



Rehabilitation Program for Children with Disabilities

(Study of the Implementation of Disability Policy Based on Malang City Regional Regulation Number 2 of 2014 at the Disabled Children Development Foundation)

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ABSTRACT

People with disabilities are an integral part of society, and have the same rights and obligations. However, the reality is that there is still a lot of discriminatory treatment in the community that underestimates people with disabilities. This perception greatly affects the mentality and condition of persons with disabilities. Persons with disabilities also experience various socio-economic risks, limited access to information, access to employment, access to education, access to health, and others. In order to provide protection and equal rights for persons with disabilities, a treatment is needed to increase independence and welfare for persons with disabilities. One way to overcome this is to provide rehabilitation, both educational rehabilitation, medical rehabilitation and social rehabilitation.

This research aims to describe and analyze the policy implementation of rehabilitation programs for children with disabilities at the Foundation for the Development of Disabled Children (YPAC) Malang based on Malang City Regional Regulation Number 2 of 2014. The research method used is descriptive qualitative using the implementation model according to George Edward III which consists of 4 (four) indicators, namely communication, resources, disposition and bureaucratic structure. Data collection techniques using interviews, observation and documentation methods. Data analysis used the Miles, Huberman and Saldana method.

The results showed that the implementation of the rehabilitation program policy for children with disabilities at the Disabled Children Development Foundation (YPAC) Malang based on Malang City Regional Regulation Number 2 of 2014 was carried out in an integrated manner in three types of rehabilitation, namely educational rehabilitation, medical rehabilitation and social rehabilitation. This can be seen in the four indicators of implementation according to George Edward III, namely communication, resources, disposition and bureaucratic structure. However, there are obstacles in the consistency of providing assistance and socialization that are less integrated because they are more focused on each type of rehabilitation, limited budget funds, limited improvement in the ability and skills of human resources to handle rehabilitation. The solution is to gather everyone related to children with special needs in a community / forum so they can exchange ideas, innovations, motivation and solutions to the problems encountered. Then develop cooperation with a partnership pattern with various parties, and improve monitoring and evaluation of the implementation of the rehabilitation program.

Keywords: Children with disabilities, Implementation, Rehabilitation program policy.

1.INTRODUCTION

Persons with disabilities or people with disabilities, are individuals who experience physical, intellectual, mental, and/or sensory limitations for a long period of time. According to Law No. 8/2016, there are five categories of disability, namely physical, intellectual, mental, sensory, and multiple/multi. People with disabilities are an integral part of society, and have the same rights and obligations. The Indonesian government has made many regulations to

equalize the rights and obligations of persons with disabilities. However, the reality is that there are still many people in the community who underestimate people with disabilities. This perception greatly affects the mentality and condition of persons with disabilities. People with disabilities also experience various socio-economic risks, limited access to information, access to employment, access to education, access to health, and others.

Currently, the number of people with disabilities in Indonesia reaches 22.97 million people or around 8.5% of the Indonesian population, with the largest number of disabilities in old age. Deputy for Coordination of Social Welfare Improvement of the Coordinating Ministry for Human Development and Culture, Prof. Dr. Nunung Nuryartono, explained that state intervention is needed to ensure that persons with disabilities are not left out in development. "As the principle of _no one left behind_, no one with disabilities should be left out of various service programs," she explained when opening the National Coordination Meeting of National Inclusion Meeting #5 at the Cawang Kencana Building Jakarta on Thursday (15/06/2023).

State intervention in addressing the problems of people with disabilities in Indonesia has been carried out by issuing various policies. Indonesia has ratified the Convention on the Rights of Persons with Disabilities which was passed through Law Number 19 of 2011. The government has also issued seven Government Regulations (PP) as mandated by Law No. 8/2016 on Persons with Disabilities. This is the state's commitment in realizing the equality and equal rights of persons with disabilities, not only as subjects but also to play an active role and contribute to national development. Also for the expansion of social protection and empowerment for persons with disabilities, it strengthens the existence of persons with disabilities in the form of climate growth and potential development so that they are able to develop into empowered, resilient, and independent individuals or groups of persons with disabilities. (<https://www.kemendiknas.go.id/government-fulfilling-rights-of-persons-with-disabilities-in-indonesia> accessed July 9, 2024)

In line with this, the Regional Government of Malang City has a special policy as a basis for assisting persons with disabilities. Regional Regulation No. 2 of 2014 regulates the protection and empowerment of persons with disabilities which aims to realize the equal position, rights, obligations and roles of persons with disabilities, requiring more adequate, integrated and sustainable access, facilities and efforts so as to realize the protection, independence and welfare of persons with disabilities. The regulation explains that in an effort to protect and empower children with disabilities, a Rehabilitation Program consisting of Medical Rehabilitation, Educational Rehabilitation and Social Rehabilitation is needed. For this reason, the Regional Government collaborates with Social Welfare Institutions to carry it out. For this reason, the Malang City Social Service, Women's Empowerment, Child Protection, Population Control and Family Planning collaborates in a partner system with 3 (three) Social welfare institutions that focus on rehabilitation for children with disabilities, namely the Disabled Children Development Foundation (YPAC), Bhakti Luhur Foundation and Putra Pancasila Foundation (YP-2). This research was conducted at one of the Social Welfare Institutions (LKS), namely the Malang City Disabled Children Development Foundation (YPAC) which has Medical Rehabilitation, Educational Rehabilitation and Social Rehabilitation.

The main problems for children with disabilities in obtaining rehabilitation are the limited number of applicants for rehabilitation, the diversity of special needs of children with disabilities who require extra attention. Therefore, efforts are made to ensure that there is no shortage of human resources, especially teachers, teachers, caregivers and even doctors; also the budget has an important role in the sustainability of rehabilitation services at the foundation. Because deficiencies in these aspects affect the availability of facilities and infrastructure to support rehabilitation activities; lack of stability in the provision of services for Social Welfare Institutions in providing rehabilitation programs. According to data from the Malang City Social Service, the number of children with disabilities is 2,729 with the nickname special children, consisting of various sub-districts spread across Malang City.

Based on the problems described above, this research aims to further examine the "Rehabilitation Program for Children with Disabilities at the Foundation for the Development of Disabled Children". The focus is on implementing rehabilitation program policies for children with disabilities based on Malang City Regional Regulation Number 2 of 2014 at the Malang Foundation for the Development of Disabled Children, and analyzing supporting and inhibiting factors in implementing rehabilitation program policies for children with disabilities at the Malang Development Foundation for Disabled Children.

2. LITERATURE REVIEW

2.1. Public Policy

Thomas R. Dye (1978:3) stated that "Public policy is whatever the government chooses to do or not to do." Policy is not only the government's desire, but society also has demands (desires), because in principle public policy includes what is done, why they do it, and what the consequences are. Public policy is defined as a complex pattern of interdependent collective choices, including decisions to act, made by government agencies or offices (Dunn, 2000: 132).

Public policy studies have a very broad scope, covering various fields and sectors such as economics, politics, social, culture, law, and others. In addition, in terms of hierarchy, public policies can be national, regional, or local, including laws, government regulations, presidential regulations, ministerial regulations, regional/provincial government regulations, governor's decisions, district/city regional regulations, and regent's decisions. /mayor. According to Nugroho, the state is a formal political identity that has at least four main components. First, the components of state institutions, namely government institutions (executive), statutory institutions (legislative), and judicial institutions (judicative). Second, the component of the people as citizens (citizens). Third, areas whose sovereignty is recognized. Fourth, public policy components (Nugroho, 2004:17-18)

2.2. Implementation of Public Policy

Etymologically, the concept of implementation comes from English, namely "implement", which means providing the means to do something and have an actual effect. In the Big Indonesian Dictionary, implementation is defined as execution or implementation. Implementation can also be interpreted as an expansion of activities that mutually adjust the interaction process between goals and activities.

Public policy implementation refers to a series of activities carried out by the government by following certain directions regarding the goals and expected results. The process of implementing public policy can only begin after public policy objectives have been determined, programs have been created, and funds have been allocated to achieve these policy objectives. Implementation is one of the stages in realizing public policy and has an important function in the entire implementation of the policy making process.

Policy implementation is a bridge that connects policy formulation with the expected final results. There are four main aspects that need to be studied in policy implementation, namely: who is implementing it, the nature of the implementation process, compliance and the impact of implementing policy implementation (Joko Pramono, 2020: 26).

2.3 Public Policy Implementation Models

Effective policy implementation can be understood and analyzed using various policy implementation models; and in public policy studies there are various models of policy implementation, including the public policy implementation model of Van Meter and Van Horn (1975), Edwards III (1980), Grindle (1980), Mazmanian and Sabatier (1983) and so on.

The model used to examine the focus of this research is the Implementation Model according to George Edward III, that there are four variables that really determine the success of implementing a policy, namely 1) Communication; 2) Resources; 3) Disposition; 4) Bureaucratic Structure. According to Edward III (Agustino, 2016) the explanation of the four indicators in measuring the success of variables is as follows:

- a) Communication: According to G. Edward III in Widodo (2010:97), policy communication has several dimensions, which can be measured using 1) Transmission: Communication Distribution; 2) Clarity: Acceptance of Information by implementers; 3) Consistency: to be implemented and implemented, without any confusing changes.
- b) Resources: consisting of elements 1) Human Resources (HR); 2) Budget Resources; 3) Authority Resources; 4) Equipment Resources
- c) Disposition; consisting of 1) Bureaucratic Appointments (staffing the bureaucracy), 2) Incentives.
- d) Bureaucratic Structure; 1) Create standard operating procedures/SOP; 2) Implementing Fragmentation.

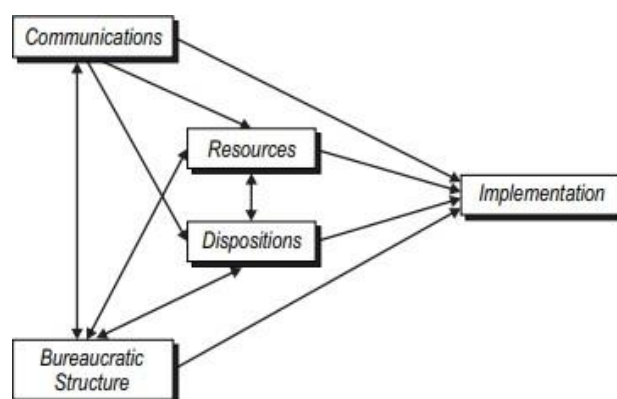


Figure 1: George Edward III Policy Implementation Model

Source : George Edwards III, (1980 : 148)

3.4. Persons with Disabilities

The International Classification of Impairment, Disability and Handicap (WHO, 1980) states that there are three definitions related to disability, namely impairment, disability, and handicap. Impairment is a loss or abnormality of psychological, physiological or anatomical structure or function. Disability is a limitation or loss of ability (as a result of impairment) to carry out an activity in a manner or within the limits that are considered normal for a human being. Handicap is a disadvantage for certain individuals, as a result of an impairment or disability, which limits or hinders the implementation of a normal role. However, this also depends on age, gender, and social or cultural factors.

According to the International Labor Organization (2014), a person with a disability is someone who experiences physical, sensory, intellectual or psychosocial disorders that can affect the person's ability to carry out their daily activities. According to The United States Department of Justice (2016), disability is a substantial disability in either physical or mental form that limits an individual's life activities, has a history of disability, or is considered to have a disability.

According to Article 1 of Law Number 8 of 2016 concerning Persons with Disabilities, a person with a disability is any person who experiences physical, intellectual, mental and/or sensory limitations for a long period of time who, in interacting with the environment, may experience obstacles and difficulties in participating fully and effectively with other citizens based on equal rights.

3.5. Rehabilitation Program for Children with Disabilities

A program is a structural design, design, schematic code, or other form that is arranged according to an algorithmic flow with the aim of making things easier so that work can be more productive and efficient. The program is also a series of interventions to optimize function and reduce deficiencies in certain conditions. According to Suharsimi Arikunto (2012:291) defines a program as an activity that is carefully planned. Wholey, et.al (1994: 41) states that a program can be defined as a set of resources and activities directed at one or more common goals. In carrying out planning for a program, it requires certain targets, benefits and objectives so that it can be said that the program is successful. There are 3 important elements, namely: (1) The program is the realization or implementation of a policy; (2) Occurs over a long period of time and is not a single activity but multiple continuous activities; (3) Occurs in organizations involving groups.

Rehabilitation is a process of improvement aimed at disabled sufferers so that they are competent to have optimal physical, spiritual, social, occupational and economic benefits. Rehabilitation is a comprehensive approach that aims to shape the individual as a whole in physical, mental, emotional and social aspects. According to Caplin (1999), rehabilitation is restoration (improvement, recovery) to normality, or recovery to the most satisfactory status for individuals who have suffered from a mental illness. The goal is to restore function and adjustment physically, mentally, socially and vocationally so that the individual can achieve a maximum life according to his abilities.

As a continuation of treatment, rehabilitation has a very important function in the process towards patient

recovery. Rehabilitation also aims to provide sustainable healing so that patients truly recover completely and are ready to return to society in a healthy condition. The aim of rehabilitation includes four aspects, namely as follows:

- 1) Self Realization, namely being able to realize one's abnormalities and being able to control oneself in such a way that one does not depend on other people.
- 2) Human Relationship, namely being able to socialize and work together with other people in the group, knowing their role, and being able to adapt to that role. Can understand and carry out their duties well. Can understand the limits of behavior, can adapt to the social environment, social ethics, religion, and not separate oneself, not have low self-esteem, and not be excessive, and be able to mix naturally with the environment
- 3) Economic Efficiency, namely having certain productive economic abilities and skills that can guarantee one's future life in the economic field. In addition, skills in using certain movement organs that are already skilled (for example, being able to use a wheelchair) are maintained.
- 4) Civic Responsibility, namely having responsibility and being able to participate in the community environment, at least not disturbing people's lives

The focus of rehabilitation efforts is on the individual holistically in their ecological context, not just on the functional limitations resulting from their disability. The holistic and ecological perspective covers the physical, mental and spiritual aspects of the individual concerned as well as his relationship with his family, work and the overall environment. According to Qoleman (1988), the target benefits of implementing rehabilitation include the following:

- 1) Increase individual insight into the problems they face, their difficulties and their behavior.
- 2) Forming a better self-identity figure for individuals.
- 3) Resolving conflicts that hinder and disturb.
- 4) Change and correct unwanted habit patterns and behavioral reaction patterns.
- 5) Improve the ability to carry out interpersonal relationships and other abilities.
- 6) Modification of individuals' inappropriate assumptions about themselves and the world around them.
- 7) Opening the way for a more meaningful and meaningful or useful individual existence.

There are several types of rehabilitation which in their implementation do not stand alone, but are a complete unit in enabling individuals to be able to be independent and skilled in community life. The types of rehabilitation are as follows:

- 1) Medical Rehabilitation is a service provided to individuals who experience disorders in motor coordination, communication, sensory motor and social adjustment. Medical rehabilitation includes physiotherapy services, speech therapy, occupational therapy, orthotics and prosthetics.
- 2) Educational Rehabilitation is educational rehabilitation is a service provided to individuals who need special services in the field of education (pre-academic, namely reading, writing and arithmetic).
- 3) Social Rehabilitation aims to improve social skills, prevent a decline in social skills, or conditions that are more severe than previous social conditions.
- 4) Community Based Rehabilitation is a rehabilitation service that utilizes the potential of community resources. This strategy is implemented with the aim of ensuring that rehabilitation services can be provided as early as possible and evenly distributed to all people who need them.
- 5) Vocational Rehabilitation is intended to provide special services in the vocational or skills field. The skills offered to them are individual in nature, in accordance with the abilities they still have and adapted to the environmental conditions around the individual.
- 6) Rehabilitation in the Family is a model of rehabilitation services provided by parents for their children who experience disorders

Rehabilitation of people with disabilities has a significant impact on physical, psychological, social and economic conditions. The physical impacts found include healing of chronic wounds, improved physical shape and anatomical structure, and better function of body parts so they are able to carry out daily activities. Psychologically, sufferers feel happy, happy, satisfied, confident, and have a better body appearance. Social impacts include the ability of people with disabilities to participate in their social environment and have independence in realizing their own well-being. Meanwhile, the economic impact includes changes in the type of livelihood, length of work, and strength of work.

4. RESEARCH METHODS

4.1 Research Approach

The approach used in this research is descriptive qualitative, because the researcher wants to create a descriptive picture, examine words, detailed reports from the informants' views, and conduct studies in natural situations (Creswell, 1998: 15). Researchers attempt to describe, record, analyze and interpret the conditions that occur so that they can find out the Implementation of the Rehabilitation Program Policy for Children with Disabilities Based on Malang City Regional Regulation Number 2 of 2014 at YPAC (Foundation for the Development of Disabled Children) in Malang City.

The scope of this research is the Rehabilitation Program for Children with Disabilities in Malang City, especially the rehabilitation program carried out at the Foundation for the Development of Disabled Children in Malang City

The implementation study aspect refers to the opinion of George Edward III which includes four factors in implementing public policy, namely: communication between implementers, resources, disposition and bureaucratic structure. Apart from that, it also examines the supporting and inhibiting factors in the implementation of the Rehabilitation Program for Children with Disabilities at the Foundation for the Development of Disabled Children in Malang City.

4.2 Research Location

This research was conducted at the Foundation for the Development of Disabled Children in Malang City which is located on Jalan Tumenggung Suryo No.39, Bunulrejo Village, District. Blimbing, Malang City, East Java with postal code 65122. A social organization that provides integrated rehabilitation services for children with disabilities (medical rehabilitation, education and social rehabilitation)

4.3 Data Collection and Data Analysis Techniques

Data analysis in this research uses interactive analysis techniques Milles and Huberman and Saldana (in Sholahuddin, 2021: 133) with the following analysis components:

- 1) Data Collection: Data is collected through interviews, observation and analysis of existing documents related to the rehabilitation program for people with disabilities. The data obtained is written in field notes containing what was seen, heard, witnessed, experienced, as well as findings about what was encountered during the research.
- 2) Data Condensation: the activity of selecting, focusing, directing, and/or transforming data that appears in all written field notes, interview transcripts, documents, and other empirical materials. So researchers can identify significant patterns, themes and relationships in the data.
- 3) Data Presentation (Data Display): data/information that has been collected and processed is then arranged in an organized and summarized manner so that it can be used for decision making and action. Data presentation can be in the form of matrices, graphs and networks to facilitate understanding of existing information so that data analysis and interpretation becomes more effective.
- 4) Drawing and verifying conclusions (drawing and verifying conclusions): This decision making is the result of interpretation of the patterns, explanations and plots that have been described from the beginning of the research. Then verification is carried out by reviewing research notes or through elaboration to deepen and broaden understanding of the data so that the conclusions drawn are truly accurate and trustworthy.

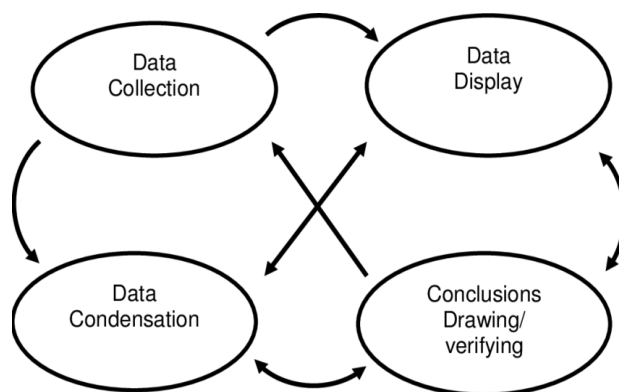


Figure 3: Miles, Huberman, and Saldana Interactive Model

Source: Milles and Huberman, and Saldana (in Sholahuddin, 2021)

5. RESULTS AND DISCUSSION

5. 1. Profile of the Foundation for the Development of Disabled Children (YPAC) Malang, East Java, Indonesia

The Foundation for the Development of Disabled Children (YPAC) Malang is a community organization that was formed because of the community's concern for the condition of children with disabilities. This foundation was founded on the initiative of Dr. The Prawirowijoto congregation together with mothers who cared about social welfare on March 24 1955 and was then chaired by Mrs. Achmad Djohar. This foundation was authorized by Prof. Dr. Soeharso on March 4 1956 as one of 16 YPAC branches spread across Indonesia. This foundation has aims and objectives in the social sector by establishing children's rehabilitation centers and establishing formal and non-formal educational institutions for the advancement of disabled children and humanity by carrying out activities to support the needs of the foundation through community empowerment and providing financial assistance, personnel, facilities and infrastructure for carrying out activities carried out by similar social bodies with the same aims and objectives.

The Main Organizational Structure of this Foundation consists of Trustees, Management and Supervisors where they carry out all duties, obligations, responsibilities and authority without being paid or given allowances by the foundation. The following is the organizational structure of the Malang Foundation for the Development of Disabled Children (YPAC).

The number of children assisted by the Foundation for the Development of Disabled Children (YPAC) appears to have been quite stagnant in the last 3 years, especially as there has been no significant increase in the number of registrants each year since the pandemic, namely as follows:

Based on the data table for children assisted by the Foundation for the Development of Disabled Children (YPAC) Malang, there are 3 (three) rehabilitation programs, namely educational rehabilitation, medical rehabilitation and social rehabilitation at this institution and have contributed in the form of integrated services for children with disabilities. The aim of establishing the foundation is to create opportunities for self-development, increased intelligence and welfare for children with disabilities so that they can become the nation's next generation of quality. In accordance with the mandate in Law No. 8 of 2016 concerning persons with disabilities that there is equality, respect, empowerment, fulfillment, protection.

Table 1 Number of Children Assisted by YPAC without discrimination

No	Type of Rehabilitation	Rehabilitation Program	Number of Children Assisted		
			2022	2023	2024
1	Educational Rehabilitation	TKLB	35	37	45
		SDLB			
		SMPLB			
		SMALB			
2	Social Rehabilitaton	Hostel	3	12	15
3	Medical Rehabilitation	Physiotherapy	According to Patient Visits		
		Occupational Therapy			
		Speech Therapy			
		Snozzlen Therapy			

Source: YPAC (2024)

1. Implementation of the Rehabilitation Program Policy for Children with Disabilities at the Malang Disabled Children Development Foundation

The implementation of the Rehabilitation Program for Children with Disabilities at the Foundation for the Development of Disabled Children (YPAC) Malang was studied using George Edward III's theory which emphasizes 4 (four) indicators that can support and influence the successful implementation of a policy, namely Communication, Resources, Disposition and Structure Bureaucracy.

In general, it can be said that the implementation of the rehabilitation program based on Malang City Regional Regulation Number 2 of 2014 which includes three rehabilitation programs, namely medical rehabilitation, social rehabilitation and educational rehabilitation, is running quite smoothly with the cooperation between the policy implementers. This can be seen in the following description of the four implementation indicators::

a. Communication

Communication established between the Malang Foundation for the Development of Disabled Children (YPAC) is carried out by establishing collaboration or partners with the Malang City Social Service, Women's Empowerment, Child Protection, Population Control and Family Planning (Dinsos P3AP2KB). The P3AP2KB Social Service also has forum development activities that are specifically related to people with disabilities, namely the Disability Family Forum (FKD) and the Communication Forum for Families of Children with Special Needs/ABK (FKK-ADK) which are gathering places for families of people with disabilities with representatives from institutions, organizations and foundation providing rehabilitation programs for people with disabilities. Apart from that, the Foundation for the Development of Disabled Children (YPAC) Malang has also made efforts to build communication with the community by providing various social media such as websites, Instagram, YouTube channels and participating in activities via radio such as RRI, then CFD (Car Free day) activities, MCC (Malang Creative Center), Rampal Field, Gajayana Stadium to provide education to the public.

However, it was found that the use of social media as a means of communication only functions as a form of socialization, while communication also requires reciprocity to see community acceptance, especially families of people with disabilities; Has it been understood and comprehended thoroughly so that it can be practiced or participated in these activities? Thus, the collaboration that exists between the Department of Social Affairs, Women's Empowerment, Child Protection, Population Control and Family Planning (Dinsos P3AP2KB) of Malang City and also the Malang Foundation for the Development of Disabled Children (YPAC) needs to be carried out in two directions and in coordination to exchange ideas and also solutions as well as monitoring and evaluation.

This is in line with the opinion of George Edward III in Widodo (2010:97) that policy communication can be measured using 1) Transmission: Communication Distribution; that public policies are not only conveyed to policy

implementers but also to policy target groups and other interested parties, both directly and indirectly. 2) Clarity: Acceptance of information by implementers; requires that policies be transmitted to implementers, target groups and other interested parties clearly so that they know what the aims, objectives, targets and substance of the public policy are so that each will know what must be prepared and implemented to make it a success these policies effectively and efficiently. (3) Consistency: to be implemented and implemented, without any confusing changes; This is necessary so that the policies taken are not confusing, thereby confusing policy implementers, target groups and interested parties.

Based on the results of the interview above, it can be concluded that the consistency dimension has been implemented in accordance with policy implementation for children with disabilities. Both the P3AP2KB Social Service and also YPAC provide rehabilitation on a scheduled and regular basis to people with disabilities starting from socialization, training, providing assistance, therapy, teaching and learning education to dormitories which are interconnected with each other.

Communication indicators are an important factor in the success of policy implementation, including in the rehabilitation program for children with disabilities at the Malang Children's Development Foundation (YPAC), especially in relation to the Malang City P3AP2KB Social Service (Dinsos), so it can be concluded that communication between the government as maker and implementer policies and foundations as policy implementers and target groups, as well as families or children with disabilities as other interested parties, both directly and indirectly, have implemented this in accordance with the 3 (three) dimensions of one of the policy implementation indicators, namely communication.

b. Resource

Data shows that resources for implementing the rehabilitation program for people with disabilities are provided jointly by the government and the Malang Foundation for the Guidance of Disabled Children (YPAC). Government assistance through the Malang City Department of Social Affairs, Women's Empowerment, Child Protection, Population Control and Family Planning (Dinsos P3AP2KB) in the form of social welfare workers to assist with the assessment process, provide grant assistance, assistance based on YPAC activity proposals. And the Malang Foundation for the Development of Disabled Children (YPAC) provides qualified Human Resources (HR) according to the needs of children with disabilities, such as dorm mothers and caregivers for social rehabilitation, teachers and staff for educational rehabilitation, doctors and psychologists for medical rehabilitation. There is also the availability of other supports such as buildings, equipment, supplies for rehabilitation program activities, for example dorm rooms, beds, cupboards, kitchens, halls, playgrounds, therapy areas, therapy aids to equipment and supplies for safety and schedules for rehabilitation programs.

However, the shortcomings of this resource indicator are in terms of budget or funds which are difficult to meet due to lack of donations from donors, then also for development training for human resources which is difficult to synergize due to lack of attention, this is also followed by basic needs for children people with various disabilities ranging from food, medicine, assistive devices such as crutches and wheelchairs which require great attention so that the focus is more on meeting the needs of children with disabilities and forgetting the need for rehabilitation providers.

c. Disposition

Regarding the attitude of implementers in developing children with disabilities, it shows that there is a positive desire and strong commitment in implementing rehabilitation programs for children with disabilities. This is expressed by the structured division of tasks (see YPAC Malang structure) in accordance with each role in the Foundation for the Development of Disabled Children (YPAC). It is also stated in YPAC's vision and mission and service announcement which is YPAC's promise and commitment to serving people with disabilities. The P3AP2KB Social Service is also committed to providing further assistance to people with disabilities, especially those of productive age in the form of business assistance and training so they can run the economy to live a life in society.

Another finding is that differences in attitudes and responses to the rehabilitation programs implemented create diversity in the provision of rehabilitation programs. Apart from that, the focus on implementing rehabilitation program policies which differentiates the provision of rehabilitation in terms of age or type of activity is one of the elements that can muddy the flow of communication which is less structured, running independently according to each other's way of thinking and standards will also create the beginning of divisions for each other. handling children with disabilities thus adding to the problems that make it difficult in the process of implementing rehabilitation program policies.

George Edward III in Widodo (2010: 104-105) said that: if policy implementation is to be successful effectively and efficiently, implementers not only know what must be done and have the ability to carry out the policy, but they must also have willingness to implement the policy. The factors that Edward III pays attention to in Augustine (2006:159-160) regarding disposition in implementing policies consist of staffing the bureaucracy and incentives.

d. Bureaucratic Structure

The final indicator is a bureaucratic structure that has created a sense of mutual trust based on a sense of humanity to be able to achieve common goals. An attitude of mutual trust greatly influences the success of implementing rehabilitation programs for children with disabilities. There are 2 (two) characteristics in this indicator, namely:

1) Standard Operation Procedure (SOP) is the division of tasks and flow of implementation of the rehabilitation program. Written and verbal rules are customary or polite based on appropriateness from other people's views as conveyed by informants from YPAC. Written and unwritten SOPs are carried out, implemented and distributed to all implementers of rehabilitation programs for children with disabilities. There is also a flow to get a medical rehabilitation program according to the type of disability for the therapy provided, then there is educational rehabilitation consisting of TKLB to SMALB levels which focuses on academic abilities, and also social rehabilitation in the form of a dormitory for living which is accompanied by developing talent interests and sharpening skills that can support social life in society. Determining whether to receive a rehabilitation program based on the type of disability is through an assessment. At YPAC, this assessment is carried out by experienced medical personnel, namely doctors and psychologists..

2) Carrying out fragmentation: there is coordination between task implementers. Coordination makes a team solid in carrying out tasks. For this reason, YPAC Malang coordinates consistently, starting from offers to collaborate, to national conferences with the National Conference which is an important event for stakeholders including representatives of YPAC branches throughout Indonesia, government officials, experts and other related parties to discuss strategies, evaluate progress and make decisions regarding the future of the organization.

Thus, it can be said that the neatness of a well-organized organizational structure will have an impact on the distribution of authority and responsibility in each line of position held. Systematic and professional management can contribute and smooth the implementation of rehabilitation programs for children with disabilities so that they provide maximum benefits for the recipients, namely children with disabilities who need more love and attention than normal children. The organizational structure that stands independently according to the service standards of each rehabilitation program provider causes a lack of regularity in the flow of coordination and there is a shifting of responsibilities between government and foundation relations. However, this did not happen at the Malang Foundation for the Development of Disabled Children (YPAC) because of collaborative work with the government and other related parties.

2. Supporting and inhibiting factors in implementing rehabilitation program policies for children with disabilities at the Malang Disabled Children Development Foundation

a. Supporting Factors:

Supporting factors are anything that can play a role in facilitating, speeding up and helping the realization of a goal. Likewise, the implementation of the rehabilitation program for children with disabilities at the Malang Foundation for the Development of Disabled Children (YPAC) is based on Malang City Regional Regulation No. 2 of 2014 which has 3 (three) types of rehabilitation to help handle and overcome the needs of children with disabilities, namely educational rehabilitation, medical rehabilitation and social rehabilitation. There are several factors that support ensuring the provision of rehabilitation programs at YPAC, namely the availability of integrated services, the availability of human resources (doctors, psychologists, teachers, staff, employees), the availability of supporting facilities/facilities (buildings, equipment, rehabilitation equipment, clinics) and others. so on. Apart from that, there is collaboration between various parties to establish and develop the foundation, including providing resources accompanied by the division of tasks between units both in the organizational structure and granting authority to expedite the process of implementing rehabilitation program policies for children with disabilities. It is also supported by full commitment in organizing rehabilitation, collaboration and cooperation between rehabilitation fields accompanied by providing compassion and innovation in developing rehabilitation programs. And the most important thing is that the main principles of humanity are used as the basis for providing treatment and services for children

with disabilities so as to create a conducive environment and atmosphere that helps the rehabilitation process at YPAC Malang.

b. Inhibiting Factors:

What is meant by inhibiting factors is anything that can slow down the implementation of rehabilitation program policies at the Foundation for the Development of Disabled Children (YPAC) Malang based on Malang City Regional Regulation Number 2 of 2014. This research data shows that there are a number of factors that can hinder the implementation of rehabilitation at YPAC Malang, that is:

- 1) lack of clear coordination flow with external parties such as the government to assist in providing assistance to support the rehabilitation process.
- 2) Unidirectional communication without reciprocity causes a lack of suggested solutions for developing treatment for children with disabilities.
- 3) Differences in focus for providing rehabilitation programs based on age or type of need cause complexity in the rehabilitation process, so that the main actor is needed to help unravel and focus on the problems of children with disabilities who require various types of treatment according to their needs.
- 4) Bureaucratic complications further complicate the situation regarding the treatment of children with disabilities because in carrying out the rehabilitation program various parties are needed to support the achievement of effective rehabilitation implementation.

6. CONCLUSION

Implementation of rehabilitation program policies for children with disabilities based on Malang City Regional Regulation Number 2 of 2014 at the Malang Foundation for the Development of Disabled Children (YPAC) according to policy implementation indicators according to George Edward III shows that these four indicators provide strength in the success of the rehabilitation program at YPAC Malang.

The communication aspect shows that there is a policy transmission process that is conveyed to program implementers as well as target groups and other parties involved by carrying out socialization, counseling and collaboration with various parties for the treatment of children with disabilities through a rehabilitation program consisting of 3 (three), namely Medical Rehabilitation, Educational Rehabilitation, and Social Rehabilitation. Socialization of rehabilitation program policies is conveyed clearly (clarity) regarding the aims, targets and substance of public policy in various activities ranging from collaboration to provide socialization, counseling to participating in programs from media such as RRI radio to provide education and broad insight to the general public in particular people with disabilities. These activities are carried out consistently (consistency), structured and scheduled, accompanied by visits and providing assistance to people with disabilities in the form of funds, basic needs and tools.

The resource aspect, both human resources and facilities/equipment, is quite complete at YPAC Malang to support the implementation of three forms of rehabilitation. The main obstacle is the limited budget for maintenance of facilities and infrastructure or daily continuity at YPAC Malang.

The disposition aspect or attitude of the implementer shows that there is a clear division of main tasks, functions, responsibilities and authority according to positions in implementing the rehabilitation program. This is supported by the implementation of a reward and punishment system to increase responsibility for the position held. For this reason, YPAC implements a family deliberation system based on supervision.

The Bureaucratic/Organizational Structure aspect shows the existence of Standard Operational Procedures (SOP), namely the existence of SOPs that have been determined through applicable laws and regulations and also on the basis of appropriateness in assessment by other people. Also creating a coordination pattern with various parties to create collaboration that supports the continuity of rehabilitation programs for children with disabilities.

Meanwhile, the supporting factors for the rehabilitation program for children with disabilities at the Malang Foundation for Children with Disabilities (YPAC) are: 1) Having a strong legal basis for establishing a foundation and passing accreditation standards in accordance with applicable regulations, 2) Having clear communication between policy implementers in the rehabilitation program 3) Having adequate human resources and facilities and infrastructure for providing educational rehabilitation, medical rehabilitation and social rehabilitation services, 4) Having a clear organizational structure.

The inhibiting factors are: 1) difficulty in obtaining donations because they only rely on irregular donors and

relationships from the management so that it is difficult to obtain fresh money which helps the foundation's sustainability, 2) The forms and media of socialization are less innovative, rarely updated and the media content is less interesting, 3) Communication with the government is only partner in nature so that the program being implemented seems to run independently, resulting in miscommunication, 4) The human resources they have have experience and competence but are unable to adapt to the dynamics of community demands (seems rigid and old school) .

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