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Stages of Community-Based Social Rehabilitation Services for Children with Disabilities in Cibiru Wetan Village Bandung

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ABSTRACT

Community social workers have an important role in providing social rehabilitation services in the community, especially for children with disabilities. Community social workers work with the community, mobilizing and sensitizing the community to jointly take action in dealing with the problems of children with disabilities. Thus, this article aims to provide knowledge and understanding of the stages of activities carried out by community social workers in community-based social rehabilitation services for children with disabilities in Cibiru Wetan village, Bandung. This article was prepared and analyzed using a qualitative approach supported by data collection techniques in the form of interviews, observation and documentation. From the results of the study, it is clear that there are fourteen stages carried out by social workers in providing community-based social rehabilitation services for children with disabilities in Cibiru Wetan village, Bandung. This activity begins with increasing the role and support of the community and ends with the stage of making a report.

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INTRODUCTION

Children are a gift and a trust from the Almighty God, in whom there is a dignity and dignity that deserves to be upheld as a complete human being. From birth, children have the right to receive the care and protection necessary for their welfare. This is in accordance with the Convention on the Rights of the Child or the 1989 Convention on the Rights of the Child which has been ratified by the Government of the Republic of Indonesia through Decree of the President of the Republic of Indonesia Number 36 of 1990 (**Lestari, 2017**). This is also stated in Republic of Indonesia Law Number 4 of 1979 concerning Child Welfare and Republic of Indonesia Law Number 23 of 2002 which explains the principles of child protection in the Convention on the Rights of the Child which include: 1. non-discrimination; 2. the best

interests of the child; 3. the right to life, survival and development; 4. respect for children's opinions. Children need protection, care and guidance in order to fulfill their rights to life, growth and development and participate optimally in accordance with human dignity and dignity in order to create Indonesian children who have quality, noble character and prosperity (**Fitri, Riana, & Fedryansyah, 2015**).

Based on all this, it is clear that all children, including Children with Disabilities (can be abbreviated as APD), have the same right to have all their life needs met, receive proper love, and protection from things that threaten the fulfillment of their rights. This is also stated in Law of the Republic of Indonesia number 8 of 2016 concerning Persons with Disabilities, which states that the state guarantees the survival of every citizen, including persons with disabilities, who have legal status and have the same human rights as Indonesian citizens in order to realize equal rights. and opportunities for people with disabilities to live a life that is prosperous, independent and without discrimination (**Afifah & Hadi, 2018**).

Children with Disabilities (APD) are still faced with various problems. Globally, around 15 percent of the world's population are people with disabilities – more than one billion people. They are considered the largest minority group in the world. In Indonesia, based on the 2018 National Riskesdas Report, as many as 3.3 percent of Indonesian children aged 5 to 17 years are disabled. If we look at the area of residence, children with disabilities who live in urban areas are 3.6 percent of the total population of children in urban areas. This condition is higher than the condition of children with disabilities in rural areas. When viewed based on gender, 3.4 percent more boys are children with disabilities compared to girls. Meanwhile, looking at age groups, disability conditions most often occur in children aged 15 to 17 years, namely 4.2 percent of the total population of children aged between 15-17 years (**Mauludi & Pawestri, 2022**). This issue is important considering that people with disabilities are often excluded from education, vocational training and employment opportunities. People with disabilities are more vulnerable to poverty in every country, whether measured by traditional economic indicators such as GDP or, more broadly, in non-monetary financial aspects such as living standards, for example education, health and living conditions (**Widhawati, Santoso, & Apsari, 2019**).

In the context of children with disabilities, the problem begins with the child having to accept and adapt to the condition of his or her disability, then the child also has to deal with the impartial reactions of the surrounding environment. Problems resulting from disabilities experienced by children become serious problems, especially if social support from the family and environment does not receive PPE. Social support is an important component for humans, related to the nature of humans as social creatures who always need other people. The problem faced by APD is that social support is still low, especially due to the low understanding, knowledge, skills and concern of APD families (**Dayanti & Pribadi, 2022**). Furthermore, children who are born with disabilities are highly vulnerable and are at risk of living under poverty compared to children who are born without disabilities. Children living in poverty have difficulty accessing adequate education and health. However, these difficulties will increase for children who live in poverty and also have disabilities which make it less likely for them to go to school or go to other public facilities. This is in line with the UNDP report which states that more than 90 percent of children with disabilities in developing countries do not go to school (UNESCO) while only 1 percent of women with disabilities can read (**Ningsih, 2014**).

Therefore, in an effort to fulfill the rights of PPE, namely survival, growth and development, participation and protection as well as to improve its function, the role of the

family, community and government is needed. APD is part of society, where APD lives is in the community environment, so that its growth and development should be in the care of the family and the social rehabilitation obtained is community-based, rather than being compartmentalized and isolated in special institutions. APD requires social support, namely the provision of services in the form of community-based social rehabilitation. Community-based PPE social rehabilitation is designed from, by and for the community by utilizing the potential and resources available in the community.

Service delivery relies on the role and empowerment of the community, community leaders, social organizations, NGOs, organizations of people with disabilities, to help APD achieve the fulfillment of their needs and rights (**Hamid, 2018**). Community-based rehabilitation (RBM) programs are efforts that can be made to ensure that people with disabilities have equal access to services and opportunities related to health, education and livelihood. Providing community-based PPE social rehabilitation services requires the role of Community Social Workers (can be abbreviated as PSM) in it. PSM has responsibility for social rehabilitation services for people with disabilities. Rehabilitation services provided for children with disabilities have the aim of realizing the social function of APD. Social functioning refers to the way individuals or groups carry out life tasks and fulfill their needs (**Kamila, 2010**).

Community social workers have an important role in APD social rehabilitation services. Community social workers carry out the multi-roles needed in APD social rehabilitation. Community social workers work with the community, mobilizing and sensitizing the community to jointly take action in dealing with PPE problems. With public awareness of PPE problems and their participation in overcoming PPE problems, a situation will be created that is conducive for PPE to live a decent life and in time will be able to participate in development in their community (**Muktiwibowo & Prayogi, 2022**). Therefore, knowledge and understanding of the stages of activities carried out by community social workers in community-based APD social rehabilitation services.

In general, this research aims to provide an overview of the stages of activities carried out by community social workers in community-based social rehabilitation services for children with disabilities in Community-Based Rehabilitation (RBM) Cibiru Wetan Village. In particular, this study provides a specific description of the stages of activities carried out by community social workers (PSM) in concrete terms in the community. The results of this research can conceptually add contributions to science, especially to Social Welfare Science, especially regarding the stages of activities carried out by community social workers in social rehabilitation services for children with disabilities. Concretely, this research can help the public increase their understanding of the importance of the stages of activities carried out by community social workers in protecting the rights of children with disabilities (APD).

LITERATURE REVIEW

Social Rehabilitation of Children with Disabilities In the Big Indonesian Dictionary (KBBI) it is stated that rehabilitation is restoration to a previous (original) position, repair of disabled body parts and so on for individuals to become useful human beings and have a place in society (**Soetarso, 1997**). Rehabilitation is part of the social service function, namely in the form of a series of activities carried out to meet needs and restore the lives of individuals and communities socially and physically, such as building facilities and infrastructure. Law Number 11 of 2009 concerning Social Welfare in article 1 paragraph 8 states that social rehabilitation is a re-functionalization and development process to enable a person to be able

to carry out their social functions properly in community life. So, this means that social rehabilitation is intended to restore and develop the abilities of someone who experiences social dysfunction so that they can carry out their social functions properly (**Murni & Astuti, 2015**).

Social rehabilitation aimed at children with disabilities according to the Indonesian Ministry of Social Affairs (2015) is a process of providing services, protection, restoration and maintenance of the level of social welfare for children with disabilities so as to enable children with disabilities to obtain their basic rights, namely survival, growth and development, protection, and participation. Meanwhile, what is meant by community-based social rehabilitation is that a service delivery system relies on the role and empowerment of the community, community leaders, social organizations, NGOs, organizations of people with disabilities to help children with disabilities achieve the fulfillment of their needs and rights. Community-based social rehabilitation of children with disabilities is designed 'from, by and for' the community by utilizing the potential and resources available in the community. The stages of community-based social rehabilitation of children with disabilities are: social preparation for community awareness, formation of community work teams, strengthening community work teams, social mapping, follow-up assessments, preparation of plans, implementation of social rehabilitation activities for children with disabilities in the community, monitoring and evaluation (moneva), reporting and referrals. (**Ministry of Social Affairs of the Republic of Indonesia, 2015**).

RESEARCH METHOD

The research method used by the author to research this problem is the qualitative research method. Qualitative research is research that uses a natural background, with the aim of interpreting phenomena that occur and is carried out by involving various existing methods (**Moleong, 2004**). The qualitative research method was chosen with the aim of knowing or describing the reality of the events studied (**Septiani & Prayogi, 2024**), namely regarding the stages carried out by community social workers in community-based social rehabilitation services for children with disabilities. The data in this research was collected using observation and interview methods. Meanwhile, for research techniques, case study techniques are used, where this research uses community social workers who are directly involved in the social rehabilitation of children with disabilities and uses them as a source for searching and collecting information (informants) regarding the stages carried out by social workers in the social rehabilitation of children with disabilities based on public.

Informants are part of research whose objects are in the form of people or parties who can assist in collecting data and various kinds of information. Informants are people who are interviewed, asked for information by the interviewer. Informants are people who are thought to master and understand data, information or facts from a research object (**Apdilah & Prayogi, 2024**). Informants in this research were taken purposively, that is, they were chosen with certain considerations and objectives. These particular considerations are, for example, the person who is considered to know best about what we expect so that it will make it easier for the researcher to explore the object/social situation being studied (**Supardan, 2009**). The selected informants were people who were involved or had knowledge about community-based social rehabilitation of children with disabilities at Community-Based Rehabilitation (abbreviated as RBM) located in Cibiru Wetan Village, Cileunyi District, Bandung Regency.

The use of informants for researchers is so that in a relatively short time they can obtain the information they need. The informants selected were people who were involved or had knowledge about community-based social rehabilitation of children with disabilities at Cibiru Wetan Community-Based Rehabilitation (RBM). The informants in this study were divided into four informants. One person is a PSM from Cibiru Wetan Village who serves as Treasurer at RBM, one RBM cadre from the community, and two people who are family or parents of APD.

The data obtained is then processed qualitatively, namely research that interprets the data narratively into logical sentences based on the data obtained and the conditions found by organizing the data into categories, describing it into units, carrying out synthesis, choosing what is important. and what will be studied, and draw conclusions so that they are understood by themselves and others. Information obtained at the data collection stage will be processed and analyzed using stages referring to the interactive model of Miles and Huberman (1992), namely data reduction, data display, and conclusive drawing/verification.

RESULT AND DISCUSSION

Overview of RBM Cibiru Wetan Bandung

Community Based Rehabilitation (RBM) in this village was initiated in 2008 and was only inaugurated in December 2013. The chairman is Mrs. Fitri Dewi. Even though it has not yet been inaugurated, during the 2008-2013 period, RBM still existed and was active in rehabilitation activities. The RBM management consists of 7 people with members consisting of all members of I-PSM, IK-AdK, and KT, a total of 147 people. RBM collaborates with all stakeholders who are concerned with social rehabilitation issues.

Cibiru Wetan Village has an RBM that focuses on handling people with social welfare problems (PMKS), especially people with disabilities. Programs and activities related to people with disabilities include routine monthly therapy, election outreach to people with disabilities, dental check-ups, and so on.

Cibiru Wetan Community Based Rehabilitation has the following motto, vision and mission:

Motto

Make a Resilient Community, Make Yourself a Reality and Make Your Family Self-Reliant. (Creating a Resilient Society, Striving to Realize Family Independence)

Vision

Fulfillment of PMKS basic rights in Cibiru Wetan in particular and the Cileunyi area in general.

Mission

1. Provide opportunities for PMKS to work according to their abilities (equal opportunities in activities in the community).
2. Make PMKS and the community independent in minimizing social problems.
3. Improve public stigma regarding PMKS.
4. Increase community participation in handling social problems.
5. Facilitate accessibility for PMKS to obtain services to fulfill their basic rights.
6. Empowerment of PMKS families.
7. Volunteer in PMKS independence efforts.

Form of RBM Cibiru Wetan Social Rehabilitation Service:

1. Inventory of PMKS data in the Cileunyi area (Cibiru Wetan community or those who live in the Cileunyi area)
2. Services, which consist of: a. Periodic data collection b. PMKS assessment and its needs c. Priority handling of PMKS d. Reporting and referral e. PMKS services and parenting skills development for PMKS families to restore social functioning for PMKS independence f. PMKS family empowerment g. Socialization to increase community participation in PMKS services and handling.

Facilities and infrastructure

1. One building unit. The building is used for various RBM activities such as: a) Routine therapy b) Meetings with RBM members and the community c) Skills training for PPE and their families and the community d) Storing therapy equipment and children's play equipment
2. One yard. The RBM building yard is used to carry out joint business, namely in the form of hydroponic plants, the results of which can be obtained once every 3-4 weeks to finance activities at RBM.

Stages of Community Based Social Rehabilitation Service Activities

1. Increasing Community Role and Support

   This activity was carried out by gathering residents to discuss the role and responsibility of the community in the protection and social rehabilitation of PPE. The aim of this activity is to increase public awareness and concern for PPE problems in their area. Community meetings are usually held by RBM every two or three times a year. Community meetings are carried out by RBM to increase public awareness about what is meant by neglect or similar. This is so that people don't do things like that. In this activity, residents were also invited and asked for their income regarding the future of social rehabilitation activities at RBM Cibiru Wetan.
2. Formation of a Work Team

   The purpose of forming a work team is so that there is a party responsible for social rehabilitation activities for APD. The formation of the work team is also to facilitate the running of APD social rehabilitation service activities at RBM. According to Mrs. FD, social protection and rehabilitation activities in Cibiru Wetan Village were completely taken over by RBM Cibiru Wetan. APD social rehabilitation activities were carried out by RBM Cibiru Wetan together with cadres from the community, such as from TAGANA, Karang Taruna, and also PKK. Apart from that, it is also assisted by preschool teachers and others. Meanwhile, those from the business world came from the owner of the Al Ikhlas Cibiru Wetan Cooperative who is also a member of RBM.
3. Strengthening Work Teams

   Strengthening the work team was carried out by RBM Cibiru Wetan with the aim of increasing the capacity of the RBM work team. The knowledge gained by the RBM work team is regarding children with disabilities, the rights of children with disabilities, social protection and rehabilitation for children with disabilities, early detection of disabilities in children, services for children with disabilities, accessibility and the RBM work network. In strengthening the work team, RBM collaborates with Sakti Peksos to provide knowledge input regarding things that are needed and must be done by the RBM work team. Apart from that, we also collaborate with the Rinjani Foundation, Budha Tzu Chi and IKADK Bandung, namely to strengthen matters related to therapy for children with disabilities,

places that are references or access to health for children with disabilities, and also regarding various tests that are carried out. must be carried out by children with disabilities as an early detection of disabilities, as well as tests that are necessary for disabled children to be able to receive education.

4. PPE Mapping

   Mapping children with disabilities is an activity carried out by RBM to record children with disabilities by name, by address, the condition of their disability, the condition of their families, their problems, and the potential that can be used in their area. Through this mapping, the RBM work team has a database of the number, type of disability, and distribution of PPE in their area. Data collection on PPE in Cibiru Wetan Village is carried out twice a year to obtain the latest data regarding PPE. So you can know which ones are still in the child category, and which ones are already in the ODK category. However, at RBM Cibiru Wetan, people with disabilities, whether children or adults, still receive services that suit their needs.The latest data currently held by RBM Cibiru Wetan is that there are 57 children with disabilities. Based on data that was also provided to researchers, there were 70 people recorded in Cibiru Wetan Village as people with disabilities, consisting of 32 women and 38 men ranging in age from 3 years to 22 years. This means that there are 23 people with disabilities who are not categorized as children in Cibiru Wetan Village. Table data for persons with disabilities cannot be displayed to maintain the confidentiality of the person concerned.

5. Continued Assessment

   A follow-up assessment is a follow-up assessment to determine the condition and needs of each child, the family's capacity, and the potential that exists in the community that can be utilized. The assessment was carried out after collecting data on children with disabilities in Cibiru Wetan Village. Follow-up assessments are carried out by the RBM Cibiru Wetan work team at the same time as routine therapy activities on the 4th Sunday of every month. By carrying out continuous follow-up assessments, namely once a month, the needs of children with disabilities and their families can be better understood.

6. Prepare an activity plan

   Activity plans are made based on follow-up assessments carried out by RBM. By using data obtained through follow-up assessments, it can be made according to the needs of children with disabilities and their families. Activities are obtained through deliberation with APD parents regarding activities that will be carried out based on follow-up assessments and in addition to that, there is already an RBM work program. From the follow-up assessment, it was found that the problems faced by parents of children with disabilities, namely economic weakness, and the problems at RBM were not much different. So, so that social rehabilitation activities at RBM can continue and parents of children with disabilities can still have an income, farming activities, making crafts, and also making snacks are carried out, the results of which are used to carry out RBM activities and some are also given to APD parents as income.

7. Community Based PPE Social Rehabilitation Activities

   a. Advocacy

      Advocacy is an effort to assist and defend so that Children with Disabilities (APD) gain rights in their families and communities. Types of advocacy activities that can be carried out include: identity of PPE (birth certificate), protection of PPE so that it does not experience stigma and discrimination, and protection from abuse, violence, neglect and exploitation. Birth certificates and other identity cards such as KTP, KIA, and

Family Card are activities to protect children's rights. The identity you have will usually be a requirement for getting assistance, for example from the village government or others. If a child does not have an identity card, it is feared that he will not get his rights as a citizen of another country, such as in elections.

Disabled children who are 17 years old and have the right to vote can get their rights in elections if they already have an ID card at the time the data collection for permanent voter candidates is carried out. In making identity cards for children with disabilities, the system is pick-up and drop-off. Disabled children are visited at home and then data is collected directly at their home. Meanwhile, to protect APD from discrimination, stigma or mistreatment, APD parents and other normal children's parents, then APD and other children are gathered in certain activities.

Family gathering activities are usually held by a combination of parents and children with and without disabilities. There, childcare outreach is carried out, as well as games for children. This is done so that parents of children with or without disabilities meet and there is communication. Meanwhile, for children with disabilities and those without, they play games together to erase the differences between them, and APD can be fully involved with other children.

b. Counseling and Socialization

Counseling and outreach regarding social protection and rehabilitation for PPE as an effort to raise awareness for families and the community. This is done by RBM in the work team. Socialization is carried out when there are major activities in the community. The socialization carried out by PSM and the work team at RBM was to voice Law No. 8 of 2016 concerning disability rights. Apart from that, it is also about disabilities in today's business world. Then there is also outreach, education to the community regarding PPE usually requires first to build trust in the community. PSM now has a place in the hearts of the people of Cibiru Wetan, so that when they provide outreach they are trusted by the residents. Socialization is also provided for parents and children with disabilities. Children are introduced to various types of games. Meanwhile, parents are given knowledge about strengthening their parenting. Counseling for parents is about health outreach, child growth and development, and also about children's rights.

c. PPE and Family Strengthening Meeting (TEPAK)

TEPAK is carried out to strengthen parenting capacity in families regarding PPE rights, early detection, good parenting, improving communication with APD, teaching daily activities and increasing family skills, potential, interests and talents of APD. TEPAK, which is implemented by RBM together with parents and children with disabilities, is usually carried out in conjunction with social service activities. In TEPAK, communication is strengthened between children and families, and also between children with disabilities and other children. The ice breaking that is carried out usually uses Child Rights Clapping, as well as to remind parents about their children's rights. In TEPAK activities, the aspirations of each disabled child, parent and family are accommodated. The aspirations that are accommodated are then synchronized with further activities that will be implemented. Follow-up activities include community empowerment activities, activities to improve parents' skills and creativity and PPE. Then there is also PPE which is further distributed to the Disability Training Center to receive skills training.

d. Strengthening Parenting

Strengthening parenting or good parenting is carried out by RBM through various activities, such as during family gatherings and also during outings. APD parents gathered and then had a casual chat so that the parents could express their concerns, explain the existing problems, without any burden, because everything just flowed like a casual chat in general while eating together. According to informant FD, strengthening parenting that is carried out formally will make him afraid to convey problems or things that should be easy to convey. However, by getting together and chatting casually, it will be easier for everyone to convey how to raise children properly, so that there is no miscarriage. Then there was also a question and answer session with the parents, to discuss parenting issues.

e. Child Therapy Services

Therapy services for children with disabilities are provided at Saung RBM. The therapy carried out is routine therapy which is carried out on the 4th Sunday of every month. Therapy services are provided by therapists from the Rinjani Foundation who have collaborated with RBM. This assistance is provided to the community free of charge, but there are those who participate and pay at a low price. What APD gets according to one of APD's parents, Mrs. Mrs. S feels helped by the therapy services at RBM, because they are cheap. Then there are also many movements that are taught for homework, and are done alone at home by Mrs. S. RBM also always invites Mrs. S when there are activities at RBM. The therapy that Mrs. S's child received was movement therapy, using a gym ball, and also hydrotherapy.

f. Providing Participation Space

Providing participation space for children is to provide opportunities for APD to actively participate in activities in the community like children in general. Many of the activities carried out by RBM Cibiru Wetan involve children with disabilities. One of them was the IKADK birthday activity in Cibiru Wetan Village in April 2017. At the IKADK anniversary activities which were held together with commemorating Kartini Day in April 2017, children with disabilities were included in various games. Many parties also took part in this activity, namely STKS students, Save The Children, disabled children, special school teachers, and other community members. Children with disabilities are included in pencak silat, drawing and other activities. And all these activities can be seen in the video *"A little story for my best friend"* on the YouTube site which contains a collection of photos of these activities.

g. Counseling Services

The counseling services provided by RBM are carried out by community social workers aimed at families who need consultation assistance related to their child's rehabilitation. Counseling is also carried out by the RBM work team who have previously received training. Families of children with disabilities who need consultation assistance, whether regarding services or health, will contact community social workers or other RBM cadres. To conduct counseling, community social workers must first receive counseling training. Counseling is usually done by means of a home visit. The problems discussed in counseling with community social workers are usually general problems, such as regarding children's education, school registration, or how to access health services. Meanwhile, medical problems are carried out by the RBM work

team, namely by health practitioners from the Rinjani Foundation as well as paramedics from the Al Islam Health Polytechnic and also doctors who collaborate with RBM.

h. Referrals

Referrals are made by the RBM work team for children with disabilities who require special treatment or emergency treatment. Referrals to health access are made by the RBM work team, namely the Community Health Center, and the Rinjani Foundation. When making referrals, it is usually the family who goes to RBM Cibiru Wetan. For referrals to health services, children with disabilities will be referred through the Community Health Center to receive referrals to hospitals if necessary. Meanwhile, for tests such as psychological tests, Bera tests, and other tests, children with disabilities are referred by the Rinjani Foundation which collaborates with Buddhist Tzu Chi to get help with free psychological tests and Bera tests.

i. Mentoring

Assistance is provided at all stages of rehabilitation activities for children with disabilities. Assistance for this activity was carried out by the RBM work team. Accompaniment is usually provided when children with disabilities need to go to the hospital, or also assistance in programs run for children with disabilities. Accompaniment is usually provided when the family can no longer do it or is experiencing difficulties. Because while the family can still provide assistance, the Community Social Worker does not need to take over the assistance. Meanwhile, program assistance is carried out by RBM for the Child Social Welfare program, the use of funds from this program will be assisted by RBM so that its use is properly used for children. Assistance to the hospital and medical tests are usually carried out by PSM or RBM cadres.

j. Work Network Development

Network development is carried out so that social rehabilitation activities for children with disabilities at RBM Cibiru Wetan can continue. Networks are created by RBM with parties who have service resource systems, both individuals and institutions. By developing networks, rehabilitation activities will be easier for RBM and also for parents of children with disabilities. In carrying out activities such as psychological tests as a requirement to be able to enter school for children with disabilities in Cibiru Wetan, psychological tests are carried out in collaboration with the Indonesian Education University (UPI). Psychological tests are carried out for children with disabilities free of charge, so it is very helpful for parents of children with disabilities who have a weak economic level. Meanwhile, for the Bera test and routine therapy once a month for people with disabilities, RBM is networked with the Rinjani Foundation. The Rinjani Foundation also networks with Buddhist Tzu Chi to finance the Bera test and also assistive devices for hearing and speech disabilities. Apart from that, for children with disabilities who already have the right to vote, in terms of election outreach, RBM collaborates with FISIP Unpad regarding how children with disabilities vote in elections, and an explanation of the vision and mission of the partner who will be their choice.

k. Monitoring and Evaluation

Monitoring and evaluation is carried out by the RBM work team to monitor the plan and process of implementing activities for the social protection and rehabilitation of

children with disabilities. If there are problems or discrepancies, they can be discussed immediately and a solution can be found together. Follow-up plans or work plans at RBM Cibiru Wetan will not all be realized on time. When it is not realized, the cause will be looked for and how to solve it. However, after that it will still be implemented at a later time. For example, during therapy services. For parents who do not attend routine therapy activities, the RBM will visit them and they will be asked about the problem or reason for not attending. It could be that this happens because physical therapy is not needed by the target disabled child, but instead requires drug therapy from the hospital. A major evaluation will be carried out at the end of the year, and the results will be used as a consideration regarding the program that will be implemented in the following year.

l. Make Activity Reports

Activity reports are created to convey the final results of carrying out an activity. The RBM work team creates a report on social rehabilitation activities for children with disabilities which includes activity stages, work results, supporting factors and obstacles in implementing activities. Reports on activities carried out by RBM based on social rehabilitation activities for children with disabilities will be provided to the parties who contributed. The reporting is in the form of outgoing and incoming funds, photos of activities, and evidence such as receipts for purchases of activity needs. As for reporting to the village government, it is only done as an activity report letter and also shared via social media when activities are held.

CONCLUSION

Community social workers have an important role in APD social rehabilitation services. Community-based social rehabilitation services provided for children with disabilities aim to ensure that children with disabilities can obtain their rights, namely the right to life, the right to growth and development, the right to protection, and the right to participation. Community social workers carry out the multi-roles needed in APD social rehabilitation. Community social workers work with the community, mobilizing and sensitizing the community to jointly take action in dealing with PPE problems. With public awareness of PPE problems and their participation in overcoming PPE problems, a conducive situation will be created for PPE to live a decent life and in time will be able to participate in development in their community environment. Therefore, it is important to know and understand the stages of activities carried out by community social workers in community-based APD social rehabilitation services.

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