinical traits and traits of children with intellectual disabilities among a group of 126 children aged 6 to 18 who attended pediatric developmental clinics and were enrolled in mainstream schools. According to DSM-5, intellectual disability was described (deficits in intellectual and adaptive functioning, present during childhood).
4	2022	Abdullah Madhesh	Awareness of disability among Saudi university graduates	Saudi University	This study aims to investigate the degree of disability awareness and experience among Saudi university graduates as well as the degree of disability experience offered by their universities.
5	2012	Anke de Boera, Sip Jan Pijla, and Alexander Minnaerta	Students' Attitudes Towards Peers with Disabilities: A Review of the Literature	Netherland	This review study provides an overview of studies describing students' attitudes, factors affecting students' attitudes, and the connection between students' attitudes and peers with disabilities participating in social activities.
6	2016	Bekir Fatih Merola, H. Rutherford Turnbull	Comparison of Turkish Disability Policy, the United Nations Convention on the Rights of Persons with Disabilities, and the core concepts of U.S. disability policy	Turkish	This article contrasts the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the fundamental ideas of the United States, and Turkey's Constitution and its Disabled Persons Act.
7	2015	Gurmit Kaur, Tan	Perception of People with	Malaysia	The perspectives of people with

No	Year	Author	Title	Country	Purpose
		Peck Leong, Jamaliah Mohd. Yusof, Dharshan Singh	Disability in Creating Sustainable Public Policy		disabilities must be considered in this objective public policy. Therefore, this study looks at how people with disabilities perceive acceptance of their condition in personal, public, and professional settings, as well as how it relates to demographic factors.
8	2020	Andrew M. Briggs, Jeremy Shiffman, Yusra Ribhi Shawar, Kristina Åkesson, Nuzhat Ali, Anthony D. Woolf	Global health policy in the 21st century: Challenges and opportunities to arrest the global disability burden from musculoskeletal health conditions	Global	Priorities and solutions in health policy have changed considerably from the 20th century to the 21st, since NCD prevalence and impact are on the rise, and the world's population is aging at a previously unheard-of rate. Furthermore, the 2030 Sustainable Development Goals and the priorities of health policy are now closely interwoven.
9	2019	Rafael Lindqvista, Kamal Lamichhane	Disability Policies in Japan and Sweden: A comparative perspective	Japan and Sweden	This article compared the laws regarding disabilities in Sweden and Japan. The two nations' approaches to social protection have been divergent.
10	2021	Jeremia Gom Gom Parulian Simanjuntak	Policy on Fulfilling the Rights of Persons with Disabilities in Indonesia: Quo Vadis?	Indonesia	This study aims to give a general overview of how the law on people with disabilities in Indonesia was implemented as well as a general picture of how things stood for people with disabilities after the law was passed.
11	2022	Okki Chandra Ambarwati, Amalina Niara Putri, Riant Nugroho	Descriptive Study of Policy Research on Disabled Rights in Indonesia	Indonesia	This study aims to examine the direction of policy research as indicated by the model for policy research and research themes based on the rights of people with disabilities covered by the policy.
12	2020	Laura Caron	Disability, employment, and wages: evidence from Indonesia	Indonesia	This study aims to measure the labor market outcomes of persons with disabilities in Indonesia and to compare them to those of persons without disabilities.
13	2021	Simon Sumanjoyo Hutagalung, Dodi Faedlulloh	Pro Disability Policy in Local Governments: Lessons from the Central Lampung Regency	Lampung, Indonesia	What measures are being made by the Central Lampung Regency government to support disability groups? is one of the topics this study seeks to address. (2). What issues are there with the administration of handicapped groups in Central Lampung Regency?
14	2012	Deon Filmer	Disability, Poverty, and Schooling in Developing Countries: Results from 14 Household Surveys	Bolivia, Cambodia, Chad, Colombia, India, Jamaica, Romania, Burundi, Mongolia, Indonesia, Mozambique,	A review of the data currently available on the prevalence of disability and its correlation with income inequality and educational attainment in 12 developing countries and 1 transition country

No	Year	Author	Title	Country	Purpose
				South Africa, Zambia	
15	2016	Suharto, Pim Kuipers, Pat Dorsett	Disability terminology and the emergence of 'diffability' in Indonesia	Indonesia	This study offers a critique of the language issue, how persons with impairments are labeled, how this affects the paradigm of policy and service responses, and ultimately how differently-abled people will be viewed in the future.
16	2014	Stephen Meyers, Valerie Karrb, Victor Pineda	Youth with Disabilities in Law and Civil Society: Exclusion and Inclusion in public policy and NGO Networks in Cambodia and Indonesia	Cambodia, Indonesia	In addition to qualitative information gathered from interviews, focus groups, and site visits made to civil society organizations operating in Phnom Penh, Cambodia, and Jakarta, Indonesia, this article includes research findings from an analysis of public policy and legislation.
17	2022	Dumilah Ayuningtyas	The Law On Persons With Disabilities: How Far Have We Gone? (Case Study In Indonesia)	Indonesia	The implementation of the Law on Persons with Disabilities is evaluated in this article using qualitative-quantitative and legal-normative methodologies in several areas, including education and the job market.
18	2020	Al Fauzi Rahmat	Education Budget Politics: Is It Pro- Disabilities? Case of Yogyakarta Municipality, Indonesia	Indonesia	In this article, the provision of a budget for inclusive education programs is examined through the education budget policy.
19	2018	Sri Wahyu Wijayanti	Disability in the Labor Market: Learning from Indonesia in Implementing Affirmative Policies for Persons with Disabilities	Indonesia	The goal of this study is to pinpoint the factors that affect how disability policies are implemented.
20	2017	Florentina Dhita de LaRoche	A Qualitative Investigation of the healthcare challenges of Women with Disabilities in Yogyakarta (Indonesia): Implication for Health Policy	Indonesia	This qualitative study sought to understand how nine women with disabilities, who were 18 years of age or older, experienced accessing healthcare services. It also sought to determine the impact of these women's disabilities on how they used healthcare services and how data on healthcare utilization could be used to spot issues with the system.

Table 4. Special Standards for Bina Netra Social Institutions (Based on the Decree of the Minister of Social Affairs of the Republic of Indonesia Number: 50 / HUK / 2004)

No	Component	Elements that must be fulfilled
<b>1</b>	<b>Initial Approach Stage</b>	
	<ul style="list-style-type: none"> <li>a. Program outreach</li> <li>b. Screening/outreach of prospective clients</li> <li>c. Selection of potential clients</li> <li>d. Acceptance and registration</li> <li>e. case conference</li> </ul>	<ul style="list-style-type: none"> <li>a. Program socialization guidelines</li> <li>b. Instruments for screening/outreach of prospective clients</li> <li>c. Prospective client selection instrument</li> <li>d. Client registration instrument</li> <li>e. Documents screening, selection, and registration</li> </ul>
<b>2</b>	<b>Stage of Disclosure and Understanding the Problem</b>	
	<ul style="list-style-type: none"> <li>a. Analysis of the client's condition</li> <li>b. Analysis of family conditions</li> <li>c. Environmental analysis</li> <li>d. Problem characteristics</li> <li>e. The causes and implications of the problem</li> <li>f. Problem-solving capacity</li> <li>g. Resource</li> <li>h. case conference</li> </ul>	<ul style="list-style-type: none"> <li>a. Guidelines for understanding problems and potential clients</li> <li>b. Instruments for understanding problems and potential clients</li> <li>c. A Written report on the results of an analysis of understanding the client's problems</li> <li>d. Case conference guide</li> <li>e. A Written report on the results of the case conference</li> </ul>
<b>3</b>	<b>Service Program Planning Stage</b>	
	<ul style="list-style-type: none"> <li>a. Setting service goals</li> <li>b. Determining the type of service needed by the client</li> <li>c. Resources will be used</li> <li>d. case conference</li> </ul>	<ul style="list-style-type: none"> <li>a. Documents for setting goals, types of services, and natural resources</li> <li>b. physical and health guidance activities</li> <li>c. Physical and health guidance guide</li> <li>d. Document setting goals, types of services, and resources in mental and psychosocial guidance activities</li> <li>e. Document setting goals, types of services, and resources in social guidance activities</li> <li>f. Social guidance guide</li> <li>g. Document setting goals, types of services, and resources in skills training guidance activities</li> <li>h. Guide to skills training guidance activities</li> <li>i. Document setting goals, types of services, and resources in group guidance</li> <li>j. Group guidance guide</li> <li>k. Documents for setting goals, types of services, and resources in educational guidance activities</li> <li>l. Guide to educational guidance activities</li> <li>m. Document setting goals, types of services, and resources in individual guidance activities</li> <li>n. Individual guidance guide</li> <li>o. Documents for setting goals, types of services, and resources in preparing the social environment</li> <li>p. Environmental preparation activity guide</li> <li>q. Social</li> </ul>
<b>4</b>	<b>Service Implementation Stage</b>	
		<ul style="list-style-type: none"> <li>a. The process of physical and health guidance</li> <li>b. Report on the results of physical and health guidance</li> <li>c. Report on the results of mental and psychosocial guidance</li> <li>d. The process of social guidance</li> <li>e. Report on the results of social guidance</li> <li>f. Skills training guidance process</li> <li>g. Report on the results of skills training guidance</li> <li>h. Group guidance process</li> <li>i. Report on the results of group guidance</li> <li>j. The process of educational guidance activities</li> <li>k. Report on the results of educational guidance activities</li> </ul>

		<ul style="list-style-type: none"> <li>l. Individual guidance process</li> <li>m. Report on the results of individual guidance</li> <li>n. The process of preparing the social environment</li> </ul>
<b>5</b>	<b>Stage of Implementation of Other Services</b>	
	<ul style="list-style-type: none"> <li>a. Termination of service</li> <li>b. Reference</li> <li>c. Return and distribution</li> <li>d. Return and distribution</li> <li>e. Further coaching</li> </ul>	<ul style="list-style-type: none"> <li>a. An Instrument for assessing the progress of service results</li> <li>b. Report on the progress of service results</li> <li>c. Referral implementation instrument</li> <li>d. Referral report</li> <li>e. The process of preparing the client, family, and social environment</li> <li>f. Report on the client, family, and social environment preparation activities</li> <li>g. Further development activity instrument</li> <li>h. Report on further development activities</li> </ul>

**Contribution of Individual Authors to the Creation of a Scientific Article (Ghostwriting Policy)**

The authors equally contributed in the present research, at all stages from the formulation of the problem to the final findings and solution.

**Sources of Funding for Research Presented in a Scientific Article or Scientific Article Itself**

No funding was received for conducting this study.

**Conflict of Interest**

The authors have no conflict of interest to declare.

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