

Research Article

Study On The Implementation Of The Social Rehabilitation Program Policy For Physical Disabilities At East Java Provincial Social Service.

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Abstract: This study examines the implementation of social rehabilitation program policies for people with physical disabilities at the Technical Implementation Unit (UPI) Social Rehabilitation Bina Laras Pasuruan under the East Java Provincial Social Service. Using George C. Edwards III's policy implementation model, this research analyses four key variables: communication, resources, disposition, and bureaucratic structure. This qualitative descriptive study employed interviews, observation, and documentation as data collection techniques. The findings reveal that the implementation has been running reasonably well, with clear communication channels established between program implementers and beneficiaries. However, several challenges persist, including limited human resources, particularly professional social workers and medical rehabilitation specialists, as well as budget constraints affecting service quality. The disposition of implementers shows a positive attitude toward policy goals, though the bureaucratic structure requires improvement in coordination mechanisms. The study concludes that while the social rehabilitation program has improved the quality of life for persons with disabilities, optimising policy implementation requires addressing resource limitations, strengthening inter-agency coordination, and enhancing community participation in rehabilitation efforts.

Keywords: Persons With Disabilities; Policy Implementation; Public Policy; Social Rehabilitation; Social Services.

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1. Introduction

Persons with disabilities constitute a significant portion of the global population requiring specialised attention in terms of social protection and rehabilitation services. According to the World Health Organisation, approximately 15% of the world's population lives with some form of disability, with 80% residing in developing countries. In Indonesia, data from the Ministry of Social Affairs indicates that there are approximately 10 million people with various forms of disabilities, representing about 4.3% of the national population. This demographic reality necessitates comprehensive policy frameworks and effective implementation mechanisms to ensure the fulfilment of their rights and social welfare.

The Indonesian government has demonstrated its commitment to protecting persons with disabilities through the enactment of Law Number 8 of 2016 concerning Persons with Disabilities, which replaced the previous Law Number 4 of 1997. This legislation marks a paradigm shift from a charity-based approach to a rights-based approach, recognising persons with disabilities as rights holders entitled to equal opportunities and participation in all aspects of life. Article 17 of this law guarantees explicitly the right to social welfare, encompassing social rehabilitation, social insurance, social empowerment, and social protection.

Social rehabilitation is a crucial component of the social welfare system, aiming to restore and develop the abilities of persons with disabilities so they can function normally in society. The Ministry of Social Affairs, through the Directorate of Social Rehabilitation for Persons with Disabilities, has established various programs and Technical Implementation Units (UPI) across Indonesia to deliver rehabilitation services. These centres provide comprehensive services including physical therapy, psychosocial support, vocational training, and social reintegration programs.

East Java Province, as one of the most populous regions in Indonesia, faces significant challenges in providing adequate social services for persons with disabilities. The UPT Social Rehabilitation Bina Laras Pasuruan operates under the East Java Provincial Social Service, providing rehabilitation services primarily for individuals with mental disabilities who have been medically treated. However, implementing these services involves complex processes that require effective coordination, adequate resources, and committed personnel.

Despite comprehensive legal frameworks and institutional structures, implementing social rehabilitation policies often encounters various obstacles. Previous studies have identified common challenges, including budget constraints, limited professional human resources, inadequate facilities, and coordination problems among relevant agencies. These implementation gaps highlight the need for systematic analysis to identify factors affecting policy success and formulate recommendations for improvement.

This research employs George C. Edwards III's policy implementation model, which identifies four critical variables influencing implementation outcomes: communication, resources, disposition, and bureaucratic structure. This model provides a comprehensive framework for analysing the multifaceted aspects of policy implementation in the context of social rehabilitation services. The study contributes to the existing literature by providing empirical evidence from a specific local context and offering practical recommendations for enhancing service delivery.

The primary objective of this research is to analyse the implementation of social rehabilitation program policies at UPT Social Rehabilitation Bina Laras Pasuruan, examining both achievements and challenges. Additionally, the study aims to identify supporting and inhibiting factors affecting implementation and propose recommendations for policy optimisation. The findings are expected to provide policymakers and practitioners with valuable insights into improving social rehabilitation services for persons with disabilities.

2. Literature Review

Policy Implementation Theory

Policy implementation constitutes a critical phase in the policy cycle, determining whether policy objectives are achieved in practice. According to Edwards III, implementation represents the process of translating policy decisions into concrete actions through organisational procedures. The success of implementation depends on how effectively the implementing agencies execute their mandated responsibilities while navigating various constraints and opportunities.

Edwards III proposed a comprehensive model identifying four interrelated factors that determine implementation success. First, communication refers to the transmission of policy information to implementers and target groups, requiring clarity, consistency, and accuracy. Second, resources encompass human resources, financial resources, facilities, and the authority necessary for implementation. Third, disposition refers to implementers' attitudes, willingness, and commitment toward policy goals. Fourth, bureaucratic structure includes organisational arrangements, standard operating procedures, and coordination mechanisms.

Van Meter and Van Horn complemented this perspective by emphasising the importance of policy standards and objectives, inter-organisational relationships, and socioeconomic conditions in shaping implementation outcomes. Grindle further highlighted how the content and context of policies interact to influence implementation in developing countries, where institutional capacities may be limited and political dynamics play a significant role.

Disability and Social Rehabilitation

The conceptualisation of disability has evolved significantly over time, moving from medical models focusing on individual impairments to social models emphasising environmental and attitudinal barriers. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), ratified by Indonesia through Law Number 19 of 2011, adopts a rights-based approach, recognising disability as arising from the interaction between persons with impairments and barriers that prevent their full participation in society.

Law Number 8 of 2016 defines persons with disabilities as individuals with long-term physical, intellectual, mental, or sensory limitations who may encounter obstacles in participating fully and effectively in society. This definition acknowledges the diversity of disability experiences and the need for differentiated responses. The law categorises disabilities into physical disabilities, intellectual disabilities, mental disabilities, and sensory disabilities, each requiring specific intervention approaches.

Social rehabilitation, as defined in the Ministry of Social Affairs Regulation Number 7 of 2017, encompasses a set of activities aimed at restoring and developing the social functioning of persons with disabilities. The rehabilitation process includes assessment, case management, physical therapy, psychosocial intervention, vocational training, social guidance, and reintegration support. These services can be delivered through institutional settings (*panti*) or community-based programs, depending on individual needs and circumstances.

Previous Research

Several studies have examined the implementation of social rehabilitation policy in Indonesia, with varying findings. Fathurrachmanda and Pratiwi conducted research on the implementation of social rehabilitation programs for persons with visual disabilities at UPT

Social Rehabilitation Cacat Netra Malang, finding that while the program generally functioned satisfactorily, limited resources and inadequate workplace responsiveness to disability issues hindered optimal outcomes. The study highlighted the dedication and commitment of staff as crucial compensating factors.

Research by Rossa Brilianty Elvira on social rehabilitation policy implementation in West Java Province identified similar patterns: positive outcomes in improved quality of life and social participation for beneficiaries, but ongoing challenges related to budget limitations, professional staff shortages, stigma, and accessibility barriers. The study recommended strengthening coordination, increasing budget allocations, and conducting public awareness campaigns.

International studies have similarly documented implementation challenges in disability services. The World Report on Disability identified common barriers, including inadequate financing, insufficient numbers of trained personnel, limited service availability, and coordination problems across sectors. Community-based rehabilitation has emerged as a promising approach for expanding coverage and promoting participation, though its effectiveness depends on local capacity and resource availability.

3. Method

This research employs a qualitative descriptive approach to obtain a comprehensive understanding of the implementation of social rehabilitation policy at UPT Social Rehabilitation Bina Laras Pasuruan. Qualitative methodology is appropriate for examining complex social phenomena, enabling in-depth exploration of implementation processes, stakeholder perspectives, and contextual factors that influence outcomes.

The research was conducted at UPT Social Rehabilitation Bina Laras Pasuruan, located in Kedawung Wetan Village, Grati District, Pasuruan Regency, East Java. This institution operates under the East Java Provincial Social Service, providing rehabilitation services for individuals with mental disabilities who have completed medical treatment at psychiatric hospitals. The selection of this research site was based on its significance as one of the key social rehabilitation facilities in East Java serving a substantial number of beneficiaries.

Data collection techniques included in-depth interviews, participant observation, and documentation review. Key informants were selected through purposive sampling, comprising the Head of UPT, Section Chiefs, social workers, medical personnel, administrative staff, and program beneficiaries. Interview questions were structured around Edwards III's four implementation variables while allowing for flexibility to address emerging themes. Observations were conducted during service delivery activities, staff meetings, and daily operations to capture implementation dynamics. Documentation review encompassed policy regulations, program guidelines, activity reports, and organisational records.

Data analysis followed the interactive model developed by Miles and Huberman, consisting of data reduction, data display, and conclusion drawing/verification. Interview transcripts and field notes were coded according to the four implementation variables and emerging categories. Triangulation was employed to enhance validity, comparing information from different sources and methods. Member checking was conducted with key informants to verify the accuracy of the interpretation.

Table 1. Research Informant Characteristics.

| No | Position | Number | Code |
|----|--------------------------------|--------|------------|
| 1 | Head of UPT | 1 | I1 |
| 2 | Social Service Section Chief | 1 | I2 |
| 3 | Social Workers | 3 | I3, I4, I5 |
| 4 | Medical/Health Personnel | 2 | I6, I7 |
| 5 | Program Beneficiaries/Families | 5 | I8-I12 |

Source: Research Data, 2024

4. Results and Discussion

Overview of UPT Social Rehabilitation Bina Laras Pasuruan

UPT Social Rehabilitation Bina Laras Pasuruan is a technical implementation unit under the East Java Provincial Social Service, established to provide social rehabilitation services for individuals with mental disabilities who have completed medical treatment. Located in Kedawung Wetan Village, Grati District, Pasuruan Regency, the institution serves as a transitional facility preparing beneficiaries for reintegration into their families and communities.

The facility accommodates approximately 255 beneficiaries, categorised into three clusters based on their condition severity: mild, moderate, and severe. Services provided include psychopharmacological therapy, psychosocial counselling, occupational therapy, spiritual guidance, vocational training, and social skills development. The institution operates with a vision of contributing to the resolution of problems faced by persons with mental disabilities through collaboration with the government and society, aiming to improve their quality of life and restore their social functioning.

Communication

Effective communication constitutes a fundamental requirement for successful policy implementation. In the context of UPT Bina Laras Pasuruan, communication encompasses both internal information flow among staff members and external communication with stakeholders, including district social services, families, and the broader community.

The research findings indicate that internal communication mechanisms function relatively well. Regular staff meetings are conducted to discuss program implementation, case reviews, and coordination matters. Policy directives from the Provincial Social Service and the Ministry of Social Affairs are disseminated through official channels and translated into operational guidelines. As one informant stated: "We receive regular updates on program standards and procedures through official circulars and coordination meetings. The guidelines are quite clear regarding what services we should provide and how to document our activities" (I2).

External communication with referral sources and families demonstrates mixed effectiveness. The institution maintains coordination with district social services and psychiatric hospitals for client referrals and follow-up. However, communication with beneficiaries' families faces challenges due to geographical distances and limited outreach capacity. Some families residing in remote areas have difficulty receiving information about their relatives' progress or participating in the rehabilitation process.

Information consistency represents another challenge identified in the study. While formal policies are clearly communicated, the interpretation and application of guidelines

may vary among staff members. This inconsistency can affect service standardisation and beneficiary experiences. Strengthening supervision and providing regular training could help ensure more consistent implementation of program standards.

Resources

Resources encompass human resources, financial allocations, facilities, and the authority required to implement social rehabilitation programs. The availability and adequacy of these resources significantly influence the quality of implementation and outcomes.

Human resources constitute a critical challenge for UPT Bina Laras Pasuruan. The institution employs social workers, nurses, administrative staff, and support personnel, but the number is considered insufficient relative to the beneficiary population. Professional social workers with specialised training in mental health rehabilitation are particularly scarce. As noted by the Head of UPT: "We have dedicated staff who are committed to their work, but ideally we need more professional social workers and medical rehabilitation specialists to provide comprehensive services to all beneficiaries" (I1).

Financial resources continue to pose ongoing constraints on program scope and quality. Budget allocations cover basic operations, including beneficiary meals, medication, and essential supplies, but limit investments in facility improvements, staff development, and program innovation. The institution relies primarily on provincial budget allocations supplemented by occasional support from other sources. Budget constraints limit the ability to offer diverse vocational training options and therapeutic activities.

Physical facilities include residential buildings, therapy rooms, vocational training workshops, and administrative spaces. While basic infrastructure exists, some facilities require renovation or expansion to meet service demands. The availability of medical equipment and therapeutic tools also needs to be enhanced to support comprehensive rehabilitation approaches.

Table 2. Resource Analysis Summary.

| Resource Type | Current Condition | Challenges |
|-----------------|---|--|
| Human Resources | Dedicated staff with basic competencies | Insufficient numbers, limited specialists |
| Financial | Provincial budget allocations | Budget constraints limit program expansion |
| Facilities | Basic infrastructure available | Need renovation and equipment upgrades |
| Authority | Clear mandate under regulations | Limited flexibility in resource allocation |

Source: Research Data, 2024

Disposition

Disposition refers to the attitudes, willingness, and commitment of implementers toward policy objectives. The success of rehabilitation programs depends significantly on staff dedication and their genuine concern for beneficiary welfare.

The research findings reveal a generally positive disposition among UPT staff members. Employees demonstrate awareness of the social significance of their work and express commitment to helping beneficiaries recover and reintegrate into society. Social workers particularly exhibit empathetic attitudes toward beneficiaries, treating them with dignity and

respect despite the challenges involved in working with individuals experiencing mental health conditions.

One social worker shared: "We understand that each beneficiary has unique circumstances and needs. Our approach is to provide individualised care while building their confidence and capabilities. It requires patience and compassion, but seeing their progress makes it worthwhile" (I3). This sentiment reflects the professional commitment observed among frontline staff.

However, maintaining a positive disposition is challenging due to workload, limited career advancement opportunities, and occasional frustrations with systemic constraints. Staff burnout represents a potential risk given the demanding nature of mental health rehabilitation work. Providing adequate support systems, professional development opportunities, and recognition for staff achievements could help maintain and strengthen a positive disposition

Bureaucratic Structure

Bureaucratic structure encompasses organisational arrangements, standard operating procedures, and coordination mechanisms that shape how policies are implemented. Effective structures facilitate smooth operations and efficient resource utilisation.

UPT Bina Laras Pasuruan operates under a clear organisational structure with defined responsibilities for different units and positions. The institution follows standard operating procedures established by the Ministry of Social Affairs for social rehabilitation services, covering assessment processes, case management, therapy provision, and termination procedures. These SOPs guide consistent service delivery.

Coordination represents both a strength and an area for improvement. Internal coordination among different sections generally functions well through regular meetings and case conferences. However, external coordination with other agencies presents more challenges. The referral system between district social services and psychiatric hospitals needs better synchronisation to ensure smooth client transitions. Coordination with employment sectors for post-rehabilitation job placement also needs strengthening.

Fragmentation across administrative levels affects program coherence. Social rehabilitation policies involve national, provincial, and district governments, each with distinct roles and responsibilities. While this multi-level governance provides broader coverage, it can create coordination challenges and unclear accountability in certain situations. Strengthening vertical and horizontal coordination mechanisms would enhance implementation effectiveness.

Supporting and Inhibiting Factors

Based on the analysis of the four implementation variables, several supporting and inhibiting factors can be identified. Supporting factors include: clear legal and regulatory frameworks that provide mandates and guidelines; dedicated staff with positive attitudes toward rehabilitation work; established organisational structures and procedures; and growing recognition of disability rights in policy discourse. These factors create favourable conditions for program implementation.

Inhibiting factors include: limited human resources, particularly specialised professionals; budget constraints affecting service quality and program expansion;

inadequate facilities requiring renovation and equipment upgrades; coordination challenges across agencies and government levels; stigma and discrimination affecting beneficiary reintegration; and limited community participation in rehabilitation efforts. Addressing these barriers requires sustained commitment and resource allocation from the government at various levels

5. Conclusion

This study examined the implementation of social rehabilitation program policies at UPT Social Rehabilitation Bina Laras Pasuruan using Edwards III's policy implementation model. The analysis reveals that implementation has achieved partial success with room for improvement across all four implementation variables.

Communication mechanisms function adequately for internal operations but face challenges in external outreach and maintaining consistency in guideline interpretation. Resources constitute the most significant constraint, with limited professional staff, budget restrictions, and facilities requiring upgrades. Disposition among implementers is generally positive, reflecting commitment to rehabilitation goals despite challenging working conditions. The bureaucratic structure provides clear organisational frameworks but needs improved coordination mechanisms.

Based on the findings, several recommendations are proposed for optimizing policy implementation: increasing budget allocations for human resource development and facility improvements; recruiting additional professional social workers and medical rehabilitation specialists; strengthening coordination mechanisms among relevant agencies; enhancing community awareness programs to reduce stigma and promote reintegration; developing monitoring and evaluation systems for continuous improvement; and expanding partnerships with employment sectors for post-rehabilitation support.

The study contributes to understanding social rehabilitation policy implementation in the Indonesian context, highlighting both achievements and ongoing challenges. Future research could examine implementation across multiple facilities for comparative analysis, investigate beneficiary perspectives in greater depth, and evaluate long-term rehabilitation outcomes. Ultimately, improving social rehabilitation services requires sustained political commitment, adequate resource allocation, and collaborative efforts across government, civil society, and communities.

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