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by Ade Dewa

Sheltered Workshop Model on Social Protection and Empowerment of People with Disabilities (PwDs) to Prepare Competitive Human Resources in the Era of the ASEAN Economic Community

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The ASEAN Economic Community (AEC) has two consequences: the readiness of commodities or products (goods and services) and the competitiveness of Human Resources. During this time, the human resources concerned are those who are normal and healthy. The data show that around 2.45% of the Indonesian population have disabilities and need special handling so that they can play a role in development, especially to face the MEA. The objectives of this study were to (1) analyse the needs of people with disabilities in developing their competencies; (2) analyse priority factors affecting the empowerment of people with disabilities; (3) formulate Sheltered Workshop policy development models for Disability Enterprises. This research uses mixed methods with Atlas.ti, Analytical Hierarchy Process (AHP), in-depth interview, and Focus Group Discussion (FGD) as the analytical tools. The results show that (1) a disabled person's needs network covers aspects such as family, education, health, employment and public facilities; (2) Priority factors that influence are, in order, internal factors with a priority value of 0.38, institutional with 0.36, and external with 0.26; (3) The sheltered workshop policy development model links various stakeholders, namely family, community, central government, local government, institutions, private institutions, and State-Owned Enterprises.

Keywords: *Sheltered workshop, disability, MEA, competence, empowerment.*

Introduction

The definition of a person with disabilities based on the Convention on the Rights of Persons with Disabilities (CRPD) and the Optional Protocol to the Convention (UN Resolution 61/106, 13 December 2006) is any person who is unable to guarantee by themselves, normal and/or social life in whole or in part, as a result of their impairments, whether inherent or not, in terms of their physical or mental abilities. Article 1 paragraph (1) of Law No. 4 of 1997 concerning Persons with Disabilities states that juridically the definition of a person with disabilities is any person with physical and/or mental impairments, which may interfere with or constitute obstacles and barriers for them to conduct activities appropriately, comprising physical, mental, or both physical and mental impairments. Law No. 39 of 1999 on Human Rights states that persons with disabilities are vulnerable groups who are entitled to appropriate treatment and protection. Law No. 11 Year 2009 on Social Welfare states that persons with disabilities are one of the most vulnerable groups entitled to social security and protection (Aron & Loprest, 2012; International Labour Organisation, 2013; Republic Indonesia, 2009).

The percentage of people with disabilities continues to increase, from 1.38% in 2006 to 2.45% in 2012. There are two assumptions about why the number of people with disabilities increases sharply. First, inaccurate data collection led to inaccurate recording in 2006 so that not all people with disabilities were recorded (Jawa Tengah Social Office, 2015; Ministry of Health, 2014). Second, the rise of unhealthy foods and air pollution leads to an increase in the number of contaminated fetuses that cause congenital impairments. Regardless of these two assumptions, the number of people with disabilities in Indonesia is relatively large and they have not been properly cared for.

The relatively large number of people with disabilities with different levels and types of disabilities has not been followed with the same treatment as applied to people without disabilities. Thus, people with disabilities feel that they are being discriminated. People with disabilities in Indonesia still face various obstacles in their activities and are still experiencing limitations in participating as equal members of society and are still being discriminated against regarding the fulfillment of human rights in all aspects of life. The Directorate for Special Education says that the number of school-aged people with disabilities is about 1,500,000, of which only 55,836 or 3.72 percent are enrolled in Special Schools (SS). This problem occurs because of the limited number of SS, that can only be found in several large cities and have limited student capacity. In addition, the ability of parents of or families with people with disabilities to send their children to the SLB is also limited (Jones, 2010; UNICEF, 2013).

This is exacerbated by the gap between prevailing legislation and the provision of access and services for PwDs and the limited capacity and understanding of both the Government and the general public on the diversity of people with disabilities. The labour market and community infrastructure are still not fully addressing the needs of people with disabilities in equitable and equal positions to be able to live and excel, leading to disability groups often getting stigmatized and thus having to work harder to get basic services and live a decent life. One important point for people with disabilities is empowerment so that they can become independent. One form of empowerment is the Sheltered Workshop model.

The objectives of this study were to (1) analyse the needs of people with disabilities in developing their competencies; (2) analyse priority factors affecting the empowerment of people with disabilities; (3) formulate a Sheltered Workshop policy development model towards Disability Enterprises.

Material and Method

Material:

Poverty, defined broadly, is not only related to the economic dimension indicated by the inability to fulfil basic needs in absolute terms, but also refers to powerlessness in various aspects of family and community life. The sources of vulnerability faced by the community consist of structural vulnerability and temporary vulnerability (Mafruhah, 2009). Structural vulnerability consists of a) high poverty rates accompanied by inequality; b) inability to access basic life services such as health services, education services, etc.; c) high crime rate or area without legal guarantees due to horizontal conflict; d) the poverty concentration based on gender, geography or ethnicity; e) poor macroeconomic policies, labour markets, labour and or social policies that are not pro-poor and the vulnerable; f) regulatory changes that result in asset diversification; g) low skilled labour and casual workers; h) limited family, relatives, communities, and information networks; i) the high numbers of child labour; j) working conditions without work protection; k) individually impaired and limited/physical and mental disabilities. In this sense, it is clear that PwDs fit into the criteria of structurally vulnerable community. (Maksum, 2004).

The stigma in the society that tends to exclude people with disabilities affects not only the inhibition of psychological development of people with disabilities, but also on the limited fulfillment of social access in daily life. The emerging psychosocial impacts include low self-concept, low self-perception especially in relation to how individuals perceive themselves and their body image, and denial, depression, and withdrawal of social interaction (EOH Human Capital, 1997).

Research conducted by Melanie (2010) states that education and employment opportunities for people with disabilities are differentiated into the onset of disability, type of disability and health conditions. The results show that there is a difference between a person with congenital impairment and disability after adulthood, between body disability and disabilities in one of the senses such as sight and hearing, so the approach and education must also be different. Education to be self-sufficient and able to live everyday life is the main basis that must be acknowledged and then followed by education and skills to compete for employment and business opportunities (Jones, 2010).

Facilities for people with disabilities in developing countries have been very limited, and according to a report by Dr. William Kennedy Smith, director of the International Disability Rights Monitor in Chicago, worldwide there are about 600 million people with disabilities and about 80% of them (480 million) are in Asia. Public and government attention for people with disabilities is still very low. As an example here are some disability situations in some of the Asian countries: a) India, about 74% of people with disabilities are unemployed; b) Philippines, about 20% of children with disabilities are not in school and more than 40% of people with disabilities are unemployed; c) Cambodia, people with disabilities work as beggars; d) Thailand, only 1% of all buildings are accessible to people with disabilities and about 80% of people with disabilities are unemployed; e) Vietnam, only 34% of people with disabilities can read compared with 90% of people without disabilities and about 70% of people with disabilities are unemployed; f) People's Republic of China, about 77% of children with disabilities attend school compared with about 90% of children without disabilities. (World Health Organisation, 2010b).

Method:

This study used sequential mixed method, a qualitative and quantitative combination of methods performed sequentially. The analysis tools used are Atlas.ti, Analytical Hierarchy Process (AHP), Focus Group Discussion (FGD), and in-depth interview. The resource group of people used in Atlas.ti consisted of 10 people with disabilities, 5 managers of the Foundation for people with Disabilities (YPAC), and 2 social services staff and the Regional Development Planning Board (BAPPEDA). In-depth interviews were conducted over a one-month period followed by a direct field observation. FGD was attended by 20 people consisting of people with disabilities, families, YPAC managers, government, and academia. Secondary data is obtained from documents, literature, research results, journals, and other sources, especially legislation relating to empowerment and social protection for people with disabilities. The results of network analysis, priority analysis and FGD will be used to develop a Sheltered Workshop model.

Analytical Hierarchy Process is used to determine the main need and priority in the preparation of competency improvement models for people with disabilities. This study is divided into three main factors: internal factors, consisting of degrees of disability, family, disability onset (whether from birth or after adult), and education; institutional factors including foundations for people with disabilities, sheltered workshops, local government and employers' associations; external factors covering community, capital, marketing and production.

Figure 1. Problem tree in the development of people with disabilities competence

Result and Discussion

Services for people *with Disabilities*

Mis-understanding of the differences between people with disabilities and people without disabilities leads to discriminatory treatment. people with disabilities tend to be viewed as objects in need of protection, treatment, and assistance rather than as rights-holders. This position leads to different treatments. In the modern paradigm, there is a shift from (a) a Medical model of disability with a charity-based approach to disability, a model in which disability is viewed as a result of a purely physical condition, which is the essence of the individual condition of the person - intrinsic of the individual self in question. People with disabilities are considered to need help, protection, care, compassion, charity, sympathy,

special services, special schools, and donations, which make them dependent, to (b) Social model of disability with a human rights-based approach to disability that suggests that systemic barriers, negative attitudes and exclusion by society (intentionally or unintentionally) are factors which define who are with and who are without disabilities in a particular society (World Health Organisation, 2010a).

Based on the degree of disability, people with disabilities are divided into the following criteria:
a. Degree 1: the person is able to carry out activities or maintain attitude with difficulty.
b. Degree 2: the person is able to carry out activities or maintain attitude with the help of aids.
c. Degree 3: in carrying out activities, the person partly requires the help of others with or without aids.
d. Degree 4: in carrying out activities, the person depends entirely on the supervision of others
e. Degree 5: the person is unable to carry out activities without the full assistance of others and the availability of special environments.
f. Degree 6: the person is unable to fully carry out daily activities despite being fully assisted by others

Differences in the degree of disability must be followed by different treatments in the form of both social protection and empowerment in accordance with the paradigm shift from the medical to a social model of disability. Treatment difference can be shown in the following model (Figure 2):

Figure 2. Service Differences based on degree of disability
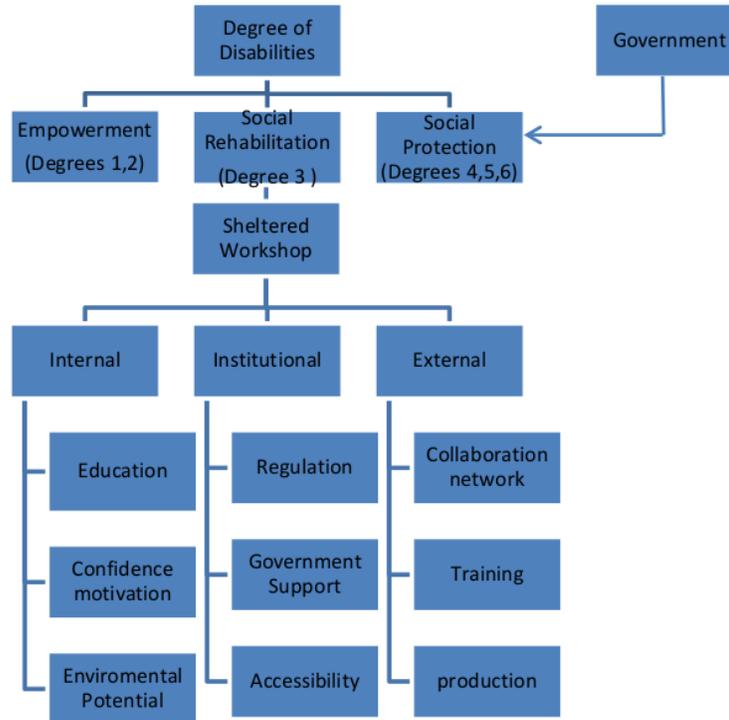
Education for People with Disabilities in Indonesia

Policies on education for people with disabilities have a major impact on their future. The hope of obtaining equal education especially for children with disabilities is to be able to encourage them to be self-sufficient both socially and economically, not treat them just as charitable beneficiaries. The conditions in Indonesia for children with disabilities are shown below, see Table 1:

Table 1: Education for children with disabilities

No	Criteria	Quantity	%
1	Children with disabilities (nationally)	1.48 million	0.7
2	School age (5 – 18 years old)	317, 016	21.42
3	School or inclusive education	28, 897	26.15
4	No school or inclusive education	234, 119	73.85

Source: BPS 2013

The data shows that in the education aspect, the number of people with disabilities receiving services is still very low, around 26.15%. The number of special schools established by the government and private sector is 1,311 consisting of 301 public schools and 1,010 private schools, but the accessibility is still uneven. Many people with disabilities live in rural and remote areas.

Special schools tend to be concentrated in cities on the island of Java: East Java with 302 schools, West Java with 203 and Central Java with 109 schools. With limited accessibility, it follows that only 26.15% of children with disabilities receive education.

People with Disabilities and Employment Opportunities

The Constitution of 1945 Article 27 states that "Every citizen is entitled to decent work and livelihood" and Article 28 paragraph D states that "Everyone shall have the right to work and receive fair and appropriate remuneration and treatment in the employment relationship" (Republic Indonesia, 1945).

The aforementioned articles are explained more specifically in Law No. 4 of 1997 on the welfare of people with disabilities stating that (1) Every person with disabilities has equal opportunity to obtain work according to the type and degree of disability; (2) State and private companies provide equal opportunity and equal treatment to people with disabilities by employing people with disabilities in accordance with the type and degree of disability, education and competence, the number of which is adjusted to the number of employees and/or qualifications required by the company; (3) The Government shall reward companies employing people with disabilities (Republic Indonesia, 1997).

In addition, Law No. 13 of 2003 on employment also clearly states that persons with disabilities will have equal positions in employment as mentioned in the following chapters and articles (Republic Indonesia, 2003):

a. Chapter III on Equal Opportunities and Treatment.
Article 5: Every worker has equal opportunity without discrimination to obtain employment
Article 6: Every worker / labourer shall be entitled to equal treatment without discrimination from employers

b. Chapter V on Job Training
Article 19: Employment Training for Persons with Disabilities shall be conducted in accordance with the type of disability, degree of disability, and ability of the persons with disabilities.

c. Chapter VI Employment Placement

Article 31: Every worker has the same right and opportunity to choose a job or to change a job and to earn a decent income at home or abroad

d. Chapter X Protection, Wages and Welfare

Article 67: Employers who employ Disabled Persons are required to provide protection in accordance with the type and degree of disability based on the prevailing laws and regulations

Capacity Building Network for People with Disabilities

Capacity building for people with disabilities in Indonesia shows an improvement, but the management of it has not been well organised. Capacity building networks for people with disabilities are analysed with qualitative analysis: information is obtained from the resource group consisting of people with disabilities, their families, foundations for people with disabilities, social services, and communities. The result will be processed with Atlas ti. The results show that the problem of disability can be distinguished by type and degree of disability so that the treatment can be differentiated into social assistance for degrees 4, 5, 6, and social protection for degrees 1,2,3. In social assistance treatment, the activities undertaken are the provision of conditional cash transfer and survival education. Conditional cash transfer is a subsidy made by the government for citizens who have special conditions such as people with disabilities, pregnant women and the elderly. People with disabilities who get social protection will be incorporated into the shelter workshop. Shelter workshop consists of capital grants and training. Training consists of skill enhancement and marketing training. The development of competence also involves all stakeholders, namely family, the foundation for people with disabilities, government represented by social service, and community. Management for people with disabilities can be shown in the following networks (see Figure 3):

Figure 3. Network Management of competency development for people with disabilities
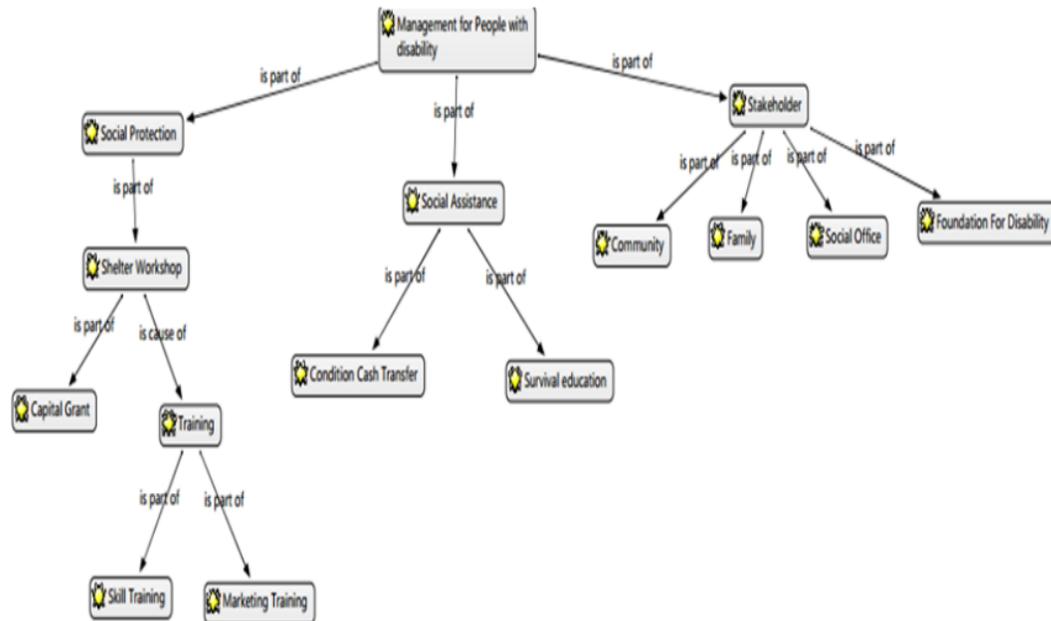
The management network for people with disabilities shows that disability management consists of three main components: stakeholder, social assistance and social protection. Shelter workshops are an important part of social protection consisting of both skill and marketing training combined with capital assistance.

The network is the result of identification and mapping. The next step is to analyse the priority needs with AHP. The results are shown in Table 2 below.

Table 2: Priority factors for improving the competence of people with disabilities

Criteria	Priority Value	Ranking
Internal	0.38	1
Institutional	0.36	2
External	0.26	3

Source: Processed data

The results show that internal factor is the main priority, which means that people with disabilities are strongly affected by degree of disability, family, onset of disability (whether from birth or after adulthood), and education. The degree of disability will determine whether people with disabilities will have the opportunity for their potential to be developed through social protection or if they will only be able to receive social assistance in the form of

conditional cash transfers and education to survive independently. People with disabilities with a mild degree of disability will gain social protection followed by social rehabilitation, i.e. personal development. The family has a very important role in providing opportunities and helping people with disabilities to improve their education and competence. Based on this understanding the internal factor is derived into four factors whose influence priority will be analysed.

Table 3: Priority factors for internal factor

Criteria	Priority Value	Ranking
Degree of disability	0.31	1
Family	0.26	2
Onset of disability	0.24	3
Education	0.19	4

Source: Processed data

Table three shows that the degree of disability is the most important priority for the internal factor, since determining the potential for developing the competencies of people with disabilities is highly dependent on this. The family becomes the second important factor because they are the main supporters of the disabled people to improve their competence. Then, the third rank is the onset of disability, where a person with impairment at birth will be more able to survive than whom with sudden impairment. Education ranks fourth in internal factor.

The second main priority factor is institutional and is divided into four factors: foundations for disabled persons, sheltered workshops, local governments, and employers' associations. The following is the result of institutional factor processing:

Table 4: Priority factors for institutional factor

Criteria	Priority Value	Ranking
Foundation	0.32	1
Sheltered workshop	0.26	3
Local Government	0.29	2
Association	0.13	4

Source: Processed data

Foundation is the most important factor because they are directly related to the people with disabilities and their families. With a higher level of awareness, many families directly contact the foundation for improving the competence of people with disabilities. The second factor is local governments that provide sufficient assistance for people with disabilities and their families. The role of the government is central because it can provide a lot of attention

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for people with disabilities. Sheltered workshop is the third priority because this will only work properly if there is intervention from the government and the foundation. The fourth priority is the association regarding which people with disabilities and their families have not seen the importance of the association's role in developing their competence.

The third main priority factor is the external, which consists of the following derived priority factors:

Table 5: Priority factors for the external factor

Criteria	Priority Value	Ranking
Community	0.24	3
Capital	0.30	2
Marketing	0.35	1
Higher education	0.11	4

Source: Processed data

The results of data processing show that marketing is the main priority because if disabled people succeed in the sheltered workshop program, they need marketing for the products they make. Capital becomes the second priority because this will only be needed when people with disabilities are able to sell their products and will expand their business. The third priority is the community that plays a role in supporting the success of the sheltered workshop program. Meanwhile, higher education has not become a priority because its role is still less visible in the development of competence for people with disabilities.

The results of AHP and Atlas.ti are then discussed through the Focus Group Discussion to develop a sheltered workshop model for the development of the competencies of people with disabilities. Sheltered workshop is a new understanding of social protection for people with disabilities. FGD results and in-depth interviews with key figures show that sheltered workshops can be defined as special work/training. The concept of sheltered workshop provides skill training, which is a direct training by related business individuals, and then is supported by business support institutions. Subjects are expected to have the appropriate workforce skills and the products can be directly marketed. The concept of education based on local excellence is defined as an educational process designed so that the resulting outcome has sufficient capability. Activities undertaken not only take in identification and mapping, but also take advantage of local excellence for the benefit of self-improvement, the region, and general society.

Sheltered workshop is a vocational model, where participants are educated to have the competence and skill of a job and this can be directly practiced in life. The sheltered workshop materials should pay attention to the following things:
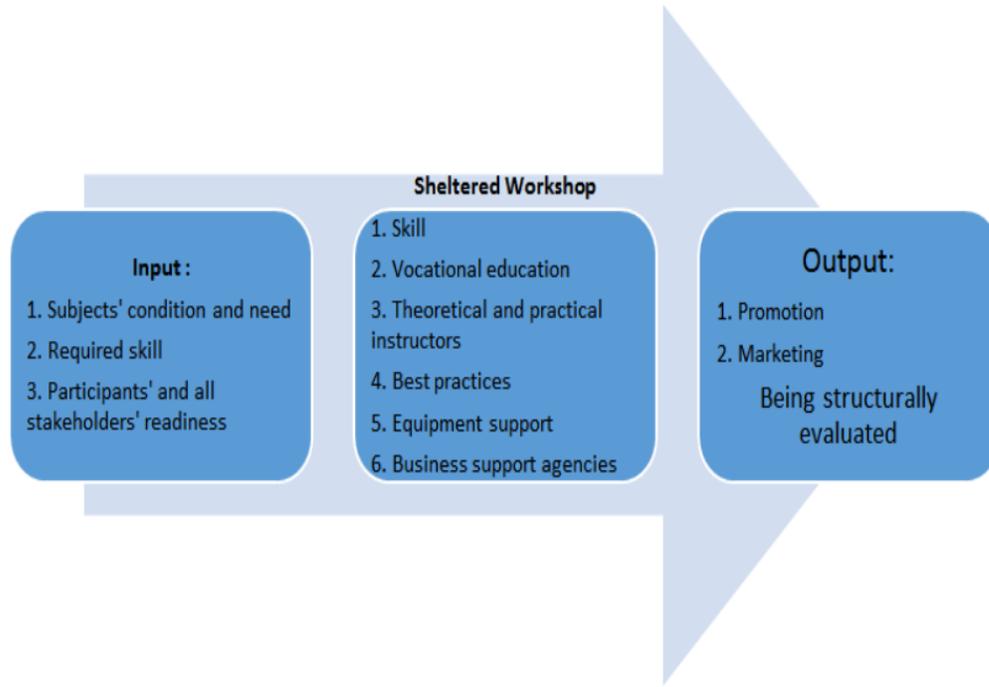
a. The condition of the participants, according to the level of physical limitations so that the work can be done easily
b. Local potential in the area so that participants do not need to bring raw material supplies in from outside the region
c. Equipment used is simple, easy to use and not dangerous for participants
d. Employment and Marketing is the most important part so that participants can be directly absorbed in the job market or if they are an entrepreneur, the product will be able to be absorbed by the market.
e. Learning materials are easily understood and followed by people with disabilities.

The material in the lesson is collectively organised based on:
a. Work preparedness approach: Instructors should arrange the learning material in order to be directly applicable in real life.
b. Multi-dimensional approach: The formation of the Three ability domains: Cognitive, Affective and Psychomotor. All three aspects must be applied in a balanced way, so that the learning objectives can be achieved optimally.

The community-based sheltered workshop model is developed based on the concept of vocational learning in which community settings can provide broader and varied benefits for individuals with special needs. Vocational education will be the initial step in the development of their ability. Therefore, the sheltered workshop model is not a one-off training model, but will be developed into assistance and mentoring in a structured manner. Learning outcomes will be evaluated and developed continuously to find the right model for the empowerment of people with disabilities. The sheltered workshop model is shown below in Figure 4.

Figure 4. Sheltered workshop process

Sheltered Workshop

Input :
1. Subjects' condition and need
2. Required skill
3. Participants' and all stakeholders' readiness

1. Skill
2. Vocational education
3. Theoretical and practical instructors
4. Best practices
5. Equipment support
6. Business support agencies

Output:
1. Promotion
2. Marketing

Being structurally evaluated

The sheltered workshop model requires follow-up steps, for example, what will be done by people with disabilities after the completion of their education and training. There are two options: to work for other people and companies according to their ability, or to open a business according to their competence.

For the first option, the government must build cooperation networks to improve employment opportunities for people with disabilities who have been trained. For the second option, the government must prepare a follow-up instrument so that people with disabilities can actually run their own business. The follow-up instruments are shown in Figure 5 below:

Figure 5. Empowerment model of People with Disabilities after sheltered workshop
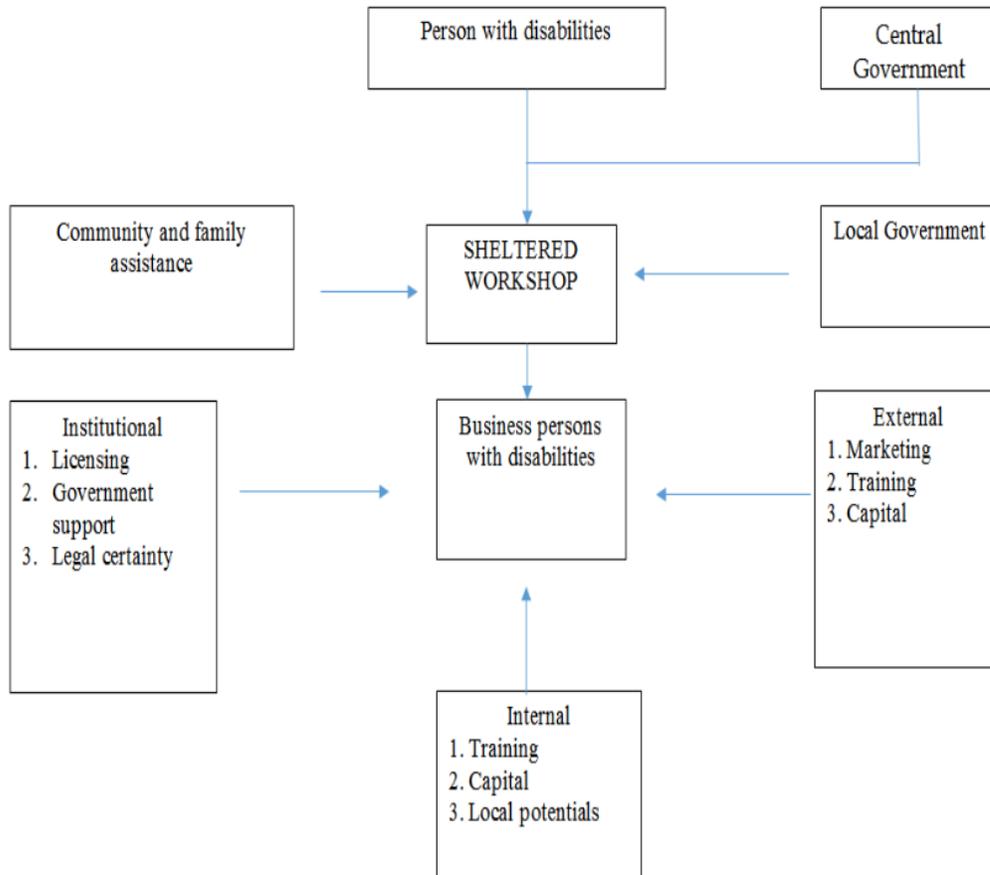
The above model shows that every stakeholder must collaborate to help people with disabilities work as entrepreneurs. There are several important points that must be considered, namely a) Improving the quality and quantity of products with respect to marketing and availability of raw materials; local economic potential must be given attention so that production can run smoothly; b) Marketing is crucial because if people with disabilities do not get a market for their products, they can be frustrated; c) Capital through cooperation with banks and non-bank financial institutions to assist gaining capital through short and long term business capital loans; d) Licensing, local governments should play a role in providing easy access to licensing so that the new business is legal and meets the requirements; e) Continuous training and evaluation of training outcomes.

Conclusion

Implementation of the 1945 Constitution, Law No. 4 of 1997, and Law No. 13 of 2003 concerning equal opportunities and treatment, provision of job training, employment and protection, wages and welfare for people with disabilities, have not run optimally. The disability empowerment policy with the Sheltered Workshop program is appropriate. However, the program needs to be expanded to reach all areas, by cooperating with government and/or private institutions. The role of stakeholders- i.e. foundations, local governments, communities, associations and most importantly family as the nearest environment for the development of competencies held by people with disabilities is very important, and thus requires good co-operation among stakeholders in assisting the sheltered workshop so that the program can run smoothly and sustainably.

Recommendation

1. Increasing the role of government, private parties and State-Owned Enterprises through Corporate Social Responsibility for people with disabilities consisting of (a) Training; (b) Provision of funds as venture capital; (c) Equipment Support and (d) Increased job opportunity potential.
2. Effectiveness of the local government role in the service for and the empowerment of people with disabilities
3. Increased accessibility for people with disabilities to special education sites, sheltered workshops, and public facilities.
4. Developing the Sheltered Workshop programs according to the type and degree of physical impairment of people with disabilities with diversification of the training models, curriculum development models and materials, equipment, and instructors.
5. Comprehensive assistance that includes the development of physical, psychological, social, economic and self-confidence aspects for people with disabilities.

Acknowledgement

REFERENCES

Aron, L., & Loprest, P. (2012). Disability and the Education System - ProQuest Education Journals - ProQuest, 22(1). Retrieved from http://search.proquest.com.library.capella.edu/education/docview/1519298175/fulltext/5B173D11021F436FPQ/62?accountid=27965#

EOH Human Capital. (1997). Disability management. Managers Handbook (Vol. 2). Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=buh&AN=9703272712&site=ehost-live

International Labour Organisation. (2013). Achieve Equal Employment Opportunities for people with Disabilities through Legislation. Jakarta.

Jawa Tengah Social Office. (2015). Children with Disability. SEMARANG.

Jones, M. (2010). Disability, education and training, 4(4).

Mafruhah, I. (2009). Multidimensi Kemiskinan (Pertama). Surakarta: UNS (UNS Press.

Maksum, C. (2004). Official Poverty Measurement in Indonesia. 2004 International Conference on Official Poverty Statistics, (October), 10. Retrieved from http://www.nscb.gov.ph/poverty/conference/papers/2_indonesia.pdf

Ministry of Health. (2014). The Data and Information about Children with Disability. Jakarta.

Republic Indonesia. Negara Republic Indonesia Tahun 1945 dengan Amandemen, 1945 § (1945). Indonesia.

Republic Indonesia. UU Nomor 4 tahun 1997 tentang Penyandang Cacat, Republic Indonesia § (1997). Indonesia. https://doi.org/10.1017/CBO9781107415324.004

Republic Indonesia. Undang-Undang Nomor 13 tahun 2003 Tentang Ketenagakerjaan (2003). Indonesia.

Republic Indonesia. Undang-Undang Nomor 11 tahun 2009 tentang Kesejahteran Sosial, Republic Indonesia § (2009). Indonesia. https://doi.org/10.1017/CBO9781107415324.004

UNICEF. (2013). Executive Summary Children with Disability. NEW YORK.

World Health Organisation. (2010a). CBR Guidelines Supplementary Booklet. Malta. https://doi.org/ISBN 978 92 4 154805 2

World Health Organisation. (2010b). CBR Guidelines: Empowerment Component. WHO Library Cataloguing-in-Publication Data. MALTA. Retrieved from http://apps.who.int/iris/bitstream/10665/44405/5/9789241548052_empower_eng.pdf

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