

Atensi as a Social Rehabilitation Effort for Persons with Visual Disabilities at Sentra Terpadu Pangudi Luhur Bekasi

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Abstract

Social rehabilitation is an effort to fulfill the basic needs and restore the functions of persons with disabilities. The Ministry of Social Affairs has introduced the *Asistensi Rehabilitasi Sosial* (ATENSI) program, which aims to enhance the abilities of persons with disabilities in self-care, self-protection, self-actualization, and/or social participation, as well as to improve their income as beneficiaries of the program. This initiative not only focuses on fulfilling physical and economic needs but also emphasizes psychosocial support, empowerment, and strengthening an inclusive social environment so that persons with disabilities can live independently and actively participate in society. The Sentra Terpadu Pangudi Luhur (STPL) is an integrated center formed from the merger of three social rehabilitation institutions serving three clusters: older persons (BRSLU Budi Dharma Bekasi), persons with visual disabilities (BRSPDSN Tan Miyat Bekasi), and homeless and beggars (BRSEGP Pangudi Luhur Bekasi). This integration creates challenges in optimizing resources for implementing the ATENSI program. This study aims to describe the implementation of the ATENSI program for persons with visual disabilities managed by the Sentra Terpadu Pangudi Luhur Bekasi. The research used a qualitative descriptive approach to analyze the stages of the ATENSI program implementation. The findings reveal that the ATENSI implementation consists of eight stages: access facilitation; engagement intake and engagement; comprehensive and continuous assessment; intervention planning; implementation; supervision, monitoring, and evaluation; and post-service and termination. These stages are aligned with the Generalist Intervention Model proposed by Kirst-Ashman and Hull (2018).

Keywords: *ATENSI Program; Social Rehabilitation; Persons with Visual Disabilities; Generalist Intervention Model; Sentra Terpadu Pangudi Luhur Bekasi.*



A. INTRODUCTION

The principles of the Sustainable Development Goals (SDGs) emphasize the importance of ensuring that every individual regardless of their background has equal opportunities to benefit from economic, social, and environmental progress. The concept of social welfare therefore extends beyond economic aspects, encompassing dimensions such as health, education, gender equality, and protection for children and vulnerable groups.

According to Hawking (2024), vulnerable groups are those who face a higher risk of discrimination, injustice, and difficulties in accessing essential resources such as education, health services, employment, and social support. These groups often experience social, economic, and legal barriers that increase their vulnerability to exploitation, marginalization, and violence. The Government of the Republic of Indonesia (1999), through Law No. 39 of 1999 on Human Rights, recognizes that

vulnerable populations include the elderly, children, the poor, pregnant women, and persons with disabilities. Among these, persons with disabilities represent one of the most marginalized groups, as they often face physical, mental, intellectual, or sensory limitations that restrict their access to education, employment, and public facilities.

In developing countries, one of the main challenges faced by persons with disabilities lies in their limited access to education. This issue is reflected in the significant number of persons with disabilities who have not completed formal schooling. Data from the Directorate of Population and Manpower Statistics (2024) illustrate this condition as follows:

Tabel 1. Percentage of Population by School-Age Group, Disability Status, and Completed Education Level, 2022

Description	Male + Female with Disabilities Type 3	Male + Female without Disabilities Type 3
Age 7–12		
% Never/Did Not Attend School	36.43	4.81
% Not/Did Not Finish Elementary School	57.09	83.05
% Completed Elementary School	6.47	12.14
Total	100.00	100.00
Age 13–15		
% Never/Did Not Attend School	28.93	1.04
% Not/Did Not Finish Elementary School	20.31	8.29
% Completed Elementary School	38.99	64.03
% Completed Junior High School	11.77	26.64
Total	100.00	100.00
Age 16–18		
% Never/Did Not Attend School	30.79	0.78
% Not/Did Not Finish Elementary School	13.04	2.58
% Completed Elementary School	14.37	10.80
% Completed Junior High School	30.53	60.47
% Completed Senior High School	11.27	25.37
Total	100.00	100.00
Age 19–23		
% Never/Did Not Attend School	30.78	0.80
% Not/Did Not Finish Elementary School	13.13	2.08
% Completed Elementary School	13.81	9.41
% Completed Junior High School	13.81	19.20
% Completed Senior High School	27.81	64.57
% Completed Higher Education	1.43	3.95
Total	100.00	100.00

Source: Portrait of Persons with Disabilities, Statistics Indonesia (BPS), 2024.

The table shows that the highest percentage appears among the 7–12-year-old group, with 57.09 percent of persons with disabilities (Type 3) who have not completed primary school. Type 3 disability is the classification used by the Washington Group on Disability Statistics (WG) to define disability at the global level. This category refers to individuals who experience difficulties in six core functional domains: seeing, hearing, walking, remembering or concentrating, self-care, and

communication. This classification is adopted by Statistics Indonesia (BPS) in several publications and in reporting the Sustainable Development Goals (SDGs), particularly Goal 1 (No Poverty), Goal 4 (Quality Education), Goal 8 (Decent Work and Economic Growth), and Goal 10 (Reduced Inequalities). By using the Type 3 disability indicator, Indonesia aims to uphold the principle of “no one left behind” in promoting inclusive development and equal access for all.

Based on the results of the 2020 Long Form Population Census, the prevalence of persons with disabilities in Indonesia was recorded at 1.43 percent, equivalent to approximately one to two individuals for every one hundred residents. This data was obtained from the population census and intercensal surveys, applying international standards from the Washington Group on Disability Statistics. It serves as a key reference for evaluating national policy frameworks, such as the *National Action Plan for Persons with Disabilities 2021–2024*, and for monitoring the progress toward the Sustainable Development Goals (Directorate of Population and Manpower Statistics, 2024)

The Coordinating Ministry for Human Development and Cultural Affairs (2023) reported that there are 22.97 million persons with disabilities in Indonesia, representing around 8.5 percent of the total population, with the highest proportion found among older adults. The Deputy for Social Welfare Improvement under the same ministry highlighted the need for government intervention to ensure that persons with disabilities are not left behind in the development process.

Furthermore, the Directorate of Social Rehabilitation for Persons with Disabilities (2024) recorded a total of 1,071,969 persons with disabilities, consisting of 336,461 persons with physical disabilities, 291,433 persons with intellectual disabilities, 91,093 persons with mental disabilities, and 352,982 persons with sensory disabilities, as shown in the following table:

Table 2. Data on Persons with Disabilities in Indonesia, 2024

Types of Disabilities	Amount
Physique	336,461
Intellectual	291,433
Mental	91,093
Sensory	352,982
Total	1,071,969

Source: Directorate of Social Rehabilitation for Persons with Disabilities, Ministry of Social Affairs of the Republic of Indonesia

Based on the data, it can be seen that information on the number of persons with disabilities collected by various institutions remains inconsistent. Such data discrepancies may affect the effectiveness of program implementation, as policy targets may not accurately reach the intended beneficiaries. Therefore, there is a need for an integrated, valid, and accessible data system that can be jointly utilized by all stakeholders to ensure that government programs are implemented more effectively and efficiently. At the institutional level, the implementation of social rehabilitation should be carried out comprehensively through strengthened coordination and cross-

sectoral collaboration between central government, local governments, and non-governmental organizations to achieve social welfare for persons with disabilities. Various efforts have been undertaken by the government, the private sector, and international organizations to ensure that persons with disabilities have equal access to education and employment opportunities, which are essential in reducing their vulnerability and promoting social inclusion.

The Ministry of Social Affairs of the Republic of Indonesia has introduced the *Social Rehabilitation Assistance Program for Persons with Disabilities* (ATENSI), which is regulated under the Minister of Social Affairs Regulation No. 7 of 2021. ATENSI is defined as a social rehabilitation service that adopts a family-, community-, and/or residential-based approach through various activities, including the provision of support for adequate living needs, social care and/or child care, family support, physical therapy, psychosocial therapy, spiritual and mental therapy, vocational training, entrepreneurship development, social assistance, and accessibility support.

The Sentra Terpadu Pangudi Luhur (STPL) Bekasi is one of the Technical Implementation Units (UPT) under the Directorate General of Social Rehabilitation, Ministry of Social Affairs of the Republic of Indonesia. The integrated center functions as a social rehabilitation institution that provides services to Persons with Social Welfare Problems (PPKS). It was formed through the merger of three social rehabilitation centers: the Social Rehabilitation Center for Older Persons (BRSLU) Budi Dharma Bekasi, the Social Rehabilitation Center for Persons with Visual Disabilities (BRSPDSN) Tan Miyat Bekasi, and the Social Rehabilitation Center for Homeless Persons and Beggars (BRSEGP) Pangudi Luhur Bekasi. This integration is regulated under The Ministry of Social Affairs of the Republic of Indonesia No. 3 of 2022 concerning the Organization and Work Procedures of Technical Implementation Units within the Directorate General of Social Rehabilitation. STPL's main mandate is to implement social rehabilitation assistance (Asistensi Rehabilitasi Sosial or ATENSI) for its beneficiaries.

The transformation from individual rehabilitation centers into an integrated multi-service center has brought significant implications for STPL. One of the main challenges lies in the limited quantity and quality of human resources, which has affected the implementation of the ATENSI program. This limitation has led to an increased workload and overlapping responsibilities (*double jobs*) among staff members.

According to the Decree of Kementerian Sosial Republik Indonesia No. 29/HUK/2024 concerning the Service Coverage Areas of Technical Implementation Units within the Ministry of Social Affairs in Providing Social Rehabilitation Assistance Services, STPL oversees a relatively wide operational area, covering seven districts and cities in West Java Province. Based on the budget plan (DIPA) of the Directorate General of Social Rehabilitation, both the budget allocation and the number of persons with disabilities targeted for services under STPL are considerably large, as shown in the following table:

Table 3. Coverage Areas of the Sentra in West Java, Budget Allocation, and Service Targets for 2025

Coverage Area	Total Budget (Thousands)	Budget (Thousands)	Target (Person)
Bekasi City, Depok City, Tasikmalaya City, Regency Tasikmalaya, Karawang Regency, Bekasi Regency, and Purwakarta Regency	76,915,589	18,256,000	4,600

Source: Data Processed, 2025

The Sentra Terpadu Pangudi Luhur (STPL) Bekasi, in implementing the ATENSI program, covers a wide service area across seven districts and cities, namely Bekasi City, Depok City, Tasikmalaya City, Tasikmalaya Regency, Karawang Regency, Bekasi Regency, and Purwakarta Regency. In total, STPL reaches 184 sub-districts and 1,669 villages throughout West Java Province. This extensive coverage presents a significant challenge for STPL in ensuring the effective implementation of the ATENSI program. Therefore, this study aims to examine how the ATENSI Program is implemented by the *Sentra Terpadu Pangudi Luhur* Bekasi as an effort of social rehabilitation for persons with disabilities.

This study aims to analyze the implementation of the ATENSI Program at the Sentra Terpadu Pangudi Luhur Bekasi. It is expected that the findings of this research will contribute to a better understanding of the implementation of the *Social Rehabilitation Assistance* (ATENSI) services for persons with disabilities, enrich the academic field of social welfare studies, and provide useful references for future research on social rehabilitation programs for persons with disabilities.

B. LITERATURE REVIEW

1. Generalist Intervention Model

According to Kirst-Ashman & Hull (2018, p.42-52), the Generalist Intervention Model (GIM) is a social work approach used to address a wide range of client issues at the micro, mezzo, and macro levels. The stages of this model can be understood through the following illustration and explanation:

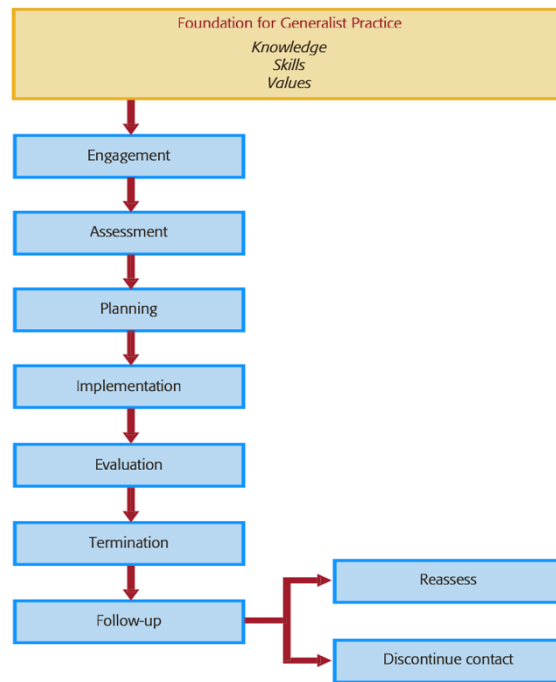


Figure 1. Planned Change in the Generalist Intervention Model (GIM)

Source: Kirst-Ashman & Hull, 2018

From the figure above, it can be explained that, according to Kirst-Ashman and Hull (2018), there are seven stages of intervention in social work, namely:

a. Engagement

The first stage in the Generalist Intervention Model (GIM) is engagement, which refers to the process through which social workers build effective communication and a constructive working relationship with clients and relevant systems. The main goal of this stage is to establish trust and create a sense of safety that enables clients to openly share their problems. This process occurs across all levels of intervention—micro, mezzo, and macro—therefore, social workers must possess strong verbal and nonverbal communication skills. Nonverbal forms of communication, such as eye contact, facial expressions, and body language, often convey deeper meaning than words. Furthermore, empathy, warmth, and genuineness are key factors that determine the success of building an initial helping relationship. The way social workers introduce themselves, manage the atmosphere during the first meeting, and reduce clients’ anxiety are also essential components of the engagement stage.

b. Assessment

The next stage is assessment, which refers to the process of collecting data and gaining a comprehensive understanding of the client’s condition. The main objective of this stage is to enable social workers to identify the root causes of problems and determine appropriate intervention strategies. The assessment process involves four key components: identifying the client’s characteristics and situation; analyzing problems at the micro, mezzo, or macro levels; exploring various supporting sources of information; and understanding the client’s needs and potential.

In this stage, social workers are required to possess adequate knowledge, relevant skills, and a strong adherence to professional values, as described by Kirst-Ashman and Hull (2018). These three dimensions serve as the foundation for conducting effective assessments and ensuring that interventions are both ethical and evidence-based, as summarized in the following table:

Table 4. Foundation for Generalist Practise

Knowledge	Skills	Values
<ul style="list-style-type: none"> • Field of Practice • Systems Theory • Ecological Perspective • Social Welfare Policy • Social Work Practice • Research-Based Practices • Values and Principles 	Generalist practice with: <ul style="list-style-type: none"> • Individual • Family • Group • Organization • Community 	<ul style="list-style-type: none"> • Professional Code of Ethics • Identify Personal Values • Client Empowerment • Human Diversity • Advocacy for Human Rights

Source: Kirst-Ashman & Hull, 2018

c. Planning

The third stage is planning, which involves formulating an intervention plan based on the initial assessment results. At this stage, the social worker and the client collaboratively develop strategies by considering the client’s strengths, needs, and problem priorities. The process includes identifying key issues, translating problems into actionable needs, determining appropriate levels of intervention (individual, family, group, or community), setting general and specific goals, outlining concrete action steps, and establishing a written agreement or contract that defines roles, responsibilities, and objectives.

- 1). Work with the client – In the planning process, client involvement is essential. The social worker and the client must collaborate and build a positive working relationship to address the issues effectively. This process requires attention to the client’s strengths, potentials, and available resources.
- 2). Prioritize problems – Active participation from the client is crucial in determining which problems should be prioritized. The social worker should focus on the issues that the client perceives as most significant, rather than relying on personal assumptions. The worker’s responsibility includes analyzing various aspects of the problems and ensuring that both parties agree on the focus of intervention.
- 3). Translate problems into needs – This stage helps the client recognize the needs that must be fulfilled in order to overcome existing barriers. By identifying these needs, the social worker can bridge the gap between the problems presented and the necessary actions to address them.
- 4). Evaluate levels of intervention for need – Intervention planning focuses on addressing the client’s most urgent needs. The social worker and client jointly discuss potential solutions that can be implemented at the individual, family, group, organizational, or community level.

- 5). Establish goals – Goals represent the desired outcomes of the intervention process and serve as the primary guide for both the social worker and the client in carrying out the intervention steps.
- 6). Specify objectives – Clients' initial goals are often general or abstract. Therefore, the social worker helps clarify and refine these goals into more concrete and measurable objectives, allowing for a more systematic implementation process.
- 7). Specify action steps – Action steps are detailed plans that specify the timing, methods, and responsibilities for each activity. These steps serve as both a roadmap to achieve goals and a monitoring and evaluation tool throughout the intervention process.
- 8). Formalize a contract – The contract is a written agreement between the social worker and the client outlining expectations, roles, responsibilities, goals, types of services, and the duration of the intervention. The language used in the contract should be clear and easily understood, avoiding overly technical terms. The client must be actively involved in the drafting process, and the social worker must ensure that the client fully understands the contents of the agreement.

d. Implementation

The implementation stage is the process of carrying out the intervention plan that has been mutually agreed upon. During this stage, the social worker and the client collaborate to execute the planned activities according to the established schedule and methods. If changes or unexpected circumstances arise, the social worker must adapt and modify strategies as needed to ensure that the intervention remains relevant, responsive, and effective.

e. Evaluation

The **evaluation stage** is conducted to assess the extent to which the intervention has achieved its intended goals. This process serves as a basis for determining whether the intervention can be concluded or requires further adjustment and improvement.

f. Termination

The termination stage marks the conclusion of the professional relationship between the social worker and the client once the goals have been achieved or due to external factors such as policy changes, time limitations, or the client's own decision. At this stage, the social worker assists the client in reflecting on the process and outcomes that have been accomplished, while ensuring that the client has developed the capacity to maintain and sustain the progress made during the intervention.

g. Follow-up

The follow-up stage focuses on monitoring the client's condition after the intervention has been completed. Its main purpose is to ensure that the client is able to continue applying the skills and strategies learned during the intervention process. However, in practice, this stage often encounters several challenges, such as the heavy workload of social workers, limited resources, and difficulties in maintaining consistent communication with clients.

2. Roles of Social Workers in Social Welfare Implementation

According to Zastrow (2017), the implementation of social welfare in addressing disability-related issues is realized, among others, through the provision of social rehabilitation services. In this process, social workers play a crucial role in promoting the achievement of social well-being. Outlines several strategic roles that social workers can perform, as follows:

- a. **Enabler** – Social workers assist individuals and groups in identifying their needs, clarifying the problems they face, and exploring alternative solutions. In this role, social workers guide clients in selecting appropriate strategies and developing their capacities to deal with problems more effectively.
- b. **Broker** – Social workers act as intermediaries who connect individuals or groups in need of assistance with available community resources and social services, especially for clients who lack information about existing facilities or support systems.
- c. **Advocate** – Social workers actively promote and defend clients' rights by voicing their needs, collecting relevant information, and encouraging institutions to adjust or reform inadequate service policies. The goal is not to assign blame but to advocate for systemic improvement and more equitable service delivery.
- d. **Activist** – As agents of social change, social workers strive to transform unjust systems or institutions, particularly in relation to the distribution of power and resources. The primary focus of this role is to advance social justice and combat inequality and oppression.
- e. **Mediator** – Social workers serve as neutral parties who facilitate conflict resolution between two or more individuals or groups, aiming to achieve mutual understanding and peaceful agreement.
- f. **Negotiator** – Social workers facilitate negotiation processes between conflicting parties to reach fair, balanced, and mutually acceptable agreements.
- g. **Educator** – Social workers provide education, information, and training to clients so that they gain the knowledge and skills needed to cope with life's challenges more adaptively.
- h. **Initiator** – Social workers take the initiative to identify emerging social problems or potential issues and to encourage necessary actions or programs to address them.
- i. **Empowerer** – Social workers focus on enhancing clients' capacity and independence to understand their environment, make appropriate decisions, and take responsibility for their actions. They also encourage active participation in social change efforts through organizations or advocacy.
- j. **Coordinator** – Social workers organize and integrate the efforts of various parties and institutions involved in social service delivery to ensure coordinated, focused, and efficient achievement of shared goals.

- k. Researcher – Social workers conduct research on social literature and practice, evaluate program effectiveness, identify service strengths and weaknesses, and study community needs to improve the quality of social services.
- l. Group Facilitator – In group work settings, social workers lead group activities such as therapy, education, support, or other focused sessions to help members achieve common goals.
- m. Public Speaker – Social workers are sometimes invited to speak publicly in schools, service institutions, or community forums to provide information about available social services and identify emerging community needs.

C. METHOD

This study employs a qualitative approach, which involves collecting quotations and narratives from various individuals, verifying their accuracy, and analyzing their meanings in depth (Patton, 2015, p.55). The type of research used is descriptive, as defined by Neuman (2014, p.38), which aims to provide a detailed, in-depth, and accurate depiction of how a phenomenon occurs, focusing primarily on the questions of how and who. Through a qualitative descriptive approach, this study seeks to describe how the ATENSI Program is implemented by the Sentra Terpadu Pangudi Luhur (STPL) as a social rehabilitation effort for persons with disabilities.

The study was conducted at the Sentra Terpadu Pangudi Luhur (STPL) Bekasi in 2025. Data were collected through in-depth interviews with eight informants, consisting of the Head of the Residential Working Group, Head of the Family and Community Services Working Group, Head of the Training and Entrepreneurship Working Group, Social Worker, Psychologist, Instructor, and Beneficiaries. In addition, data collection was supported by direct observation at the research site and document studies related to the implementation of the ATENSI Program.

The data analysis in this study was conducted through conceptualization and coding. According to Neuman (2014, p.480), conceptualization involves classifying data based on similar themes and formulating new concepts, while coding refers to organizing raw data into concepts and themes to better understand the research phenomenon. The coding process in this study was carried out through open coding, axial coding, and selective coding.

To enhance the quality and validity of the research, triangulation was applied specifically, method triangulation and data source triangulation. As explained by Krefting (1991), method triangulation is conducted by employing more than one data collection technique, such as interviews, observations, and document studies, whereas data source triangulation involves interviewing multiple informants to obtain diverse perspectives and ensure the credibility of the findings.

D. RESULTS AND DISCUSSION

Social rehabilitation is an effort to restore the functioning of individuals who experience social dysfunction, enabling them to perform their social roles appropriately (Law of the Republic of Indonesia No. 11 of 2009). At present, the

Ministry of Social Affairs of the Republic of Indonesia carries out social rehabilitation initiatives through its Technical Implementation Units (UPT) under the Directorate General of Social Rehabilitation, primarily through the ATENSI Program.

The ATENSI Program is a multi-service program that provides social rehabilitation services for all categories of *Persons with Social Welfare Problems (PPKS)*, including children, persons with disabilities, older persons, and victims of disasters and emergencies. The main objective of ATENSI is to strengthen the capacity of individuals, families, and communities to meet their needs and basic rights, perform their social roles, and overcome various social problems they encounter.

The implementation of the ATENSI Program consists of eight stages, which include:

1. Access Facilitation

In the implementation of the ATENSI program, access facilities serve as the initial stage for PPKS to receive services. PPKS can become beneficiaries through three pathways: referral from government agencies or other institutions, outreach by STPL officers, or reports from the Command Center. Alternatively, PPKS may apply directly at STPL, provided that those recorded in DTSEN within Deciles 1 to 5 can register directly, while those above Decile 5 are required to submit a Certificate of Inability from the local RT/RW. Prospective beneficiaries visit the reception section at Puspikat PL.3, where officers or social workers conduct an initial assessment to identify needs and problems and determine appropriate solutions, as well as verify the completeness of required documents, including referral letters, ID card (KTP), family card (KK), and health insurance card (KIS/BPJS). In 2024, STPL received seven referrals from Takalar Sentra, and in 2025, referrals came from Depok Social Service, Mulya Jaya Sentra, and BBPPKS Bandung. Currently, the number of visually impaired beneficiaries totals 16 individuals, as illustrated in the chart below.

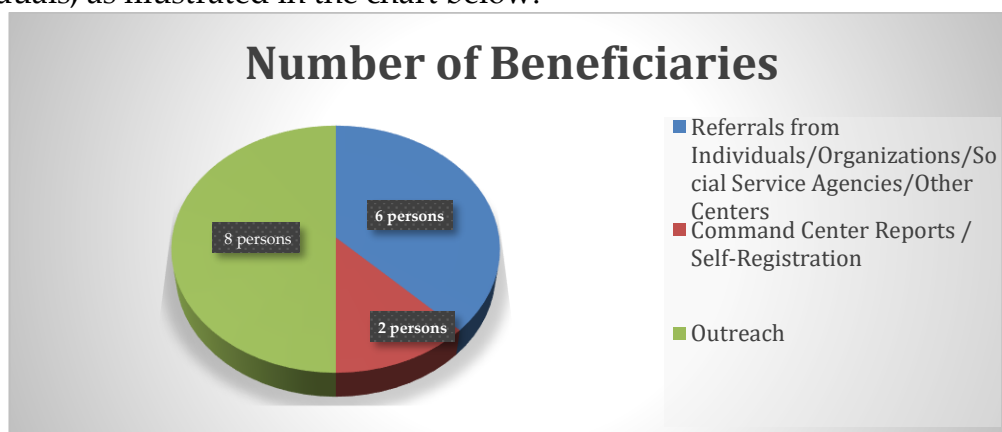


Figure 1. Proportion of Beneficiaries

Source: data Processed, 2025

From the figure above, the proportion of beneficiaries receiving ATENSI services can be observed. First, six individuals received services through referrals. Among them, two came from Mulya Jaya Sentra and BBPPKS Bandung, while the remaining four were referred by the Social Service Agency, PERTUNI (Indonesian Blind Association), and social companions. Second, two beneficiaries arrived at STPL

on their own through Puspikat, having obtained information about STPL's training and entrepreneurship programs via social media. Third, eight individuals were reached through outreach efforts. The outreach was conducted by STPL by sending letters to Social Service Agencies and Sentra to identify visually impaired individuals in need of training and entrepreneurship services.

2. Intake dan engagement

At this stage, officers at the Reception Center explain the services provided under the ATENSI program, which include three types: residential-based services, family-based services, and community-based services. Most visually impaired individuals come to access training and entrepreneurship programs, and therefore, the chosen service type is residential-based. After prospective beneficiaries determine their interests and talents in training and entrepreneurship, they are informed about the rules and regulations that must be observed during participation. Subsequently, the designated social worker assigned to the beneficiary conducts a personal approach, visiting the beneficiary to reaffirm their interests, talents, and understanding of the rules while at STPL. Once the prospective beneficiary agrees, a formal agreement is established between the beneficiary and the officer/social worker. This service agreement is documented in a written informed consent, signed by the beneficiary, their family, and the social worker or officer.

3. Assessment

At this stage, the assessment is conducted from the initial intake until the beneficiary's termination, with the aim of monitoring the beneficiary's progress. STPL implements two types of assessments: an initial assessment conducted at the time of intake, and a continuous assessment carried out whenever the beneficiary encounters problems or other obstacles. The initial assessment is not conducted in emergency situations. Assessments are carried out by various professionals, including social workers, doctors, psychiatrists, nurses, physiotherapists, occupational therapists, speech therapists, orthotists, prosthetists, psychologists, and instructors. However, depending on the nature of the beneficiary's issues, if the situation is not urgent, the assessment may be conducted solely by the designated officer.

4. Planning

At this stage, the process is a continuation of the results from the comprehensive assessment conducted by social workers. These results, which identify the problems faced by the beneficiaries, serve as the basis for developing an intervention plan. The assessment outcomes are discussed in a case conference attended by the Residential Working Group, Training and Entrepreneurship Working Group, social workers, social counselors, and instructors. In emergency situations, this stage may be bypassed. The service planning activities generate solutions or interventions that are most needed and most appropriate for the beneficiaries and their families. Case conferences are conducted at the initial intake, at termination, and continue to be held periodically to ensure ongoing service continuity.

5. Implementation

During the implementation stage, visually impaired beneficiaries receive service interventions through a residential-based approach, specifically in training and entrepreneurship programs. This effort aims to enhance the beneficiaries, social functioning and promote independence. Within residential-based services, beneficiaries gain access to seven ATENSI competencies as follows:

- a. Fulfillment of basic needs, including dormitory accommodation, three daily meals, personal hygiene and bathing equipment, clothing, bags and massage tools, as well as assistive devices such as canes;
- b. Care and nurturing support, where visually impaired beneficiaries at STPL are generally independent in performing daily activities;
- c. Family support, with the designated social worker acting as a liaison between the beneficiary and their family, providing updates on the beneficiary's progress and reporting any issues encountered during ATENSI services;
- d. Therapy services, which for visually impaired beneficiaries include physical guidance such as exercise and reflexology twice a week, and mental and spiritual guidance such as Quran recitation sessions every Monday and Tuesday from 16:30 to Maghrib, with physical activities supervised by social workers;
- e. Vocational training and entrepreneurship development, where interventions for visually impaired beneficiaries involve training in massage, shiatsu, and reflexology based on their interests and talents. Before attending training classes, beneficiaries undergo mobility orientation with social worker guidance to familiarize themselves with the environment. The training is structured into two levels: the basic class, which covers massage practice on 62 reflexology points over six months, and the advanced class, which includes treatments such as body scrubs, creambath, and facial over six months. Enrollment in the advanced class requires successful completion of the basic class, which entails a theoretical exam, practical exam, and a two-week internship, during which beneficiaries must massage at least 30 clients who complete evaluation forms on the services received. Performance in the advanced class forms the basis for certification and determines whether the beneficiary is eligible to proceed to the termination process.

The schedule for training and entrepreneurship implementation is presented in the table below:

Tabel 5. Training and Entrepreneurship Timeline

No	Period	Type of activity
1	September 1 – 30, 2025	Orientation Mobility and recognition environment <ul style="list-style-type: none"> - Know dormitory conditions - Journey going to class - Introduction STPL environment and activities

2	October 1, 2025 – March 31, 2026	The Beginning class basic, with material as following: <ul style="list-style-type: none"> - Sports massage - General shiatsu - Reflection maintenance - Anatomy physiology - Meditation exercises Ended with evaluation and PKL
3	April 1 – September 30, 2026	The Beginning class skilled, with material as following: <ul style="list-style-type: none"> - Segment massage - Shiatsu therapy - Kinesiology - Reflection treatment - Cosmetic massage (creambath, body scrub and facial) - Diagnosis symptom - Meditation exercises
4	September 30, 2026	The end of the training period will get certificate and termination with return to place origin.

Source: STPL, 2025

- f. Social Assistance, involves the provision of assistance in the form of money, goods, and/or services. However, not all residential beneficiaries receive assistance. Support is provided only when deemed necessary for the beneficiary and after a prior assessment has been conducted.
- g. Accessibility, is provided in certain cases where beneficiaries face barriers; for example, if they do not yet have KIS/BPJS, STPL facilitates the process to assist in obtaining it. Currently, visually impaired beneficiaries who will participate in training and entrepreneurship programs are required from the outset to have these documents as a prerequisite for receiving services.

6. Supervision

Supervision refers to the oversight activities conducted by senior social workers over their junior colleagues. At STPL, supervision is carried out by the Senior Social Worker, who serves as the Disability Cluster Leader, overseeing other social workers. Supervision at STPL is conducted actively through both direct coordination and indirect communication, such as via WhatsApp group media. The purpose of supervision is to help address field-level issues, discussing technical challenges and possible solutions. However, the supervision process does not yet extend to the enhancement of social workers' competencies.

7. Monitoring and Evaluation

a. Monitoring

As part of the oversight efforts for ATENSI activities, supervision covers the use of budget, activity implementation, achieved outputs, and challenges encountered. These data are collected and compiled by the Data Working Group (Pokja) and subsequently reported to the Directorate General of Social Rehabilitation and/or the Directorate of Social Rehabilitation for Persons with Disabilities.

b. Evaluation

This activity is conducted after the process has been underway, taking into account the achievement of success indicators as well as supporting and inhibiting factors in the implementation of ATENSI activities. It is carried out by external parties, such as officials within the Directorate of Social Rehabilitation for Persons with Disabilities, other parties assigned by the Director of Social Rehabilitation for Persons with Disabilities, and officials or officers designated by the Technical Implementation Unit (UPT) under the Directorate General of Social Rehabilitation. The exact timing of implementation cannot be precisely determined. In addition, STPL holds monthly internal meetings for all staff to discuss progress, obstacles, challenges, and potential solutions. These meetings serve as an effort to improve the implementation of the ATENSI program and STPL programs overall.

8. Follow Up dan Termination

In the implementation of ATENSI for visually impaired beneficiaries, termination occurs when the beneficiary has completed the advanced training class, which is preceded by a theoretical exam, practical exam, and a two-week internship. During the internship, beneficiaries practice the massage techniques learned at STPL on 30 clients, who complete evaluation instruments regarding the quality of the service. These evaluations serve as the basis for the scores recorded on the beneficiary's certificate. The clients include instructors, staff, and external individuals. After the internship, beneficiaries proceed to termination and receive start-up assistance to apply the skills acquired from the ATENSI program and to support their path to independence. This assistance includes items such as towels, massage creams, and other massage equipment.

When related to the Generalist Intervention Model (GIM) by Kirst-Ashman & Hull (2018), which consists of seven stages: engagement, assessment, planning, implementation, evaluation, termination, and follow-up, the ATENSI program comprises eight stages: access facilitation; intake and engagement; assessment; intervention planning; implementation; supervision, monitoring, and evaluation; and follow-up and termination. In ATENSI, the process begins with access facilitation, which serves as the initial step for prospective beneficiaries to receive services. In contrast, Kirst-Ashman & Hull (2018) start with engagement, which refers to the initial efforts by officers to approach prospective beneficiaries. The subsequent stages in ATENSI align with planning and implementation. However, ATENSI includes a supervision stage, conducted by senior social workers overseeing junior social workers, which is not explicitly mentioned in the GIM theory. The following stages of evaluation, termination, and follow-up in GIM are divided in ATENSI into monitoring and evaluation and termination and follow-up. These stages collectively constitute the ATENSI activities implemented by STPL. Overall, the stages of the ATENSI program correspond to the stages of the Generalist Intervention Model by Kirst-Ashman & Hull (2018). A detailed analysis can be seen in the table below:

Tabel 6. Analysis of ATENSI in Comparison with Generalist Intervention Models

No	ATENSI Stages	Generalist Intervention Model Kirst-Ashman & Hull (2018)
1	Access facilitation	-
2	Intake and engagement	Engagement
3	Assessment	Assessment
4	Planning Intervention	Planning
5	Implementation	Implementation
6	Supervision	-
7	Monitoring and Evaluation	Evaluation
8	Follow Up and Termination	Termination
	-	Follow-up

Source: Data Processed, 2025

From the table above, the ATENSI program begins with access facilitation, which serves as the initial stage for PPKS to obtain services. In contrast, the Generalist Intervention Model starts with engagement, which in ATENSI occurs after access facilitation. The subsequent stages of assessment, planning, and implementation in ATENSI align with the theory proposed by Kirst-Ashman & Hull. Overall, the ATENSI program refers to the Generalist Intervention Model by Kirst-Ashman & Hull (2018). ATENSI represents an effort to realize social welfare through social work activities that serve both individuals and groups. In this context, social workers play a significant role in promoting social welfare. According to Ambrosino (2008), social workers are crucial in assisting various vulnerable groups, including individuals with physical and mental disabilities. In the implementation of ATENSI, social workers are involved in nearly all stages. Related to Zastrow (2017), social workers assume multiple roles, including enabler (facilitator of change), broker (intermediary), mediator, initiator (educator), empowerer, and coordinator. This analysis is illustrated in the table below:

Tabel 7. Roles of Social Workers in the Implementation of ATENSI in Comparison with Zastrow's Theory

No	The Role of Social Workers (Zastow, 2018)	Implementation of the ATENSI program
1	enabler	Starting from stage facilitation access, social workers help recipient benefit disclose needs, identifying problems encountered and help look for solution with determine his interest and talent in training and entrepreneurship
2	broker	Social workers, help connect recipient benefit with family and environment.
3	mediator	In case recipient benefits that have poor relationship Good with his family, social workers become mediator and help look for solution best.
4	initiator or educator	At the stage assessment and case conference, social workers help recipient benefit reveal problems and do necessary actions.

5	empower	At the stage implementation, before started class training and entrepreneurship social workers do assistance in activities Orientation Mobility provided to recipient benefits. The goal is for the recipient to benefit capable adapt with condition the environment.
6	coordinator	The role of social workers as coordinator seen at the stage supervision where there is effort together in form supervision from social workers that has level more tall to social workers with the level below it.

Source: data processed, 2025

The ATENSI program transforms social rehabilitation services from a single-service approach into a multi-service approach for individuals in need of social welfare, through residential-based services with a limited number of beneficiaries. As a result, ATENSI serves not only visually impaired individuals but also other clusters, including children, the elderly, and victims of disasters and emergencies. ATENSI implements social rehabilitation efforts through training and entrepreneurship programs for beneficiaries. The entrepreneurship component provided by ATENSI has proven beneficial, with indicators showing increased beneficiary income, including 7.64 percent of beneficiaries earning above the regional minimum wage (Juhari & Habibullah, 2024). The training provided to beneficiaries can enhance their personal development and improve their standard of living (Rif et al., 2025). In addition, ATENSI provides services that fulfill basic needs, including food, clothing, skills training, and entrepreneurship programs. ATENSI is an innovative program that contributes to improving the quality of life of its beneficiaries (Fadhillah & Tanjung, 2024).

E. CONCLUSIONS

The implementation of the ATENSI program consists of eight stages: access facilitation; intake and engagement; assessment; intervention planning; implementation; supervision, monitoring, and evaluation; and follow up and termination. In comparison, the Generalist Intervention Model by Kirst-Ashman & Hull comprises seven stages: engagement, assessment, planning, implementation, evaluation, termination, and follow-up. Overall, the stages of ATENSI align with the Generalist Intervention Model proposed by Kirst-Ashman & Hull (2018). ATENSI is a national priority program of the Ministry of Social Affairs, implemented across 31 centers under the Directorate General of Social Rehabilitation. Effective implementation requires coordination among all involved parties as a form of oversight to ensure the program runs effectively and achieves its intended objectives. The program aims to enhance the social functioning of visually impaired beneficiaries through training and entrepreneurship, which necessitates competent human resources as well as adequate facilities and infrastructure to support the program's implementation.

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