Development of Social Protection Strategies to Improve Disability Independence

HAIRANI SIREGAR, HAMDANI HARAHAP, RIZABUANA ISMAIL, BENGKEL
Doctor of Development Studies,
Universitas Sumatera Utara,
Jl. Dr. A. Sofian No. 1, Kampus USU,
Medan 20155, North Sumatra,
INDONESIA

Abstract: -This study develops a social protection strategy to improve the independence of persons with disabilities in Medan City. A descriptive qualitative approach was used, involving interviews, focus group discussions, observation, and analysis of secondary data. The findings highlight that individuals with disabilities still face weak data collection, discrimination, limited accessibility, and inadequate public service facilities. Existing government programs remain general, temporary, and insufficiently adapted to disability-specific needs. This study proposes three social protection models: the client-system model, the target-system model, and a combined model involving persons with disabilities, social workers, and resource systems. The results present the strategic role of social workers in connecting persons with disabilities to families, institutions, public services, and community support to achieve sustainable independence.

Key-Words: - social protection, persons with disabilities, disability independence, Medan City, social workers, client-system model, target-system model, inclusive public services.

Received: April 25, 2026. Revised: June 7, 2026. Accepted: July 11, 2026. Published: September 8, 2026.

1 Introduction

Social protection is a key policy tool for tackling poverty, inequality, and social vulnerability within the disability community. Social protection should not be viewed purely as temporary assistance, but must be understood as a system that guarantees basic rights, improves access to public services, supports participation in social and financial life, [1]. For people with disabilities, social protection should promote independence, dignity, and also meaningful citizenship, rather than dependence on short-term welfare benefits, [1]. This aligns with the disability-inclusive development approach, which emphasizes participation, accessibility, and opportunities for equality in sustainable development, [2]. Urban areas present specific social risks for vulnerable groups. Urban residents often face higher living costs, unstable employment, limited housing security, and unequal access to essential services, [3]. Therefore, social protection that is sensitive to the urban context is necessary to ensure that social assistance, public services, and local infrastructure can meet the needs of poor and marginalized communities, [4]. These urban issues become even more complex for people with disabilities, as barriers to their mobility, communication, education, employment, and access to public services can limit their independence, [5], [6]. Disability is deeply linked to poverty and multidimensional vulnerability. People with disabilities often face higher living costs, limited access to employment, and restricted participation in community life, [1], [7]. At the household level, disability can place additional economic strain on families as they must provide care, transportation, health support, and daily assistance, [8]. Meanwhile, poverty can contribute to disability-related exclusion by providing limited access to education, skills training, health services, and assistive resources, [7]. Inclusive design is a necessary element in empowering people with disabilities. Inclusive urban planning, accessible public facilities, and equal access to urban amenities can promote the autonomy of people with disabilities, [5], [9]. However, numerous urban areas still fail to facilitate safe mobility systems, inclusive public transportation, disability friendly infrastructure, and responsible public services, [10]. These limitations restrict ability of persons with disabilities to study, work, access health services, and participate in community activities. Discrimination also remains a major barrier to disability independence. Individu with disabilities may experience exclusion from education, employment, public services, and social

interaction because of negative attitudes and finally weak institutional support, [10], [11]. This situation reveals that disability is not only a personal condition, but also a social and structural issue. Independence can only enhance when public policy, service institutions, families, and communities work together to remove environmental and social barriers, [1], [12]. Social workers and welfare agencies play a valuable role in strengthening social protection for the disabled. They can assess individual needs, connect people with disability to available services, support families, and facilitate collaboration among government agencies, the community, schools, health services, and labor institutions, [11]. Social workers role as brokers who help people with disability access the rights, resources, and chances that help them live independently, [12]. Community based and empowerment oriented programs are also needed to support sustainable independence. Programs that combine social assistance, livelihood support, skills development, and social participation can improve the lives of persons with disabilities, especially among poor households, [7]. Supported employment and occupational engagement can also enhance autonomy by helping persons with intellectual disabilities participate in productive work and social life, [13]. Therefore, social protection should move beyond physical aid and include long-term support for education, skills, employment, family resilience, and community inclusion. In Medan City, persons with disabilities still face challenges related to accessibility, discrimination, limited public services, weak family understanding, & insufficient disability-specific programs. Inclusive public services and disability-sensitive local policy must follow rapid urban development. Social protection should include assessment, guidance, social assistance, skills training, family support, service access, and employment opportunities. Based on this context, this study analyzes the social protection needs of persons with disabilities in Medan City. It develops three models to improve their independence: the client-system model, the target-system model, and the combined model involving persons with disabilities, social workers, and resource systems.

2 Conceptual Framework

This study uses a social protection perspective to examine how persons with disabilities in Medan City can achieve greater independence through coordinated support from families, communities, social workers, public institutions, and local government. Social protection for persons with disabilities should not be limited to short-term welfare assistance. It should operate as a rights-based system that expands access to public services, strengthens social participation, and reduces structural vulnerability, [1], [3], [14]. In this context, disability independence is not only determined by individual ability, but also by the extent to which social systems provide accessible services, inclusive opportunities, and institutional support, [2], [14]. The conceptual framework of this study is built on three main dimensions: social protection, disability independence, and stakeholder interaction. Social protection refers to public policies, institutional services, and community-based support that help persons with disabilities access health care, education, employment, social assistance, and community life, [1], [14], [15]. Disability independence refers to the ability of persons with disabilities to manage daily life, make decisions, participate in society, and access economic and social opportunities with adequate support, [7], [16], [17]. Stakeholder interaction refers to the relationship among persons with disabilities, families, communities, social workers, schools, health services, public agencies, and local government in creating an inclusive support system, [11], [18], [19]. Accessibility is situated as a central component of this frame. The disabled cannot achieve independence if public infrastructure, transportation systems, schools, health facilities, and also urban spaces remain inaccessible, [5], [9], [20]. Accessible urban planning can improve mobility, autonomy, and social participation, and inaccessible infrastructure can increase dependence and exclusion, [9], [10]. In this regard, this study views accessibility as a structural factor that directly influences the independence of people with disabilities in urban environments. This frame of reference also takes into account discrimination and policy barriers. Individuals with disabilities often face exclusion from education, employment, public services, and social interactions due to unfavorable social attitudes, poor institutional coordination, and a lack of disability-sensitive programs, [10], [11], [19]. Local government policies play a crucial role in making sure that the rights of people with disabilities are realized through accessible services, inclusion programs, and sustainable protection mechanisms, [19], [21]. With no powerful local policies, social protection tends to remain temporary and fragmented. Social workers act as key facilitators in this framework. In this role, they can assess the needs of people with disabilities, link them to available services, support families, and

facilitate partnerships between government agencies, the community, schools, health services, and employment agencies, [11], [12], [15]. can also help change social protection from temporary assistance to well-structured intervention through case assessment, planning, intervention, evaluation, and continued support, [12]. This role is important because many people with disabilities and their families do not have sufficient information, access, or confidence to use available services. Family and community support are also important for improving disability independence. Families can provide emotional support, daily assistance, and early encouragement for education and social participation, [8], [17]. Communities can support inclusion by reducing stigma, opening social networks, and connecting persons with disabilities to social and economic opportunities, [7], [18]. When family and community support are weak, persons with disabilities may become more isolated and dependent on temporary government assistance. Based on this framework, this study proposes three social protection models. The first is the client-system model, which focuses on direct assistance to persons with disabilities who understand their needs but still require support to access available resources. The second is the target-system model, which focuses on families, communities, institutions, and public service providers that influence disability independence. The third is the combined model, which integrates persons with disabilities, social workers, and resource systems into one collaborative mechanism, [6], [12], [21]. These three models are designed to address the main barriers found in Medan City, including limited accessibility, discrimination, weak public service coordination, low family understanding, and the lack of sustainable disability-specific programs. Through this framework, social protection is expected to connect individual needs with family support, community participation, institutional services, accessible environments, and inclusive local policy.

3 Research Method

This study used a qualitative descriptive design to examine social protection strategies for improving independence of persons with disabilities in Medan City. Qualitative descriptive design was appropriate because the study aimed to describe the experiences, needs, barriers, and support systems of persons with disabilities in their real social context, [22]. This approach allowed the researchers to explain how family support, community interaction, accessibility, public services, & local government programs influence disability independence. The research was conducted in Medan City, North Sumatra, Indonesia. The site was selected because Medan is a major urban area that still faces challenges related to disability accessibility, public service responsiveness, and social protection coordination. The informants were selected through purposive sampling. This technique was used to identify participants who had direct knowledge and experience related to disability conditions, social welfare services, family support, community support, and public programs, [23]. The informants included persons with disabilities, family members, community representatives, teachers, social welfare actors, government representatives, and relevant institutional stakeholders. Primary data were collected through observation, semi-structured in-depth interviews, and Focus Group Discussions. Semi-structured interviews were used to obtain detailed information while still allowing participants to explain their experiences freely, [24]. Focus Group Discussions were used to compare stakeholder perspectives and identify shared problems related to accessibility, discrimination, public services, social support, and disability independence, [25]. Observation was used to understand the real condition of public facilities, social interaction, and service access for persons with disabilities. The data were analyzed using thematic analysis. The analysis process began with reading interview notes, observation notes, and Focus Group Discussion results. The researchers then identified meaningful statements, developed initial codes, grouped similar codes into themes, reviewed the themes, and interpreted the relationship among themes, [26]. The main themes included accessibility barriers, family support, discrimination, institutional limitations, social worker roles, public service access, and disability independence. To strengthen research trustworthiness, this study used data triangulation, source triangulation, and member checking. Data triangulation was carried out by comparing findings from interviews, Focus Group Discussions, observation, and supporting documents, [27]. Source triangulation was conducted by comparing information from persons with disabilities, families, community actors, teachers, social welfare actors, and government representatives. Member checking was used to confirm whether the interpretation of key findings reflected the participants' experiences. Credibility, transferability, dependability, and confirmability were used as quality criteria to strengthen the validity of the qualitative findings,

[28], [29]. The field verification process was conducted by revisiting the research location, reviewing field notes, and comparing the findings with observed disability conditions in Medan City. This process helped the researchers formulate three social protection models: the client-system model, the target-system model, and the combined model involving persons with disabilities, social workers, and resource systems. These models were developed from the interaction between empirical findings and the conceptual framework of disability-inclusive social protection.

4 Results and Discussion

Based on interviews, observations, and FGDs conducted by researchers and supported by Theory and prior research, researchers propose several models to support social protection for people with disabilities, enabling independence and preventing marginalization. As for the offered models that can be applied in Medan City based on the complexity of the existing disability community, the researchers offer three models: 1) Client System Social Protection Model, 2) Target System Social Protection Model, and 3) Combined Social Protection Model of Disability, Social Worker, and Target Source.

4.1 Persons with Disabilities in Medan City

Based on data obtained from various agencies during fieldwork in 2022, the city of Medan recorded 837 individuals with various types of disabilities. This highlights disability as a significant urban social issue, necessitating more systematic social protection, accessible public facilities, and inclusive local policies. Unfortunately, data collection on persons with disabilities remains fragmented, as different agencies often employ varying administrative categories and standards; this hinders the design of well-targeted social protection programs. Therefore, accurate and reliable data on persons with disabilities is crucial for identifying service gaps, planning interventions, and strengthening support for persons with disabilities in urban areas, particularly in Medan. [15], [19], [30].

4.2 Blind Disability

Visual impairment is one of the forms of disability present in the city of Medan. This condition ranges from partial vision loss to total blindness, affecting an individual's daily activities, communication, social interactions, and independence. Individuals with visual impairments face obstacles stemming not only from the impairment itself but also from physical and social environments that fail to provide adequate accessibility, safety, and support for people with disabilities, [31], [32]. Field findings indicate that visually impaired individuals in Medan require encouragement in the form of social support and accessible public services. During social interactions, researchers observed that many participants strove to portray their daily lives as ordinary and independent. Unfortunately, beneath this adaptive behavior, they continue to face difficulties regarding mobility, access to public facilities, social participation, and self-confidence when venturing into public spaces. This aligns with previous research showing that visual impairment can diminish quality of life when employment opportunities, social inclusion, social connectedness, and support systems remain limited, [33]. Ease of access is a primary issue for the visually impaired; it is recommended that public transportation, pedestrian walkways, information signage, public buildings, and service counters be designed to facilitate independent mobility. Studies on public transport access for the visually impaired indicate that poor information provision, inconsistent vehicle design, unsupportive behavior by drivers or staff, technological barriers, and inaccessible public spaces can limit travel independence, [31], [34]. These barriers are relevant to the context of Medan, where disability-friendly infrastructure and inclusive public services are notably lacking. The lived experiences of visually impaired individuals in Medan also highlight the importance of social protection that goes beyond mere physical assistance; they require family support, mobility training, accessible information, assistive devices, inclusive public facilities, and supportive community interactions. Mobility independence among visually impaired adults is influenced by personal factors, mobility aids, perceptions of safety, access to local facilities, the availability of public transportation, and the quality of the urban environment, [32]. Consequently, social protection for the visually impaired must encompass both direct support for individuals and broader environmental improvements. Research findings indicate that visually impaired individuals in Medan require social protection strategies that integrate individual needs with family support, community participation, public services, and accessible urban infrastructure. Furthermore, social workers play a crucial role in identifying the needs of the visually impaired, raising family awareness, connecting individuals with relevant services, and advocating for improvements to public facilities that

lack accessibility. These various forms of support significantly enable visually impaired individuals to participate more actively in education, employment, social activities, and community life.

4.3 Deafblind Disability

Deaf and hard-of-hearing individuals in Medan currently face numerous obstacles regarding communication, access to public services, education, employment opportunities, and social participation. However, findings indicate that the Deaf community maintains active internal networks, including informal gatherings and WhatsApp-based communication groups. Such activities help Deaf individuals sustain social connections and share information. Unfortunately, these positive interactions have limitations; not all Deaf individuals are connected to these groups, and the information shared largely concerns personal matters and community events rather than disability rights, public policy, local development, or access to government programs. The author observed various community activities involving Deaf people in Medan, such as social gatherings, sign language workshops, cultural activities, and public events, demonstrating that the Deaf community possesses significant potential and is capable of active participation when supported by its environment. These observations also highlight the lack of government involvement. Deaf individuals often self-fund the events they organize, lacking adequate support from relevant stakeholders. While the disability community is clearly active, these activities have not yet been integrated into formal social protection systems, local policy mechanisms, or the public services provided by relevant stakeholders. Communication poses the primary challenge for people with disabilities. Public services, schools, healthcare facilities, and community organizations still lack sign language interpreters, let alone accessible communication systems. This is supported by previous studies indicating that deaf individuals frequently encounter interpreter-related barriers when accessing public and health services—such as the unavailability of interpreters, poor service coordination, and communication systems that fail to meet their needs, [35], [36]. Communication difficulties can erode trust, limit service utilization, and place deaf individuals in vulnerable positions during emergencies, [37]. The study's findings also indicate that deaf people in Medan continue to face discrimination, including in the education sector. Public schools and public service institutions do not always provide sign language support. Deaf students are often referred to special schools, even though in reality they may be capable of learning in inclusive schools with adequate communication support. Inclusive education for students who are deaf or hard of hearing is not simply a matter of placing them in the same classroom. Inclusive education for students who are deaf is certainly not easy, it requires accessible communication, interaction with peers, teacher readiness, and learning support that enables students who are deaf to participate, [38]. Employment is another challenge. Field informants explained that skill training programs organized by the local government have not sufficiently included deaf persons. This limits their access to work opportunities and economic independence. Studies on deaf and hard-of-hearing adults show that employment outcomes are affected by communication barriers, limited workplace accommodation, employer attitudes, and access to skills development, [39]. Therefore, employment support for people who are deaf must include easily accessible training, workplace accommodations, sign language-based information, and, not least, raising awareness among employers. Organizations for people who are deaf also play a vital role in connecting them with the broader community. Unfortunately, previous findings indicate that these organizations still require stronger support from social workers and local governments. Organizations for people with hearing impairments are expected to help identify community needs, support networks among people with hearing impairments, promote awareness of sign language, and convey disability-related concerns to government forums. Social workers are also expected to assist by connecting people with hearing impairments to schools, government agencies, health services, employment agencies, and local planning forums. Based on these findings, people with hearing impairments in Medan need a social protection strategy that prioritizes communication accessibility, community empowerment, inclusive education, job training, and official recognition in local development planning. Government agencies are expected to serve as a unifying force for the deaf community in processes that require a platform, such as public decision-making, and to ensure the availability of sign language interpreters in government offices, schools, health care facilities, and community programs. Without adequate access to communication and social protection, it will remain difficult for the deaf to benefit from these programs, even though they are officially available to them.

4.4 Intellectual Disability

An intellectual disability is a limitation in intellectual functioning and adaptive behavior that affects learning, communication, social interaction, daily living skills, and the ability to function independently. This condition should not be understood solely based on intelligence test scores. Adaptive functioning is crucial in describing how a person with an intellectual disability copes with the conceptual, social, and practical demands of daily life, [40], [41]. Therefore, support for persons with intellectual disabilities must consider education, family support, community interaction, life skills, and then long-term independence. The field findings show that families of children with intellectual disabilities in Medan City face serious barriers in accessing appropriate education. Several parents stated that special school fees were too expensive, especially for low-income households. This condition limits children's access to learning opportunities and reduces their chances of developing independence. Studies on families raising children with intellectual disabilities show that families often require continuous support because they face emotional, social, financial, and service-related challenges, [42], [43]. Connectivity between educational settings also remains limited. Children with intellectual disabilities require specialized learning support, while other children can benefit from inclusive schools if all elements—teachers, facilities, and teaching methods—are well prepared. Inclusive education for students with intellectual disabilities cannot rely solely on placing these students in general education schools. Such a policy requires the provision of individualized learning support, teacher readiness, classroom accommodations, acceptance by peers, and, equally important, collaboration between general education schools and special education services, [44]. Children with intellectual disabilities are at risk of being marginalized from both general and special education if they do not receive such support. The results of the researchers' interviews with education stakeholders in Medan indicate that the number of available spots in public special education programs remains low. In Medan, special education schools accept only a small number of applicants compared to the number of children in need of these services. It can be said that the public education system still lacks the capacity to adequately serve children with intellectual disabilities. Given the high cost of private special education schools, the fact that many children come from low-income families, and the inability of public schools to admit students with special needs, these children are at high risk of being excluded from formal education. This situation has long-term implications for the independence of people with disabilities. Education is crucial not only for academic learning but also for developing social and communication skills, building self-confidence, and preparing people with disabilities to enter the workforce. People with intellectual disabilities often face limited employment opportunities. This is because policies and service systems still focus on their limitations rather than on efforts to reduce barriers to employment for people with disabilities, [45]. Thus, education and skills development serve as an effective social protection strategy. These findings indicate that families' understanding of intellectual disabilities influences children's development. Families still have very limited understanding of learning needs, therapy, social interaction, and available services. Yet, support from those closest to them is the most crucial factor. Families serve as the closest support system for children with intellectual disabilities. This is not an easy task; it requires guidance, counseling, information on services, financial support, and coordination with schools and community organizations, [42], [43]. Based on the preceding statements, individuals with intellectual disabilities in Medan require a social protection model that connects families, schools, social workers, public services, and the community. Local governments are advised to expand the capacity of public special education programs, improve the readiness of inclusive schools, support low-income families, and provide long-term skills training. In addition, social workers can help identify family needs, connect children with educational services, guide parents, and provide accessible learning support. It is hoped that all of these recommendations will help prevent undesirable outcomes, such as exclusion in the field of education. At the same time, it is hoped that they will enhance the independence of people with intellectual disabilities.

4.5 Physical Disability

In the city of Medan, people with disabilities face physical limitations. An interview with a wheelchair user revealed that these physical limitations can restrict mobility, access to education, social interaction, and long-term independence, especially when family support, disability-friendly facilities, and inclusive public services are extremely limited.. The informant experienced overprotection from their family during childhood, as their parents feared stigma and bullying. Although the informant was capable of attending a mainstream school, they were

instead sent to a special school because their family doubted the readiness of mainstream schools to accommodate students with disabilities. These findings illustrate that many people with physical disabilities in Medan face limited access to inclusive schools, public buildings, transportation, and job preparation. People with disabilities become more vulnerable as adults when their parents pass away and their siblings have started their own families. Such issues illustrate that physical disability is not only related to physical impairments but also to inaccessible environments, weak social protection, limited skills training, and inadequate long-term support, [9], [10], [17]. It can therefore be concluded that people with physical disabilities require early intervention, family support, accessible public facilities, inclusive education, and sustainable social protection in order to improve their ability to live independently.

4.6 Independence for People with Disabilities

These findings indicate that people with disabilities in Medan still face stigma, limited accessibility, inadequate public services, and limited access to education and employment. These barriers can reduce social participation and increase dependence on family or temporary assistance. It requires intrinsic motivation, family support, social acceptance, disability-friendly infrastructure, inclusive education, employment opportunities, and responsive policies to enhance the independence of people with disabilities, [5], [10], [19], [30]. This has not yet been fully supported by the Medan city government in terms of programs that promote long-term independence. The needs of people with disabilities are highly diverse, ranging from skills training, social guidance, accessible services, and job preparation to community-based support, whereas government support is temporary and consists solely of material assistance. Therefore, Medan City needs a sustainable social protection strategy that connects persons with disabilities to families, social workers, public services, and employment opportunities, [7], [13], [15], [17].

4.7 Social Protection Model for Improving the Independence of Persons with Disabilities in Medan City

Medan City needs targeted social protection to improve the independence of persons with disabilities. Field findings show that disability issues are still affected by weak local policy, limited accessibility, low family understanding, and insufficient public service support. Some families lack information about the needs and rights of people with disabilities, which can limit their access to education, services, and social participation. Social workers are essential for bridging the gap between people with disabilities and their families, the community, public services, schools, health care facilities, and employment opportunities. Their roles include assessment, planning, intervention, evaluation, and ongoing support. Based on these needs, this study proposes three models: the client-system model, the target-system model, and the combined model involving persons with disabilities, social workers, and resource systems, [11], [12], [15].

4.7.1 Social Protection Model Client System

The client-system model focuses on persons with disabilities who need direct assistance from social workers. This model explains that social workers can help identify individuals' needs, build trust, assess problems, plan support, connect people with disabilities with appropriate services, and ultimately evaluate their progress. Some of these support processes include initial contact, assessment, planning, intervention, evaluation and closure. Through this, people with disabilities can better understand their potential, access available resources and develop independence with structured support, [11], [12], [15].

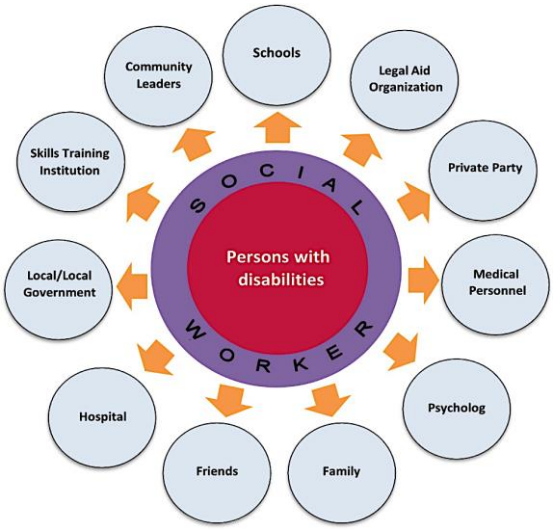

Fig. 1: Client System Social Protection Model
Source: Created by the authors

In Figure 1, the client-system model shows how social workers connect persons with disabilities to relevant resource systems. This model is suitable for persons with disabilities who already understand their needs but still face barriers in accessing services and support. Through this model, social

workers act as facilitators who help clients reach families, communities, public services, and other institutions that can support disability independence, [11], [12], [15].

4.7.2 Social Protection Model Targeted System

The target-system model focuses on resource systems that influence disability independence. These resources include informal support from family, friends and relatives; formal support from professionals such as teachers, doctors, psychologists and community leaders; and, finally, support from community resources such as schools, training institutions, hospitals, public services, transport, local government and the private sector. This model is necessary because some people with disabilities are unable to identify or access these resources independently. Social workers help connect them with the right support system so that social protection becomes more accessible and sustainable, [11], [12], [15].

The target system model focuses on individuals, groups, organisations and institutions that are capable of enhancing the independence of people with disabilities. Social workers identify suitable support systems, including family, friends, professionals, schools, health services, local authorities and private organisations. This model is also useful because some people with disabilities do not yet fully understand their needs or the resources available to them. Social workers help connect informal and formal support systems so that temporary assistance can become sustainable social protection. Through this model, disability inequality can be reduced, and social inclusion can be strengthened, [11], [12], [15]. As shown in Figure 2, the target-system social protection model connects persons with disabilities to informal, formal, and community-based resource systems.

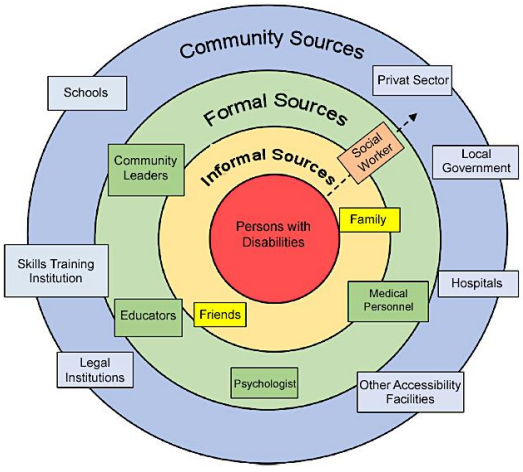

Fig. 2: Target System Social Protection Model
Source: Created by the authors

4.7.3 Combined Social Protection Model of Disability, Social Work, and Target System

As mentioned, disabled people require an advocate or liaison to exercise their rights and access vital resources that encourage independence. The third social protection paradigm integrates social workers, people with disabilities, and resources. In this context, social workers assist individuals with disabilities. They can also use the resource system and vice versa. The resource system can request social worker support for people with disabilities. In this paradigm, cooperation entails parties working together to help people with disabilities achieve independence.

This paradigm incorporates disabled persons, social professionals, and resources. The social worker might seek or assist with change planning. This comprehensive model is widely used in Medan City because it can be applied to both disabled people who understand resource system requirements and those who do not. The paradigm allows social workers to provide direct assistance or use informal, formal, and community-based sources for disabled people.As shown in Figure 3, the combined social protection model integrates persons with disabilities, social workers, and target resource systems into a collaborative support mechanism.

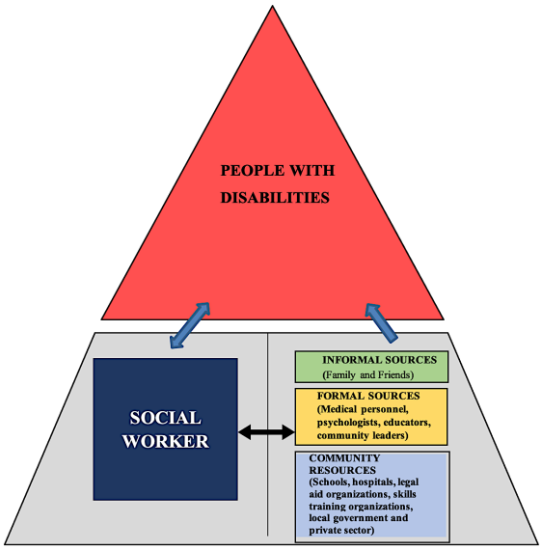

Fig. 3: Combined Social Protection Model of Disability, Social Worker, and Target System
Source: Created by the authors

5 Conclusions

In general, the programs implemented by the Medan City government remain neutral. It has not yet involved social workers to the fullest extent in handling disabilities in Medan City. Hence, specific

programs for persons with disabilities are still very minimal. The social protection programs provided remain temporary, in the form of physical support. It does not focus on social guidance, assistance, or sustainable training to enhance the skills of persons with disabilities. Some facilities provided by the Medan City Government for persons with disabilities do not function properly because the government does not socialize them with persons with disabilities and the community. The facilities have no regular maintenance. Thus, they have not been used appropriately. To date, the Medan City Government has not issued any special regulations for persons with disabilities. The appropriate social protection models for persons with disabilities are the client-system social protection model, the target-system social protection model, and the combined social protection model of disability, social worker, and target system.

References:

[1] C. Devandas Aguilar, "Social protection and persons with disabilities," *Int. Soc. Secur. Rev.*, vol. 70, no. 4, pp. 45–65, 2017, doi: 10.1111/issr.12152.

[2] B. F. Geiger, "Establishing a disability-inclusive agenda for sustainable development in 2015 and beyond," *Glob. Health Promot.*, vol. 22, no. 1, pp. 64–69, 2015, doi: 10.1177/1757975914535448.

[3] J. Cuesta *et al.*, "Urban social assistance: Evidence, challenges and the way forward, with application to Ghana," *Dev. Policy Rev.*, vol. 39, no. 3, pp. 360–380, 2021, doi: 10.1111/dpr.12513.

[4] S. Devereux and J. A. McGregor, "Transforming Social Protection: Human Wellbeing and Social Justice," *Eur. J. Dev. Res.*, vol. 26, no. 3, pp. 296–310, Jul. 2014, doi: 10.1057/ejdr.2014.4.

[5] N. Rebernik, M. Szajczyk, A. Bahillo, and B. Goličnik Marušić, "Measuring Disability Inclusion Performance in Cities Using Disability Inclusion Evaluation Tool (DIETool)," *Sustainability*, vol. 12, no. 4, p. 1378, Feb. 2020, doi: 10.3390/su12041378.

[6] T. Tom, "Accessibility, security, and associated policy issues for people with disabilities in Zimbabwe's urban areas," *J. Urban Aff.*, vol. 48, no. 1, pp. 60–73, Jan. 2026, doi: 10.1080/07352166.2024.2379890.

[7] S. Chen *et al.*, "Disability-inclusive graduation programme intervention on social participation among ultra-poor people with disability in North Uganda: a cluster randomized trial," *BMC Med.*, vol. 23, no. 1, 2025, doi: 10.1186/s12916-025-04100-3.

[8] P. Bailo, M. Cennamo, A. M. Caraffa, F. Gibelli, G. Pesel, and G. Ricci, "Life and health rights for italy's disabled without caregivers," *Clin. Ter.*, vol. 176, no. 1, pp. 67–74, 2025, doi: 10.7417/CT.2025.5167.

[9] J. Yang and M. Chen, "Assessing the impact of urban amenities on people with disabilities in London: A multiscale geographically weighted regression analysis," *Habitat Int.*, vol. 161, 2025, doi: 10.1016/j.habitatint.2025.103426.

[10] T. Tom, "Accessibility, security, and associated policy issues for people with disabilities in Zimbabwe's urban areas," *J. Urban Aff.*, vol. 48, no. 1, pp. 60–73, 2026, doi: 10.1080/07352166.2024.2379890.

[11] S. A. M. Ali *et al.*, "Challenges Faced by the Department of Social Welfare in Empowering People with Disabilities (PWD): A Qualitative Study," *Malaysian J. Consum. Fam. Econ.*, vol. 32, pp. 226–259, 2024, doi: 10.60016/majcafe.v32.09.

[12] A. Uzsayilir and T. Baycan, "A socially innovative service model in Istanbul," *Int. Soc. Work*, vol. 65, no. 5, pp. 1020–1033, 2022, doi: 10.1177/0020872820972466.

[13] G. Mikołajczyk-Lerman and M. Potoczna, "Enhancing Autonomy through the Occupational Engagement of Adults with Intellectual Disabilities: Supported Employment Model Applied by the Polish Association for Persons with Intellectual Disabilities (Branch in Zgierz)," *Prz. Socjol. Jakosciowej*, vol. 15, no. 4, pp. 184–203, 2019, doi: 10.18778/1733-8069.15.4.09.

[14] S. Devereux and J. Cuesta, "Urban-Sensitive Social Protection: How Universalized Social Protection Can Reduce Urban Vulnerabilities Post COVID-19," *Prog. Dev. Stud.*, vol. 21, no. 4, pp. 340–360, 2021, doi: 10.1177/14649934211020858.

[15] P. Sukowati, S. Sukardi, V. Nelwan, and D. Nashihah, "Disability to Improve the Quality and Effectiveness of Its Roles and Functions: Formidable Policy Challenges," *WSEAS Trans. Syst.*, vol. 22, pp. 711–726, 2023, doi: 10.37394/23202.2023.22.72.

[16] G. Mikołajczyk-Lerman and M. Potoczna, "Enhancing Autonomy through the Occupational Engagement of Adults with Intellectual Disabilities: Supported Employment Model Applied by the Polish

Association for Persons with Intellectual Disabilities (Branch in Zgierz)," *Przegląd Socjol. Jakościowej*, vol. 15, no. 4, pp. 184–203, Nov. 2019, doi: 10.18778/1733-8069.15.4.09.

[17] A. Rinaldi, R. Mendra, M. T. Ihsan, N. S. Harahap, D. D. Afifah, and H. S. Arum, "Enhancing micro, small, and medium enterprises (MSMEs) in Riau Province through the inclusion of disabled workers: A pathway to realizing disability rights," *Multidiscip. Sci. J.*, vol. 8, no. 4, 2026, doi: 10.31893/multiscience.2026224.

[18] S. Sarwoprasodjo, A. V. S. Hubeis, and D. R. Hapsari, "Communication Of Empowerment 'Sharing' Disability Indonesian Disability Women's Association (Hwdi) West Java In Improving Self-Development," *Rev. Gest. Soc. e Ambient.*, vol. 18, no. 7, 2024, doi: 10.24857/rgsa.v18n7-099.

[19] M. L. Hakim and I. D. Qurbani, "Local Government Policy in the Fulfillment and Protection of the Rights of Persons with Disabilities," *Hum. Rights Glob. South*, vol. 4, no. 2, pp. 165–194, 2025, doi: 10.56784/hrgs.v4i2.104.

[20] D. Gebremariam, A. Gebrehiwet, B. Grum, B. A. Asfha, and B. A. Abebe, "Disability and urban mobility: towards inclusive transport in Mekelle," *Case Stud. Transp. Policy*, vol. 25, 2026, doi: 10.1016/j.cstp.2026.101844.

[21] J. Widijantoro, H. W. Antoro, and D. K. Hardjanti, "Policy Development in Inclusion Villages towards the Fulfillment of the Rights of Persons with Disabilities," *J. Southeast Asian Hum. Rights*, vol. 5, no. 1, pp. 44–62, 2021, doi: 10.19184/jseahr.v5i1.18076.

[22] M. Sandelowski, "Whatever happened to qualitative description?," *Res. Nurs. Health*, vol. 23, no. 4, pp. 334–340, Aug. 2000, doi: 10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G.

[23] L. A. Palinkas, S. M. Horwitz, C. A. Green, J. P. Wisdom, N. Duan, and K. Hoagwood, "Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research," *Adm. Policy Ment. Heal. Ment. Heal. Serv. Res.*, vol. 42, no. 5, pp. 533–544, Sep. 2015, doi: 10.1007/s10488-013-0528-y.

[24] H. Kallio, A. Pietilä, M. Johnson, and M. Kangasniemi, "Systematic methodological review: developing a framework for a qualitative semi- structured interview guide," *J. Adv. Nurs.*, vol. 72, no. 12, pp. 2954–2965, Dec. 2016, doi: 10.1111/jan.13031.

[25] T. O.Nyumba, K. Wilson, C. J. Derrick, and N. Mukherjee, "The use of focus group discussion methodology: Insights from two decades of application in conservation," *Methods Ecol. Evol.*, vol. 9, no. 1, pp. 20–32, Jan. 2018, doi: 10.1111/2041-210X.12860.

[26] V. Braun and V. Clarke, "Using thematic analysis in psychology," *Qual. Res. Psychol.*, vol. 3, no. 2, pp. 77–101, 2006, doi: 10.1191/1478088706qp063oa.

[27] N. Carter, D. Bryant-Lukosius, A. DiCenso, J. Blythe, and A. J. Neville, "The Use of Triangulation in Qualitative Research," *Oncol. Nurs. Forum*, vol. 41, no. 5, pp. 545–547, Sep. 2014, doi: 10.1188/14.ONF.545-547.

[28] I. Korstjens and A. Moser, "Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing," *Eur. J. Gen. Pract.*, vol. 24, no. 1, pp. 120–124, Jan. 2018, doi: 10.1080/13814788.2017.1375092.

[29] A. Moser and I. Korstjens, "Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis," *Eur. J. Gen. Pract.*, vol. 24, no. 1, pp. 9–18, Jan. 2018, doi: 10.1080/13814788.2017.1375091.

[30] A. Abdillah, I. Widianingsih, R. A. Buchari, and H. Nurasa, "Inclusive resilience in Indonesia: case of disability anticipation within inclusive development," *Discov. Soc. Sci. Heal.*, vol. 5, no. 1, 2025, doi: 10.1007/s44155-025-00190-9.

[31] S. B. Boadi-Kusi, R. O. Amoako-Sakyi, C. H. Abraham, N. A. Addo, A. Aboagye-McCarthy, and B. O. Gyan, "Access to public transport to persons with visual disability: A scoping review," *Br. J. Vis. Impair.*, vol. 42, no. 1, pp. 71–85, Jan. 2024, doi: 10.1177/02646196231167072.

[32] C. Pigeon, N. Baltenneck, M. Evennou, G. Uzan, and A. R. Galiano, "Mobility in adults with visual impairment: Results from an online survey," *Transp. Res. Part F Traffic Psychol. Behav.*, vol. 116, p. 103429, Jan. 2026, doi: 10.1016/j.trf.2025.103429.

[33] J. Park and S. Chowdhury, "Investigating the barriers in a typical journey by public transport users with disabilities," *J. Transp. Heal.*, vol. 10, pp. 361–368, Sep. 2018, doi:

10.1016/j.jth.2018.05.008.

[34] T. Bonsaksen, A. Brunes, and T. Heir, "Quality of life in people with visual impairment compared with the general population," *J. Public Health (Bangkok).*, vol. 33, no. 1, pp. 23–31, Jan. 2025, doi: 10.1007/s10389-023-01995-1.

[35] E. Schniedewind, R. Lindsay, and S. Snow, "Ask and ye shall not receive: Interpreter-related access barriers reported by Deaf users of American sign language," *Disabil. Health J.*, vol. 13, no. 4, p. 100932, Oct. 2020, doi: 10.1016/j.dhjo.2020.100932.

[36] A. Kuenburg, P. Fellinger, and J. Fellinger, "Health Care Access Among Deaf People: Table 1.," *J. Deaf Stud. Deaf Educ.*, vol. 21, no. 1, pp. 1–10, Jan. 2016, doi: 10.1093/deafed/env042.

[37] T. G. James *et al.*, "'They're Not Willing To Accommodate Deaf patients': Communication Experiences of Deaf American Sign Language Users in the Emergency Department," *Qual. Health Res.*, vol. 32, no. 1, pp. 48–63, Jan. 2022, doi: 10.1177/10497323211046238.

[38] Y.-H. Xie, M. Potm il, and B. Peters, "Children Who Are Deaf or Hard of Hearing in Inclusive Educational Settings: A Literature Review on Interactions With Peers," *J. Deaf Stud. Deaf Educ.*, vol. 19, no. 4, pp. 423–437, Oct. 2014, doi: 10.1093/deafed/enu017.

[39] J. Dammeyer, K. Crowe, M. Marschark, and M. Rosica, "Work and Employment Characteristics of Deaf and Hard-of-Hearing Adults," *J. Deaf Stud. Deaf Educ.*, vol. 24, no. 4, pp. 386–395, Oct. 2019, doi: 10.1093/deafed/enz018.

[40] N. Patel, A. Kumar, and N. Gupta, "Real-time harmonic filtering in grid interfaced photovoltaic system based on adaptive NLMLS," in *9th IEEE International Conference on Power Electronics, Drives and Energy Systems, PEDES 2020*, Institute of Electrical and Electronics Engineers Inc., 2020. doi: 10.1109/PEDES49360.2020.9379484.

[41] L. J. Mattie, S. J. Loveall, M. M. Channell, and D. B. Rodgers, "Perspectives on adaptive functioning and intellectual functioning measures for intellectual disabilities behavioral research," *Front. Psychol.*, vol. 14, Mar. 2023, doi: 10.3389/fpsyg.2023.1084576.

[42] M. J. Modula, "The support needs of families raising children with intellectual disability," *African J. Disabil.*, vol. 11, Jun. 2022, doi: 10.4102/ajod.v11i0.952.

[43] C. E. Lee, M. Hagiwara, M. M. Burke, and C. K. Arnold, "Family Support and Disability Policies: Perspectives of Siblings of People With Intellectual and Developmental Disabilities," *J. Disabil. Policy Stud.*, vol. 36, no. 3, pp. 135–143, Dec. 2025, doi: 10.1177/10442073241289088.

[44] G. Hornby and J. M. Kauffman, "Inclusive Education, Intellectual Disabilities and the Demise of Full Inclusion," *J. Intell.*, vol. 12, no. 2, p. 20, Feb. 2024, doi: 10.3390/jintelligence12020020.

[45] T. A. Olsen, "This Word is (Not?) Very Exciting: Considering Intersectionality in Indigenous Studies," *NORA - Nord. J. Fem. Gend. Res.*, vol. 26, no. 3, pp. 182–196, 2018, doi: 10.1080/08038740.2018.1493534.

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

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

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

No funding was received for conducting this study.

Conflict of Interest

The authors have no conflicts of interest to declare that are relevant to the content of this article.