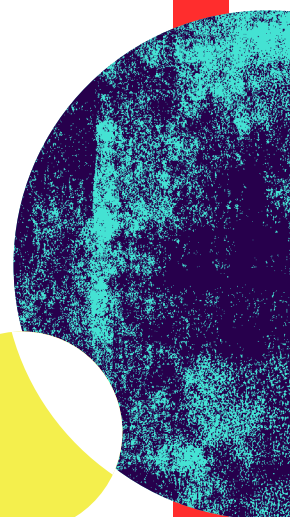
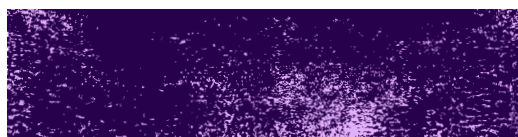


Disability inclusion in Indonesia's higher education system

Policy, practice and
student experiences



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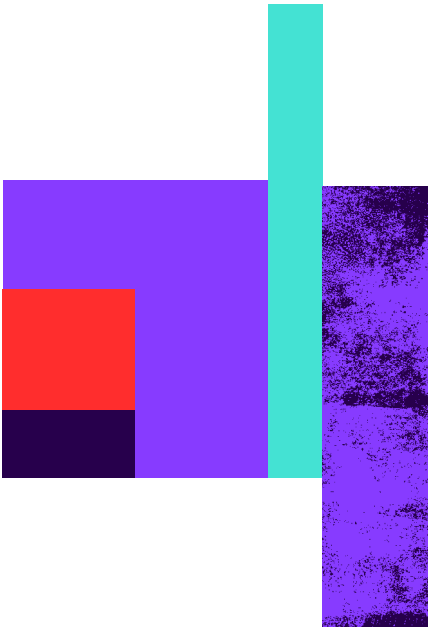
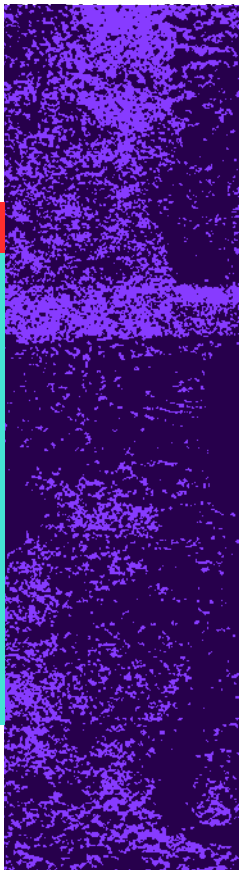


Contents

Contents	3
List of tables	4
List of figures	5
List of abbreviations	7
Acknowledgements	8
Foreword	10
Executive summary	12
Introduction	16
Conceptual framework	17
Measuring inclusion: What the data tells us	19
Methodology	19
Findings	20
Institutional capacity and practice: Findings from the national survey	29
Methodology	29
Findings	30
Voices, experiences and change: Evidence from case studies	54
Methodology	54
Findings	57
Theory of Change	85
Recommendations	95
Conclusion	96
References	97

List of tables

Table 1: List of recommendations	14
Table 2: Students with disability by year (2019 to 2024)	21
Table 3: Top 20 impairment types (MoHEST data)	21
Table 4: Disabilities by impairment (LMD data)	23
Table 5: Comparative top ten programmes of study (MoHEST and LMD data)	26
Table 6: Average number of students per university (2024)	30
Table 7: Average number of lecturers and academic staff per university (2024)	31
Table 8: Profile of participating case study institutions	55
Table 9: Thematic analysis based on DIIF.	56
Table 10: List of recommendations	95



List of figures

Figure 1: Disability inclusion institutional framework	18
Figure 2: Trend in the number of students with disabilities (2019 to 2024)	20
Figure 3: Disabilities by impairment type (MoHEST data)	23
Figure 4: Disabilities by impairment type (LMD data)	24
Figure 5: Types of institutions serving students with disabilities	25
Figure 6: Distribution of students with disabilities by field of study (MoHEST data)	27
Figure 7: Levels of study for students with disabilities, MoHEST data	27
Figure 8: Academic status of students with disabilities (MoHEST data)	28
Figure 9: Distribution of responding institution (public and private)	30
Figure 10: Distribution of students with disabilities in Indonesian HEIs	31
Figure 11: Distribution of types of student disabilities	32
Figure 12: Distribution of lecturers and academic staff with disabilities	33
Figure 13: Distribution of types of disabilities of lecturers and academic staff	34
Figure 14: Proportion of disability services availability in HEIs	35
Figure 15: Availability of disability service units across HEIs	36
Figure 16: Other units providing services for persons with disabilities in HEIs	36
Figure 17: Ownership of SOPs and guidelines in the DSU	37
Figure 18: Availability of guidelines for disability inclusion in HEIs	38
Figure 19: DSU performance evaluation	39
Figure 20: Availability of dedicated admission pathways for students with disabilities	40
Figure 21: Availability of dedicated recruitment pathway for employees with disabilities	41
Figure 22: Implementation of UDL (left) and curriculum modification (right)	42
Figure 23: Types of alternative formats provided by HEIs	43
Figure 24: Research, publications, and community services related to disability inclusion	44
Figure 25: Data collection on disability inclusion in higher education	45
Figure 26: Availability of physical facilities for people with disabilities in HEIs	46
Figure 27: Availability of volunteers and mentors for students with disabilities	47
Figure 28: Availability of career services for students with disabilities	48
Figure 29: Availability of psychological services for students, lecturers, and academic staff with disabilities.	49
Figure 30: Availability of communication and information channels	50

Figure 31: Implementation of disability inclusion in the procurement and tender process	51
Figure 32: Disability inclusion funding by source	52
Figure 33: Funding allocation for disability inclusion	53
Figure 34: Theory of change	86



List of abbreviations

Abbreviation	Description
ADD	Attention Deficit Disorder
ADHD	Attention-Deficit/Hyperactivity Disorder
CPL	<i>Capaian Pembelajaran Lulusan</i> (Graduate Learning Outcome)
CPMK	<i>Capaian Pembelajaran Mata Kuliah</i> (Course Learning Outcome)
CSR	Corporate Social Responsibility
DIIF	Disability Inclusion Institutional Framework
DSU	Disability Services Unit
FGD	Focus Group Discussion or <i>Unit Layanan Disabilitas</i> (ULD)
HEIs	Higher Education Institutions
KND	<i>Komisi Nasional Disabilitas</i> (National Commission on Disabilities)
LMD	<i>Layanan Mahasiswa Disabilitas</i> (Disabled Student Services)
MoHEST	Ministry of Higher Education, Science, and Technology
MoRA	Ministry of Religious Affairs
PLB/PKh	<i>Pendidikan Luar Biasa/Pendidikan Khusus</i> (Special Education)
PTK	<i>Perguruan Tinggi Kedinasan</i> (Civil Service College)
PTN	<i>Perguruan Tinggi Negeri</i> (Public University)
PTS	<i>Perguruan Tinggi Swasta</i> (Private University)
RAN	<i>Rencana Aksi Nasional</i> (the National Action Plan)
RPS	<i>Rencana Pembelajaran Semester</i> (course syllabi)
SOP	Standard Operating Procedure
SWD	Students with Disabilities
UDL	Universal Design for Learning
VPAT	Voluntary Product Accessibility Template
WCAG	Web Content Accessibility Guidelines

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In addition to this report, the research team has developed IDEA Hub (Indonesian Disability-Inclusion for Education and Accessibility), a website that helps students, parents, and the general public identify disability-friendly campuses in Indonesia: <https://i-deahub.org/onboarding>

Going Global Partnerships builds stronger, more inclusive, internationally connected higher education and technical and vocational education and training (TVET) systems. The British Council programme supports partnerships between universities, colleges, education policy makers, civil society organisations and industry partners in the UK and around the world. To find out more, please visit <https://www.britishcouncil.id/en/about-going-global-partnerships>

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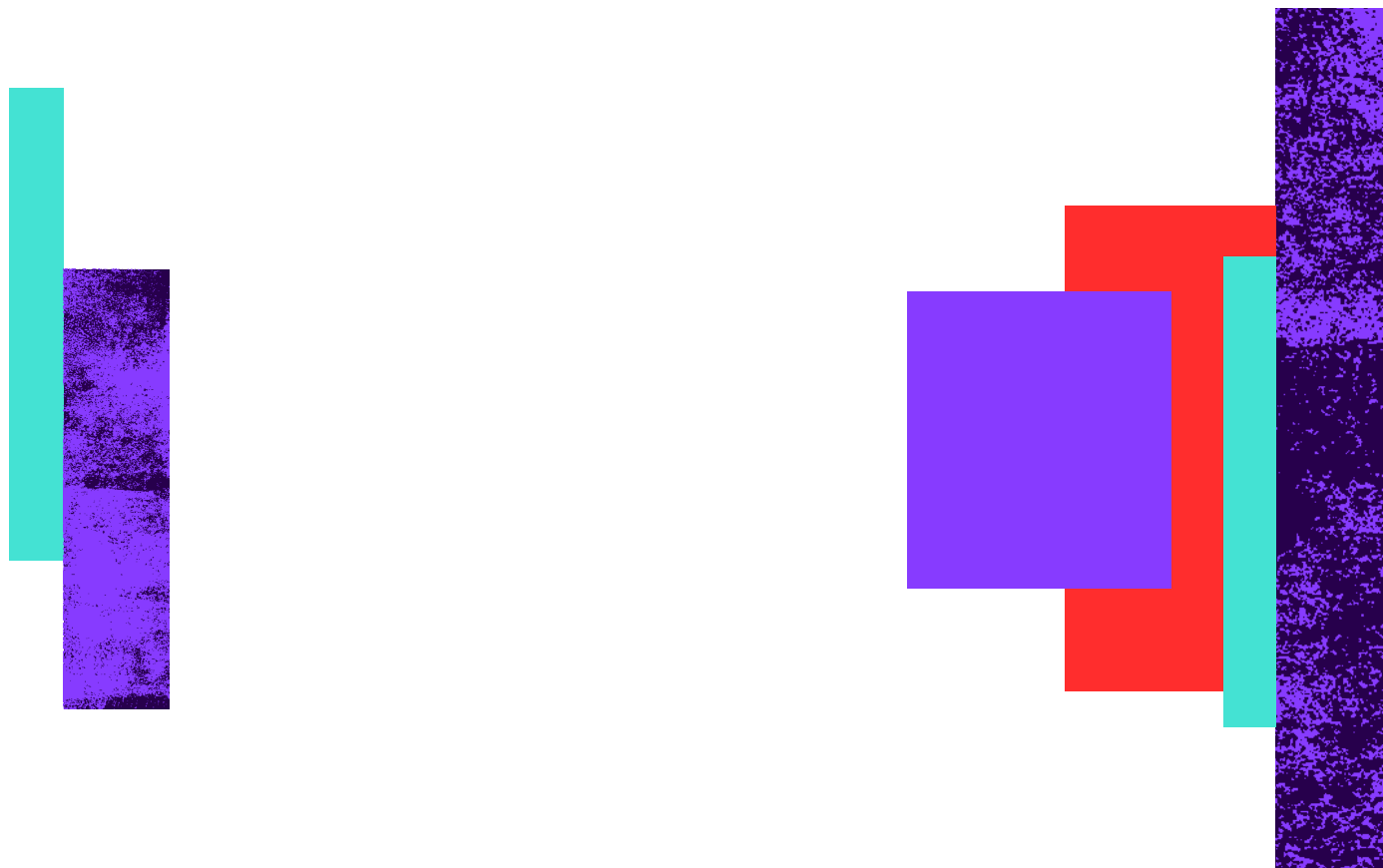
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Foreword

Indonesia is committed to ensuring that higher education across the nation is responsive, adaptive, and inclusive to the needs of all students without exception. This fundamental commitment is firmly rooted in Law Number 20 of 2003 on the National Education System, which guarantees that every citizen has an equal right to receive quality education and mandates that students facing physical, emotional, mental, or social challenges are provided with inclusive education. Over the years, we have steadily strengthened the policy frameworks that underpin disability inclusion, building upon this foundation through the enactment of Law Number 8 of 2016 on Persons with Disabilities and the implementation of Government Regulation Number 13 of 2020 on Reasonable Accommodation in Education and Employment. These milestones serve as our guiding path to translate national policies into concrete implementation at the higher education sector level.

To reinforce this governance, our inclusive education framework is now further strengthened by Ministerial Regulation (*Permendikbudristek*) Number 48 of 2023, which details the mechanism for providing Reasonable Accommodation for Students with Disabilities. This is seamlessly integrated into our academic benchmarks through Ministerial Regulation (*Permendiktisaintek*) Number 39 of 2025 on Higher Education Quality Assurance. This latest regulation explicitly mandates universities to foster a holistically inclusive learning environment, establish dedicated admission pathways for prospective students with disabilities, and provide accessible campus infrastructure. Every institution is required to structurally integrate these services through its own Disability Service Unit (DSU).

We are already seeing early signs of progress. The number of students with disabilities enrolling in higher education has steadily increased, with the 2025 PDDIKTI data recording more than 3,000 students currently pursuing their studies. At the same time, more institutions are actively putting structures in place to support them. As of 2026, our joint efforts have successfully established 156 DSUs in Indonesian universities. Through the dedicated Programme for the Establishment and Strengthening of DSUs led by the Directorate of Learning and Student Affairs (Belmawa), *Kemdiktisaintek*, this number will continue to grow progressively. Universities are also investing in capacity building through disability inclusion training for staff, running alongside with vibrant student-led initiatives such as peer support networks (buddy systems) and disability student communities. However, as this report highlights, these efforts are still developing and unevenly distributed, showing that we must continue to strengthen our system, coordination, and implementation across all regions.

Disability inclusion is an inseparable part of Indonesia's national development, deeply reflected in the *Asta Cita* vision which calls for inclusive human development and equal opportunities for all citizens. It is also the core spirit of our Golden Indonesia 2045 vision, where a strong, inclusive, and empowered generation will shape the nation's future. By strengthening the collaboration between the government, institutions, and strategic partners such as the British Council, we can build a higher education ecosystem that truly reflects Indonesia's commitment to inclusivity and opportunity for all.

We welcome the insights and recommendations presented in this report and view them as an invaluable contribution to our ongoing efforts. By building on the milestones we have achieved so far and working together to address the remaining challenges, Indonesia will continue to stride forward toward a higher education system that is genuinely inclusive, equitable, and excellent.

Dr. Beny Bandanadjaja, S.T., M.T.

Director of Learning and Student Affairs (Belmawa)

Ministry of Higher Education, Science, and Technology, Republic of Indonesia

Foreword

This report marks an important and timely contribution to advancing disability inclusion in higher education in Indonesia. At the British Council, we believe that higher education systems must continually evolve to reflect and serve the full diversity of the communities they represent. Through the British Council Going Global Partnerships Disability Inclusion Grant, we are proud to support this research, which offers the most comprehensive evidence to date on the state of disability inclusion in Indonesia's higher education sector.

The findings presented here point to a sector at a pivotal moment of transition. There are encouraging signs of progress – rising enrolment of students with disabilities, growing institutional awareness, and strong examples of leadership and innovation across universities. At the same time, the report highlights persistent systemic challenges, including fragmented governance, inconsistent data collection and reporting, and constrained resources. Importantly, it goes beyond diagnosis to offer a clear and practical agenda for change.

The recommendations set out a compelling pathway forward – strengthening data systems and accountability, embedding inclusion within quality assurance frameworks, and securing sustainable financing. They also underscore the importance of advancing digital accessibility, expanding inclusive pathways into study and employment for people with disabilities, and building institutional capacity across the sector. I am particularly encouraged to see that resources developed through our Going Global Partnerships are now hosted on the Ministry of Higher Education, Science, and Technology's platform, enabling wider access and uptake across institutions in Indonesia.

We hope this report will catalyse coordinated action among policymakers, higher education institutions, and partners, contributing to a more inclusive and equitable higher education system in Indonesia. Its insights also support global efforts to advance the Sustainable Development Goals, particularly SDG 4 on quality education and SDG 10 on reduced inequalities. With sustained collaboration, shared commitment, and decisive action, there is a real opportunity to translate evidence into impact and to ensure that higher education empowers all learners to thrive.

Summer Xia

Country Director Indonesia & Director Southeast Asia
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Executive summary

Data on students with disabilities (SWD) in Indonesian higher education has improved in recent years, reflecting the Ministry of Higher Education, Science, and Technology (MoHEST) efforts to strengthen the national data collection system. Nevertheless, variations in definitions, reporting practices, and data coverage continue to limit a comprehensive understanding of both the SWD population and the provisions made for them. This report synthesises findings from three complementary studies as part of this project that together offer the most comprehensive national assessment of disability inclusion in Indonesian higher education to date: a comparative analysis of national quantitative datasets (Study 1); a national survey of 157 institutions (Study 2); and qualitative case studies across 12 institutions (Study 3). The evidence consistently reveals a sector at a transitional juncture – growing in intent but fragmented in practice, and lacking the structural frameworks, funding, and accountability mechanisms needed to deliver inclusion at scale.

Measuring inclusion: What the data tells us

A comparative analysis of two national datasets, namely MoHEST (2019 to 2024) and the 2024 Disability Student Services or *Layanan Mahasiswa Disabilitas* (LMD) registry. Key findings include:

1. Data reveals both encouraging growth and significant measurement inconsistencies. MoHEST records 3,102 students with disabilities over the study period, reflecting a 45.9 per cent increase across 2019 to 2024 and a steeper 58.1 per cent rise in the most recent two years (2022 to 2024). Gender distribution is broadly balanced at 54 per cent male/46 per cent female.
2. MoHEST data shows private universities serving 66 per cent of students with disabilities; LMD data shows public universities serving 82 per cent. Impairment categories also diverge sharply – speech impairment dominates MoHEST at 35 per cent and co-occurring in 99 per cent of all reported cases but is nearly absent from LMD, which reports physical disability (23 per cent) and hearing impairment (19 per cent) as leading categories. This signals serious inconsistency in reporting instruments and definitions across the sector.



Institutional capacity and practice: Findings from the national survey

The 50-item national survey – developed using the Disability Inclusion Institutional Framework (Evans & Zhu, 2022) and distributed through MoHEST, Ministry of Religious Affairs (MoRA) and National Commission on Disabilities (KND) – yielded 157 cleaned responses (75 per cent private, 25 per cent public universities). Key findings include:

1. **Disability enrolment is growing but remains concentrated in structurally readier institutions.** Across the 157 responding institutions, 2,912 students with disabilities were recorded, with an average of 18 per institution. The majority (51.3 per cent) were enrolled at private universities and notably concentrated in the 84 institutions that already had a Disability Service Unit (DSU).

- 2. Institutional governance for disability inclusion is fragmented and largely informal.** Only 53.5 per cent of higher education institutions (HEIs) have a DSU, and of those, 49 per cent operate without formal Standard Operating Procedures. A further 35.7 per cent of institutions have not incorporated disability inclusion into their strategic plans and 59.2 per cent of DSUs have never undergone a performance evaluation.
- 3. Lack of student and staff voices in decision-making.** Even amongst institutions with DSUs, 32 report no involvement of people with disabilities and only ten institutions include individuals with disabilities in leadership roles.
- 4. Admissions and staff recruitment remain structural barriers.** A majority of HEIs (59.5 per cent) offer no dedicated admissions pathway for students with disabilities, and 43.3 per cent conduct no disability-sensitive screening at entry. Regarding staff with disabilities, only 24.8 per cent of HEIs have a specific recruitment scheme, predominantly at public universities.
- 5. Inclusive teaching and curriculum adaptation are largely absent.** Only 21 per cent of HEIs have implemented Universal Design for Learning (UDL), and just 14.6 per cent have made any formal curriculum modifications. Over half of HEIs provide no alternative learning formats at all. Some 76.4 per cent of institutions do not use any accessibility checkers in developing learning materials, and 61.1 per cent have not ensured that students with disabilities have access to course outlines and timetables. Only 16 institutions have adopted formal digital accessibility standards such as WCAG 2 (Web Content Accessibility Guidelines).
- 6. Support services are reactive, uncoordinated, and skewed towards visible provision.** Physical facilities (17.9 per cent of HEIs) and psychological or mental health services (15.4 per cent) are the most common offerings. Over 78.3 per cent of HEIs lack any structured mentoring or companion programme, 63.7 per cent provide no disability-specific career development services, and only 6.4 per cent offer a job fair explicitly targeting graduates with disabilities.
- 7. Disability data collection is underpowered or non-existent.** While 84 institutions collect data on students with disabilities, only 33 track staff with disabilities and 47 collect no disability data at all. Most data is treated as an internal administrative record rather than a tool for public accountability or institutional learning.
- 8. Funding for disability inclusion is precarious and structurally unsecured.** The majority of HEIs (70.7 per cent) have no dedicated budget allocation, with the gap more pronounced at private universities (72.8 per cent) than public ones (64.1 per cent). Spending is weighted towards infrastructure and facilities (36.3 per cent) and education (30.6 per cent).

Voices, experiences and change: Evidence from a case study

- 1.** In-depth focus groups and interviews across 12 institutions – encompassing public, private and religious universities in Java, Sumatra and Bali – were analysed using NVivo® framework analysis aligned to the Disability Inclusion Institutional Framework – DIIF (Evans & Zhu, 2022).
- 2.** The most frequently coded theme was disability inclusion training (66 instances), reflecting meaningful investment in developing staff and peer understanding. Leadership capacity (58 instances) was also prominent, with rectors and directors driving infrastructure and policy change alongside bottom-up student advocacy.
- 3.** Enabling access emerged as both a strength (62 instances of enabling provision) and a continuing challenge (49 instances of inaccessible spaces), primarily due to funding constraints. Inclusive teaching and learning showed a similarly mixed picture – positive pedagogic adaptations (55 instances) were almost equally matched by reports of inaccessible practice (56 instances). Transition support (61 instances) – particularly disability-specific scholarships – was identified as a high-impact lever where school engagement significantly improved student access and retention.

Recommendations

Disability inclusion is an increasing priority within the British Council's education work in Indonesia and globally. As part of this commitment, the British Council has supported a range of initiatives to advance inclusive education and opportunities for people with disabilities, including research, skills development programmes, university partnerships, and UK alumni-led projects. This report forms part of that broader effort and reflects the British Council's belief that robust evidence is essential for informing policy and practice. By highlighting both progress and ongoing challenges, this report aims to support policymakers, higher education institutions, and practitioners in strengthening disability-inclusive higher education.

The following recommendations are intended to support the transition from isolated initiatives toward a more systemic approach by strengthening policy, institutional practice, accountability, and investment across Indonesia's higher education sector.

Table 1: List of recommendations

Stakeholder	Recommendations
Policymakers	Develop and mandate a single, standardised national instrument for reporting disability data across all HEIs, with annual public disclosure and periodic site-based validation – addressing the critical measurement inconsistency revealed. Integrate disability inclusion indicators into accreditation and quality assurance frameworks, creating structural incentives for sustained institutional commitment. Establish dedicated, recurring national funding streams for disability inclusion and allocate capital funding for physical infrastructure upgrades including lifts, guiding blocks, and accessible signage. Mandate WCAG 2 accessibility standards across national digital transformation agendas, covering learning management systems, admissions platforms, and institutional reporting tools. Expand and better promote disability-specific scholarships and strengthen the school-to-HEIs transition pipeline.
Policymakers and higher education institutions	Establish dedicated admissions pathways and staff recruitment schemes for students and staff with disabilities and communicate these commitments publicly. Require disability-related data to be collected, disaggregated (students and staff), and published as a tool for public accountability, not merely internal administration.

Stakeholder	Recommendations
Higher education Institutions	Strengthen DSU mandates to coordinate across academic, student affairs, HR, and procurement functions, replacing the current fragmentation of services across unconnected units. Ensure meaningful involvement of persons with disabilities in the design, governance, and evaluation of disability services, in line with 'nothing about us, without us'. Invest in Universal Design for Learning training for all teaching staff and establish minimum accessibility standards for learning materials, course outlines, and timetable information. Develop ongoing disability-inclusion training – informed by experts-by-experience – for all staff and students, building on the strong existing engagement evidenced. Foster confidence among students to share disability status and support needs and provide assurance that disclosure is safe and will lead to appropriate support.



Introduction

Indonesia currently has around 4,500 higher education institutions. One report estimates that enrolment in higher education is likely to have increased from 5.2 million students in 2010 to around 16 million by 2024 (Chan, 2019). This demonstrates the third fastest growth rate in the world after India and China. Indonesia's higher education system has two main streams: the national system (both state and private), which is regulated by the Ministry of Higher Education, Science, and Technology; and the religious system, which is regulated by the Ministry of Religious Affairs. Data about students with disabilities in higher education is limited, and there are – to date – no studies that report on trends among this population, based on longitudinal national administrative data and few large-scale surveys.

Estimates suggest that anywhere between 2 per cent to 25 per cent of Indonesia's population are disabled (United Nations, Indonesia, 2021). Based on Law Number 8 of 2016 on Persons with Disabilities, this includes individuals with: (1) physical disabilities, which affect motor functions and mobility; (2) sensory disabilities, including visual and hearing impairments; (3) intellectual disabilities, characterised by limitations in cognitive functioning and adaptive behaviour; and (4) mental disabilities, which encompass conditions that affect emotional and psychological well-being, such as a bipolar disorder, ADHD, learning difficulties, and autism.

The Ministry of Social Affairs (Kementerian Sosial) states that in 2010, of approximately 11 million people with disability, around 27 per cent were visually impaired (over three million); 23 per cent were hearing impaired (2.5 million), 27 per cent were physically disabled (three million); 13 per cent had an intellectual disability (1.4 million); and 11 per cent were chronically disabled (1.2 million) (United Nations, Indonesia, 2021). However, other estimates, based on the World Report on Disability, suggest that the proportions of people with disabilities in Indonesia are as follows: 15.9 per cent with visual impairment; 10.5 per cent with hearing impairment; 7.1 per cent with speech impairment/mute; 3.5 per cent with hearing impairment and mute; 33.8 per cent with a physical disability; 13.7 per cent with intellectual disability; 7 per cent with a physical disability and intellectual disability or other multiple disabilities; and 8.5 per cent with cognitive impairments (Kusumastuti, Pradanasari, and Ratnawati, 2014). What this data suggests is that disability data in the country is variable and difficult to verify. This has obvious implications for the data on students with disabilities in higher education.

Over the past two decades, successive governments in Indonesia have put in place a range of legislation designed to protect the rights of and maximise the inclusion of disabled people at all stages of education. For example, since 2003 (Law Number 20 of 2003), it has been a legal requirement in Indonesia to provide equal access to education, including university education. More recently, the Government ratified the United Nations Convention on the Rights of Persons with Disabilities and enacted Law Number 8 of 2016 on Persons with Disabilities, which consolidated the right for disabled people to receive quality education at all levels (through inclusive or specialised programmes) and ensured entitlements to reasonable accommodations. This was developed further in Government Regulation Number 13 of 2020 on Reasonable Accommodation, which stipulates that both the central government and local governments are obligated to facilitate the provision of suitable accommodations, including budgetary allocations, facilities, infrastructure, human resources, and curriculum materials. However, the translation of this policy's commitments into practice remains uneven.



As a result, a persistent gap in education access and outcomes for disabled young people continues to be observed across Indonesia. The school completion rate for disabled children is only 26 per cent compared to the 62 per cent of non-disabled children (Afkar et al, 2020; UNICEF and MoEC, 2022).

With respect to higher education, reliable data is sparse. A UN, Indonesia (2021) report that the National Action Plan (*Rencana Aksi Nasional*, RAN) for disabilities 2014 to 2023 did not include an indicator for higher education, including variables (a) female/male, (b) rural/urban, (c) bottom/top quintile, and (d) persons with disabilities and without disabilities. One reason put forward for this omission was that the data required by these indicators is not available in Indonesia (UN, Indonesia, 2021). Whatever the reason, the data gap creates difficulties in generating an accurate landscape profile of students with disabilities. Smaller studies have, however, reported that only 17.6 per cent of students with disabilities complete higher education (Amnesti et al, 2023) and more concerningly, Siti (2017) notes in a paper by the Head of the Education, Research and Social Outreach Agency (Kabadiklit Kesos) that 'the percentage of people with disabilities who successfully obtain a bachelor's degree is only 0.95 per cent'. As noted, to date, there have been no national-level studies that draw on longitudinal administrative data to identify trends among this population.

This report, therefore, makes an important contribution by describing the landscape of disability inclusion in Indonesian higher education through three interconnected studies: (1) a review of national administrative disability data; (2) a bespoke survey distributed nationally to all HEIs in Indonesia; and (3) qualitative case studies among a representative sample of institutions.

Disability inclusion is a growing priority within British Council's education work in Indonesia and globally. As part of its commitment to supporting more inclusive education systems, the British Council has invested in a range of initiatives aimed at advancing opportunities for people with disabilities. These include commissioning the Centre for Disability Studies and Services (*Pusat Studi dan Layanan Disabilitas*) at the Universitas Brawijaya, Indonesia, in 2016 to explore disability, arts, and creative industries; supporting people with disabilities through the Skills for Inclusive Digital Participation (SIDP) and Skills for Future programme; funding 15 UK-Indonesia university partnerships through Going Global Partnerships to develop and mainstream disability-inclusive education; and supporting disability-focused projects through Alumni UK grants. This report was commissioned by the British Council as part of that wider commitment and reflects the organisation's belief that robust evidence is essential for informing policy and practice. By identifying both progress and persistent barriers, this report aims to support policymakers, higher education institutions, and practitioners in strengthening disability-inclusive higher education and creating greater opportunities for students and staff with disabilities.

Conceptual framework

According to Evans & Zhu (2022:4), Disability Inclusion refers to 'the extent to which higher education institutions (HEIs) support students and staff with disabilities to have equal access to university and equal opportunities to do well compared to their peers without disabilities'. The Disability Inclusion Institutional Framework (DIIF) was developed based on a critical systematic analysis of over 600 articles and reports, institutional data sets and engagement with disability inclusion stakeholders within and beyond HEIs. Its purpose is to support higher education institutions in scaling up disability inclusion.

The DIIF (see Figure 1) incorporates 12 interrelated themes: (i) leadership capacity; (ii) evidence-informed; (iii) embedded evaluation; (iv) integrated delivery; (v) clear communications; (vi) enabling student and staff voices; (vii) disability inclusion training; (viii) enabling access; (ix) inclusive learning and teaching; (x) assistive technologies; (xi) transition support; and (xii) promoting self-advocacy. These are encapsulated in three overarching meta themes:

- **Meta theme A:** Shared ownership quality of leadership is characterised by knowledge and understanding of disability and capacity to build integrated and inclusive communities, informed by high-quality research and evaluation.
- **Meta theme B:** Empowerment is based on the efficiency of systems to support disability inclusion, including effectiveness of communications and training in promoting equality of opportunity. Cultures of inclusion promote access and engage students and staff with disabilities in the shaping and delivery of services.
- **Meta theme C:** Independence is achieved by the supporting agency through the development of self-advocacy and self-regulation skills, and tailoring transition support to address the entirety of the student/staff experience – assisted by the availability and effective use of assistive technologies, and application of inclusive curriculum approaches to ensure full access to learning and equal opportunities to do well across the learning lifecycle.

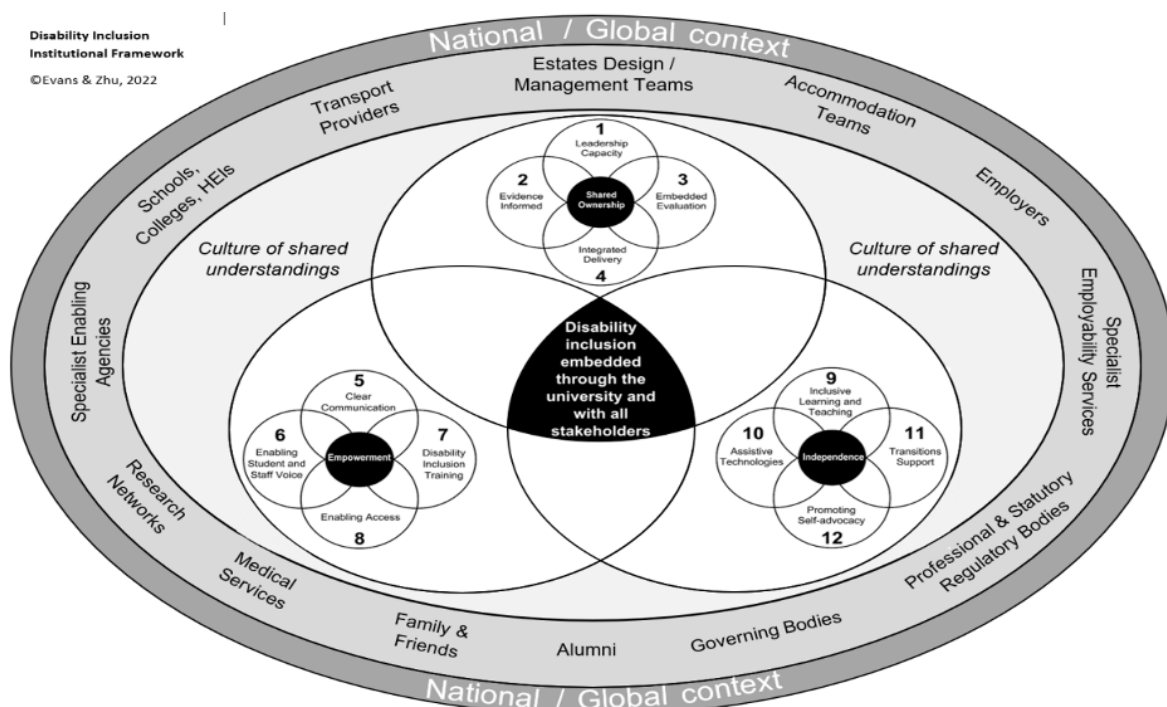
Based on these three interdependent meta themes, the DIIF emphasises:

- An integrated approach to supporting the inclusion of students and staff with disabilities through:
- An anticipatory approach and one that supports the self-advocacy of students and staff with disabilities as part of a shared responsibility model.
- The role of wider stakeholders across sectors in facilitating the inclusion of students and staff with disabilities, from policy making, to medical provision, transport, employment, etc.

Where these elements are brought together in practice, the outcome will be a form of disability inclusion that is embedded through the higher education institution and engaged among all stakeholders.

Our study draws on these important concepts and practices to better evaluate the landscape of disability inclusion in Indonesian higher education and the progress that is being made. The data across our three studies will enable policymakers and practitioners to understand both trends and gaps and work towards developing more inclusive practices for students with disabilities. The specific methodologies and findings from each study will be outlined individually in the following sections, concluding with a Theory of Change and a series of recommendations for policymakers and institutions.

Figure 1: Disability Inclusion Institutional Framework



Measuring inclusion: What the data tells us

Measuring disability inclusion requires robust and reliable data. While Indonesia has made progress in collecting disability-related data, questions remain regarding its consistency, completeness, and comparability. This chapter compares two national administrative datasets to provide assessment of disability participation in higher education and the quality of the data used to measure it.

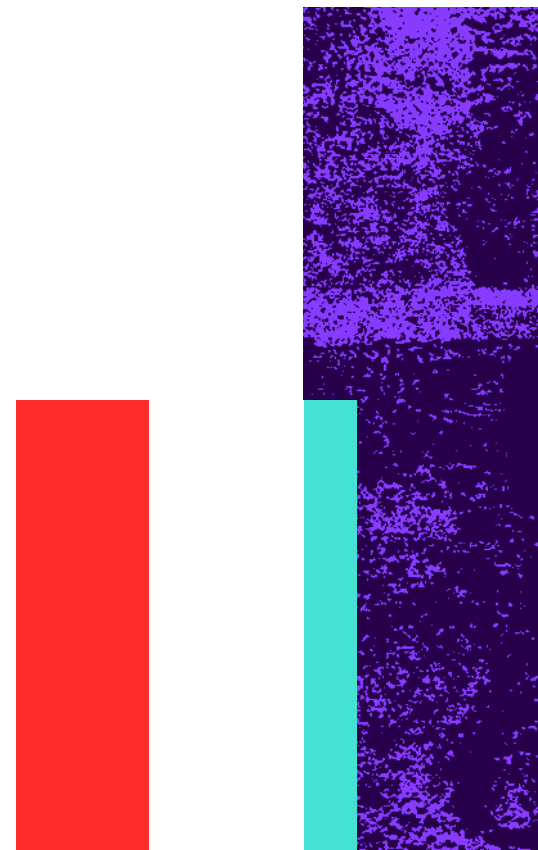
Methodology

The first is from the Ministry of Higher Education, Science, and Technology (MoHEST). According to the Ministry, the data was reported by institutional 'data operators' at each individual higher education institution and collated centrally. The second dataset was collated and presented by the Disability Student Services or *Layanan Mahasiswa Disabilitas* (LMD). LMD sits under MoHEST and holds responsibility for disability in higher education. Data for universities under the religious system was requested from the Ministry for Religious Affairs, but none was available.

1. MoHEST dataset

The primary dataset for this project was provided by MoHEST. This covers the years 2019 to 2024 and includes data from 354 separate institutions across the country. The variables included are:

- a. Year of entry
- b. Disability/impairment type
- c. Gender of student
- d. Province/region
- e. University type (private/public/other)
- f. Name of institution
- g. Study programme
- h. Stage of study
- i. Study status



2. LMD dataset

The second dataset presented in this report is from LMD. The data is publicly available on the LMD website¹ but for the purposes of this report was downloaded and collated in Excel to compare against the MoHEST dataset. The LMD dataset refers to reporting from the HEIs that are officially registered to take students with disabilities in the year 2024 only. The comparative variables included are:

- a. Disability/impairment type
- b. Province/region
- c. University
- d. University type (private/public/other)
- e. Programme of study

An important point of difference and limitation between these two datasets is that MoHEST reports on students alongside other variables, whereas the LMD dataset only reports on institutional trends. Thus, it is not possible to identify how many students with disabilities are included so much as how many institutions and programmes serve this population. For this reason, some variables are not directly compared.

Data across both datasets was analysed descriptively to represent the trends that are apparent and draw meaningful conclusions and possible implications for disability-inclusion practice. All data is rounded to the nearest per cent, where possible.

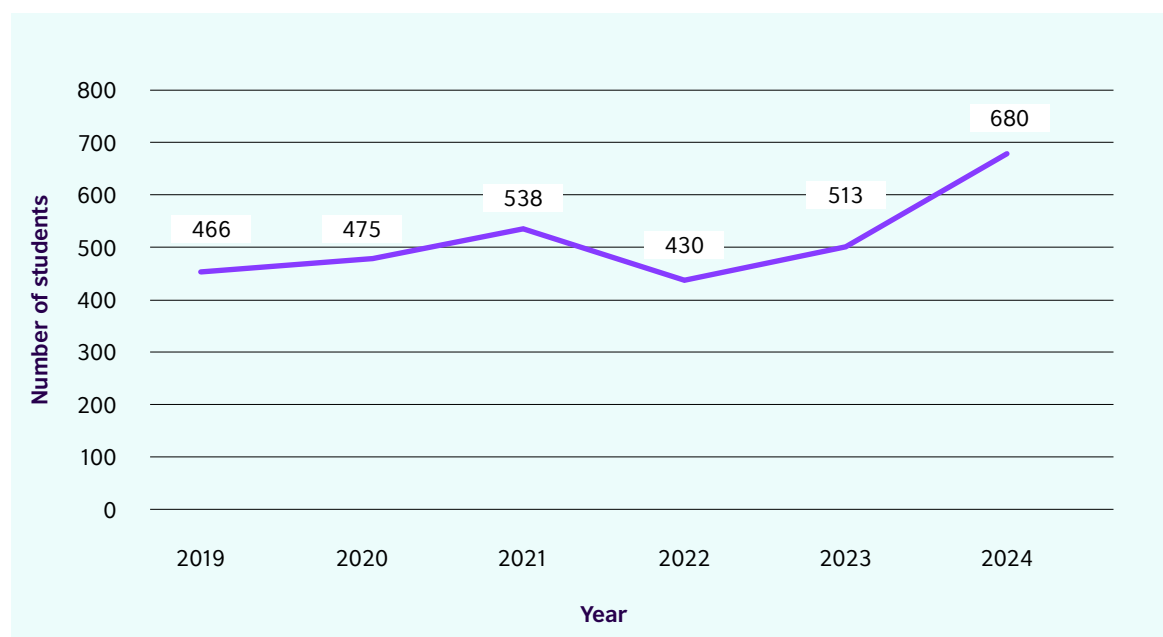
Findings

The second dataset that is presented in this report is from LMD. The data is publicly available on the LMD website.

1. Number of students with disabilities

MoHEST data indicates that between 2019 and 2024, 3,102 students with disabilities were registered in programmes at higher education institutions in Indonesia.

Figure 2: Trend in the number of students with disabilities (2019 to 2024)



1 LMD Data on the Distribution of Students with Disabilities Website <https://ptinklusi.kemdikristek.go.id/s/5/sebaran-mahasiswa-disabilitas>

There is some variation between 2019 and 2024 with respect to those accessing university courses. These figures suggest an increase of 45.9 per cent during the entire period within the dataset, and a 58.1 per cent increase in 2022 and 2024.

In 2024, the LMD dataset reports 150 institutions that cater for students with disabilities but – as indicated above – does not report on the numbers of students per institution to enable a direct comparison.

Table 2: Students with disabilities by year (2019 to 2024)

Year	Students
2019	466
2020	475
2021	538
2022	430
2023	513
2024	680

Distribution of students with disabilities by impairment type

The MoHEST dataset reports a range of impairments/disabilities. The top 20 reported impairments are outlined below in Table 3 and represented visually in Figure 3. These represent 3,023 of the 3,102 total population of students with disabilities.

Table 3: Top 20 impairment types (MoHEST data)

Disability/impairment	Number	%
Speech impairment	1,072	35
Speech impairment + Vision impairment	592	19
Speech impairment + Specific learning difficulties	387	12
Speech impairment + Physical disability	247	8
Speech impairment + Hearing impairment	226	7
Speech impairment + ADD/ADHD	136	4
Speech impairment + Vision impairment + Hearing impairment + Physical disability + Emotional and behavioural disorders	85	3
Speech impairment + Autism	80	3
Speech impairment + Intellectual disabilities	57	2
Speech impairment + Emotional and behavioural disorders	25	1
Speech impairment + Hearing impairment + Physical disability	19	1
Physical disability + ADD/ADHD + Specific learning difficulties	14	0.5
Speech impairment + Vision impairment + Intellectual disabilities + Emotional and behavioural disorders	14	0.5
Speech impairment + Vision impairment + Hearing impairment	14	0.5
Speech impairment + Down syndrome	12	0.3
Speech impairment + Hearing impairment + Intellectual disabilities	11	0.3
Speech impairment + Vision impairment + Hearing impairment + Intellectual disabilities	11	0.3
Speech impairment + Physical disability + Emotional and behavioural disorders	8	0.2
Speech impairment + Vision impairment + Intellectual disabilities	8	0.2
Speech impairment + Intellectual disabilities + Physical disability	5	0.1

The most frequently reported impairment type in the MoHEST dataset is speech impairment, which individually makes up 35 per cent of all students with disabilities and 99 per cent of all reported cases when co-occurring with another impairment.

Those with co-occurring speech impairments and vision impairments make up 19 per cent of the overall population. Students with speech impairments and specific learning disabilities account for a further 12 per cent. As is indicated in the MoHEST data, speech impairment is the only instance of a disability or impairment that is not co-occurring with something else.

According to this dataset, three per cent of the total reported population (85 students) have extremely complex needs with co-occurring vision impairment, hearing impairment, physical disabilities, emotional and behavioural disorders, and speech impairments.

By comparison, the LMD dataset suggests a different makeup of students with disabilities, represented in Table 4 and Figure 4. Although this only includes 2024 data and is only reported by institutions (rather than numbers of students), this dataset reports that the top reported impairment is physical disability at 23 per cent, followed by hearing impairment at 19 per cent and vision impairment at 13 per cent. Speech impairment did not specifically feature in the LMD dataset apart from communication disorder (five per cent). According to the LMD, the distribution data of students with disabilities in higher education institutions is categorised into specific codes with very few co-occurring impairments.



Table 4: Disabilities by impairment (LMD data)

Impairment type	Code	HEIs	%
Visual disabilities (Netra)	Code A (Visual impairment)	24	17
	Code A1 (Low vision)	7	5
Hearing disabilities (Rungu)	Code B (Hearing impairment)	28	19
Intellectual disabilities	Code C (Intellectual disability)	11	7
	Code C1 (Moderate intellectual disability)	5	1
Physical disabilities (Daksa)	Code D (Physical disability)	34	23
	Code D1 (Moderate physical disability)	5	3
Other disabilities	Code F (Communication disorders)	7	5
	Code G (Mental disabilities)	13	9
	Code H (ADHD – Attention-Deficit/Hyperactivity Disorder)	3	2
	Code J (Autism spectrum disorder)	1	1
	Code Q (Autism)	11	7
	Code Q1 (ADHD – second classification)	2	1
Non-standard categories	Code N (Narcotics)	1	1
	Code O (Indigo)	1	1

Figure 3: Disabilities by impairment type (MoHEST data)

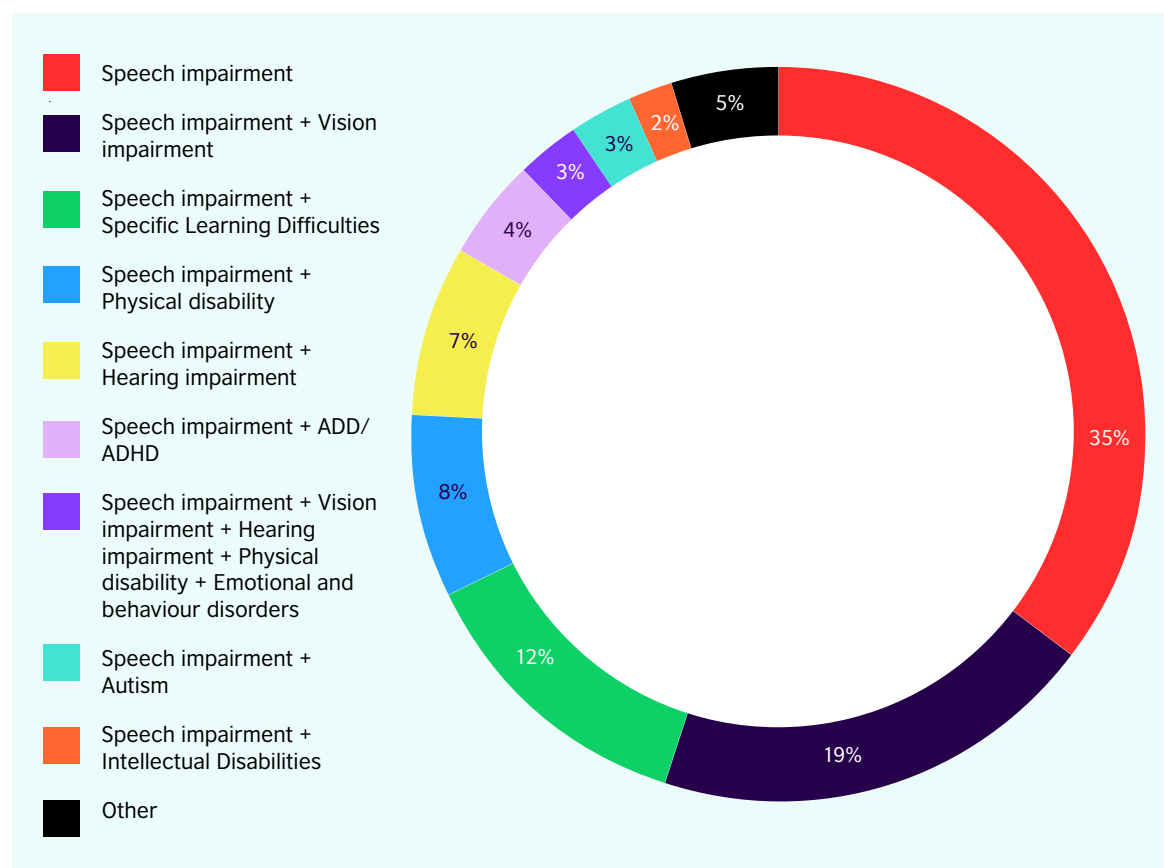
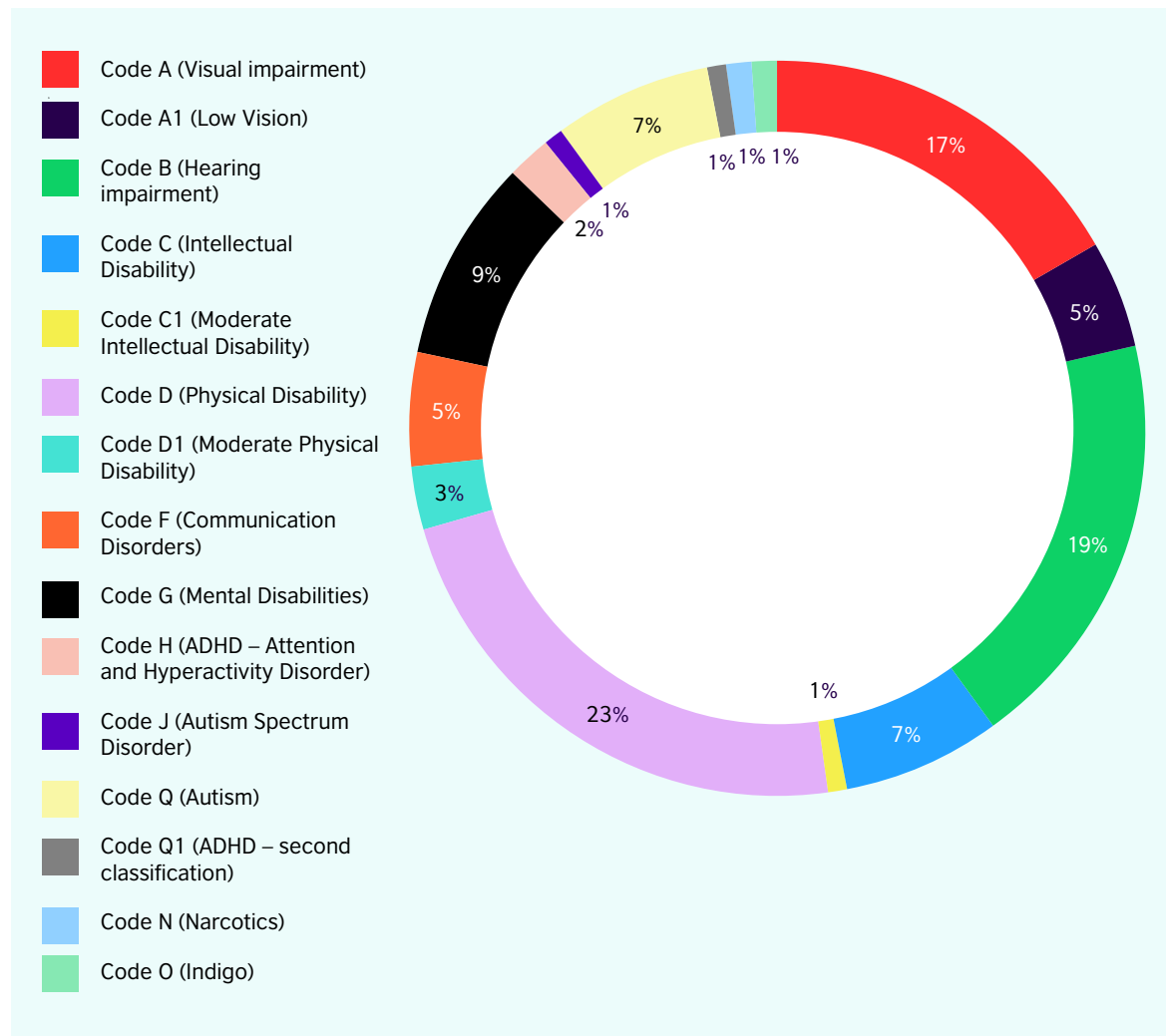


Figure 4: Disabilities by impairment type (LMD data)



The coding of impairments into different groupings, for example, visual impairment (Code A) and low vision (Code A1) suggests a scalar assessment of impairment as it interacts with functioning. However, there are also instances where there seem to be diagnostic overlaps; for example, ADHD (Code H) and ADHD – second classification (Code Q1) or autism spectrum disorder (Code J) and autism (Code Q). It is unclear why multiple reporting codes are in place or why a student might be categorised with one over the other. In the latter case, students are reported to have a diagnosis of autism across 11 HEIs, where autism spectrum disorder is only reported in one HEI. Importantly, both codes relate to the same condition under the World Health Organisation's ICD-11 and the American Psychiatric Association's DSM-5-TR.

To test for consistency, we disaggregated the MoHEST data to represent only 2024 returns. Interestingly, this did not report any students with only physical disabilities (the highest reported in the LMD data), nor any with only hearing impairments or vision impairments. The most frequent impairment reported for 2024 data was, again, speech impairment (35 per cent) and when combined with other impairments, this was 99 per cent.

3. Gender distribution of students with disabilities

When broken down by gender, the MoHEST data reports 1,686 male (54 per cent) and 1,416 female (46 per cent) students with disabilities.

Across both genders, speech impairment was most frequently reported. Of those who were male, 613 were reported to have a speech impairment without any co-occurring conditions (37 per cent) and of females, this was 459 (32 per cent). This was followed by speech impairment co-occurring with vision impairment, with 311 or 18 per cent for male students and 279 or 20 per cent for female students.

Comparable gender data from LMD was not provided in the 2024 dataset.

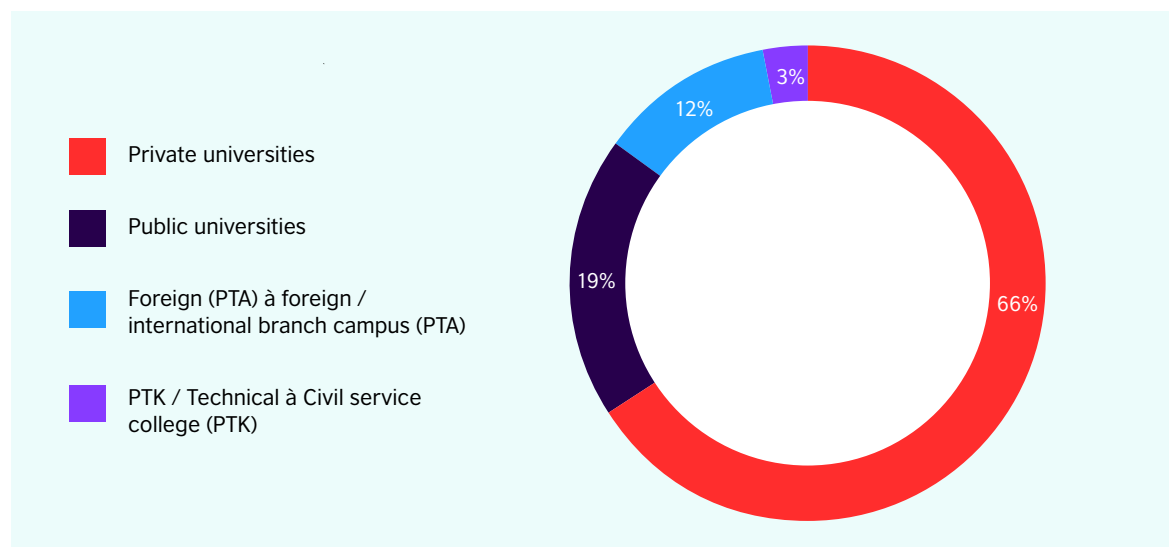
4. Types of institutions serving students with disabilities

The MoHEST data reported four different types of universities: private (PTS), public (PTN), Foreign (PTA) à foreign / international branch campus (PTA); and civil service college (PTK).

The data indicates that private universities serve 66 per cent or 2,063 students with disabilities, compared to public universities with only 19 per cent or 588 students. Of those in foreign institutions, 12 per cent or 365 were reported and only three per cent or 86 were reported from PTK/technical universities à civil service college (PTK).

Figure 4 is a chart of impairment types and Figure 5 does not have LMD data: private and public. Interestingly, the data was inverted, with 82 per cent of students with disabilities attending public universities and only 19 per cent attending private universities.

Figure 5: Types of institutions serving students with disabilities



5. Distribution of students with disabilities by region

We analysed the MoHEST data according to the regions in which HEIs were located. Data was distributed across 34 provinces, which was then aggregated into eight wider regions.

The region with the highest reported number of students with disabilities was Java, with 53 per cent of the total sample. Within this, the two provinces with the highest reports were DI Yogyakarta with 451 students and West Java with 442 students. The province with the lowest number of students with disabilities according to MoHEST data was the Riau Islands, with only 0.5 per cent of the sample.

Data from the LMD 2024 dataset reports students with disabilities across 17 provinces. Java was again the region with the highest reports. In particular, Central Java reported 13 HEIs that catered for students with disabilities and West Java reported 11 HEIs. Of those students with disabilities in Central Java, 60 per cent are reported to have physical impairments, 20 per cent report visual impairments, and 20 per cent report hearing impairments.

6. Study programmes of students with disabilities

Data from MoHEST (2019 to 2024) reports on the study programmes that students with disabilities take at university. According to this dataset, 243 students study management, which is eight per cent of the total number. Although reported according to study programmes at institutions, rather than frequency of student numbers, for the LMD 2024 data, computer engineering is the most frequently studied programme among students with disabilities at 17 per cent but special needs education (where PLB/PK programmes are assessed together) is a close second with 15 per cent of the total.

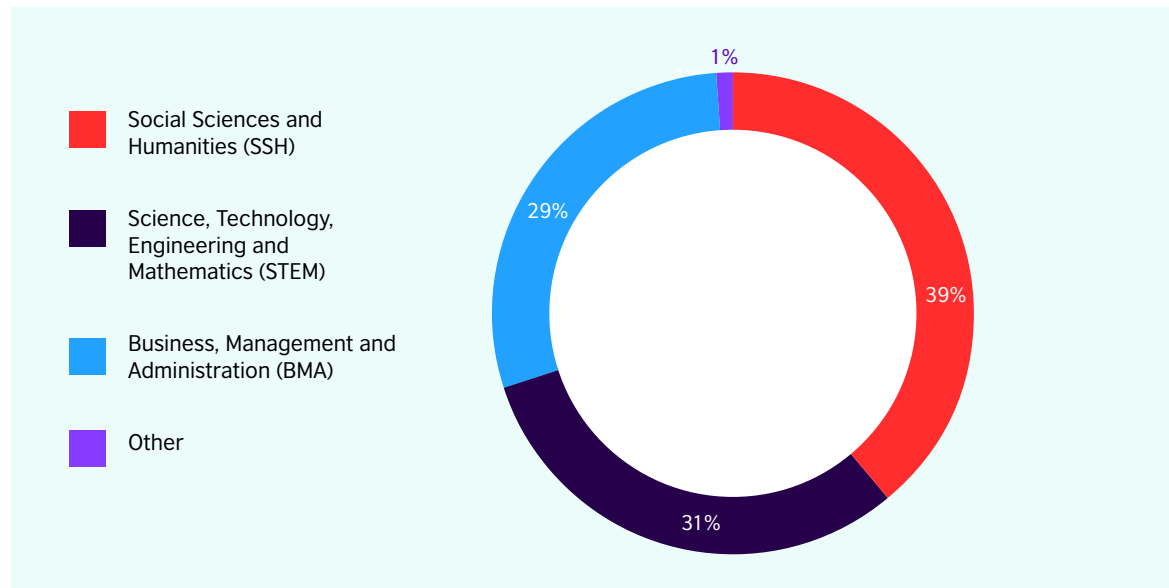
Table 5: Comparative top ten programmes of study (MoHEST and LMD data)

MoHEST data		LMD data	
Programme	%	Programme	%
Management	8	Computer engineering	17
Information systems	3	English education	13
Accounting	3	Psychology	12
Islamic religious education	3	Guidance and counselling	10
Computer science	2	Indonesian language & literature	10
Law	2	Special needs education (PLB)	10
Computer engineering	2	Information systems	10
Islamic economics	2	Agribusiness	8
Visual communication design	2	Islamic education	5
Legal science	2	Special needs education (PK)	5

For comparison, when MoHEST data was disaggregated into 2024 data only, management was still the frequent programme (63 or nine per cent), followed by information systems (39 or six per cent) and computer science (25 or four per cent).

MoHEST data was analysed according to three broad disciplinary areas: business, management and administration; Science, Technology, Engineering and Mathematics (STEM); and Social Sciences and Humanities (SSH). Based on these three categories, 1,210 students with disabilities (39 per cent) studied social science and humanities subjects. Those studying STEM programmes totalled 958 students (31 per cent) and those studying business, management and administration programmes totalled 912 students (29 per cent). A small number of students (24) fell into technical subjects that were not coded to these three disciplines, for example catering or makeup design. This data suggests that while management might be the programme with the highest frequency, those studying social sciences or humanities subjects are the most widely spread, which aligns with the LMD data to some extent.

Figure 6: Distribution of students with disabilities by field of study (MoHEST data)

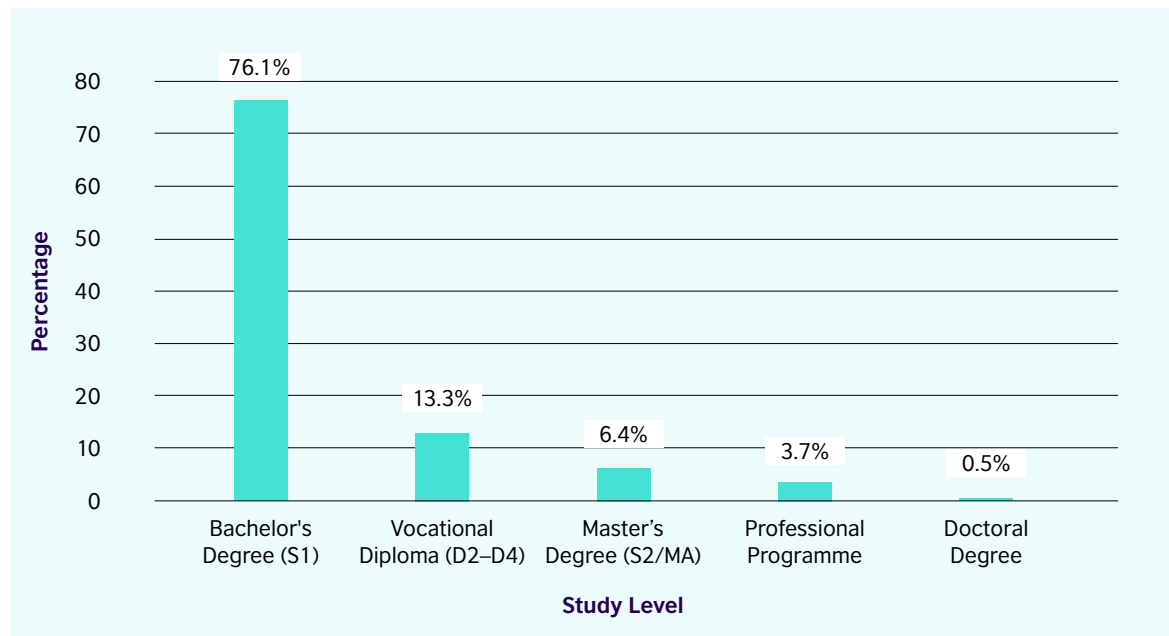


7. Study level and status of students with disabilities

The MoHEST data shows that the majority, 2,362 (76.1 per cent) of students are on S1 or bachelor-level programmes.

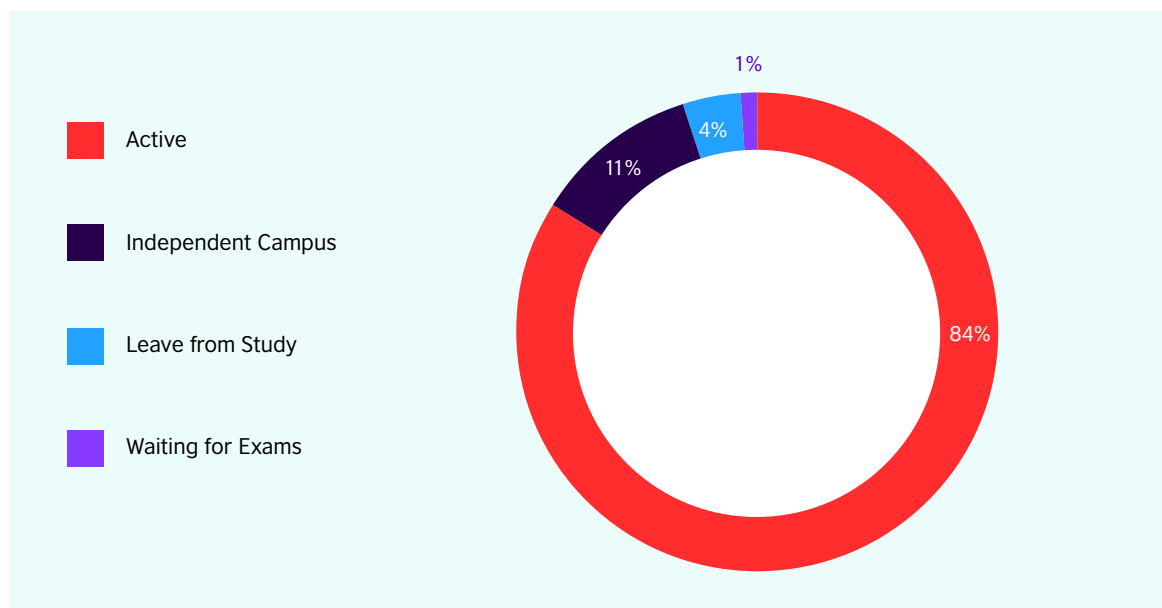
The next largest proportion is on D2–D4 or vocational diploma programmes at 413 (13.3 per cent). Only 200 (6.4 per cent) are reported to study at S2 or master's level. Next were students on a professional education/certification with 114 (3.7 per cent) and doctoral level with only 14 students (0.5 per cent).

Figure 7: Levels of study for students with disabilities (MoHEST data)



Of those studying, 2,610 students (84 per cent) were reported to be active on their programmes and 131 (four per cent) were on leave from study. Just over 10 per cent of students are registered as '*Kampus Merdeka*' programme and smaller proportions of students are waiting for exams (one per cent) or completing a double degree (0.2 per cent).

Figure 8: Academic status of students with disabilities (MoHEST data)



Institutional capacity and practice: Findings from the national survey

While national quantitative data provides important insights into the participation of students with disabilities in higher education, they reveal little about the institutional conditions that enable or constrain inclusion. To address this, a survey was conducted to evaluate the current state of disability inclusion in HEIs in Indonesia. This survey is the first of its kind and offers a novel and robust dataset to compare with the administrative data outlined in the previous chapter.

Methodology

The total survey population comprised approximately 4,500 HEIs and was drawn from administrative lists from MoHEST and the Ministry of Religious Affairs. However, the sample was drawn using a convenience sampling approach based on institutional willingness to participate. Invitations to complete the survey were distributed to HEIs via official letters from the Ministry of Education and Culture, the Ministry of Religious Affairs, and the National Commission on Disabilities (KND), which were selected based on their authority and broad reach within the higher education sector. The survey was open from December 2025 to February 2026. During this period, a total of 347 responses were received, and after data cleaning, 157 complete responses were obtained. The reasons for the high exclusion rate were multiple entries from the same HEI and/or incomplete responses.

The survey comprised ten sections, containing 50 primary questions along with their sub-questions. The survey was administered using Qualtrics, while data analysis was conducted using a combination of IBM SPSS Statistics and Jupyter Notebook. Descriptive analysis was conducted to summarise the institutional characteristics and distribution of disability inclusion practices amongst participating HEIs. Cross-tabulation was employed to deal with items involving multiple responses and grouped indicators. The analysis focused on examining the distribution of disability inclusion indicators across institutional characteristics, specifically the type of HEI, the presence of disability-related academic programmes, and key institutional dimensions including governance, academic provision, infrastructure, and support services.

The research instrument was developed with input from a working group comprising academics from various universities in Indonesia, including Universitas Indonesia (UI), Universitas Islam Negeri Sunan Kalijaga (UIN Suka), Universitas Padjadjaran (Unpad), Universitas Jenderal Achmad Yani (Unjani), and Universitas Brawijaya (UB). In addition to academics, development of the instrument involved Disability and Elderly Movement of Indonesia (DILANS Indonesia), the National Commission on Disabilities (KND), as well as

representatives from the Directorate of Learning and Student Affairs (Belmawa), MoHEST and the Ministry of Religious Affairs (MoRA). Instrument development commenced in June 2025 and concluded in September 2025.

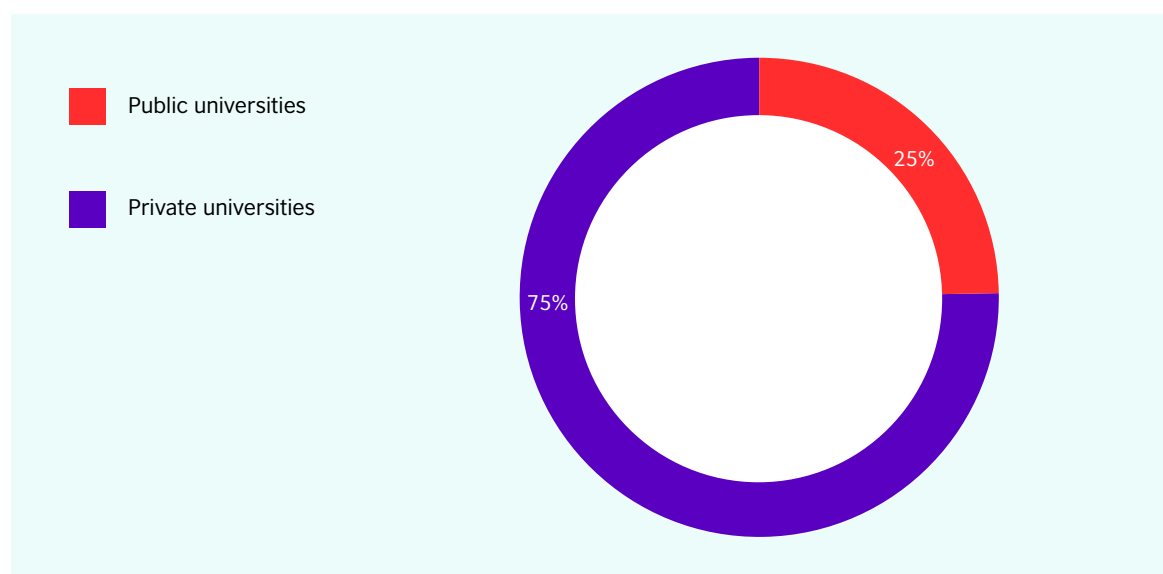
The research team subsequently finalised the survey to ensure its relevance and validity, with all items aligned with the DIIF (Evans & Zhu, 2022), which encompasses the meta themes of shared ownership, empowerment, and independence.

Findings

1. Profile of responding higher education institutions

Out of the 157 responding HEIs, the majority were from private universities (PTS), accounting for 118 respondents (75 per cent), while 39 respondents (25 per cent) were from public universities (PTN). Only 6.4 per cent of all responding universities reported having a special education programme (PLB).

Figure 9: Distribution of responding institution (public and private)



On average, public universities reported having more than 20,000 active students, while private universities reported an average of just over 5,000 students.

Table 6: Average number of students per university (2024)

Type of HEI	Total students	Average students per institution
Public	962,400	24,677
Private	593,430	5,029
Total	1,555,830	9,910

The data indicates a considerable difference in the number of lecturers and academic staff between public and private universities. Public universities recorded a total of 73,230 lecturers and academic staff, with an average of 1,878 per institution. Private universities, meanwhile, recorded a total of 52,810 lecturers and academic staff, with an average of 448 per institution.

Table 7: Average number of lecturers and academic staff per university (2024)

Type of HEI	Total academic staff	Average per institution
Public	73,230	1,878
Private	52,810	448
Total	126,040	803

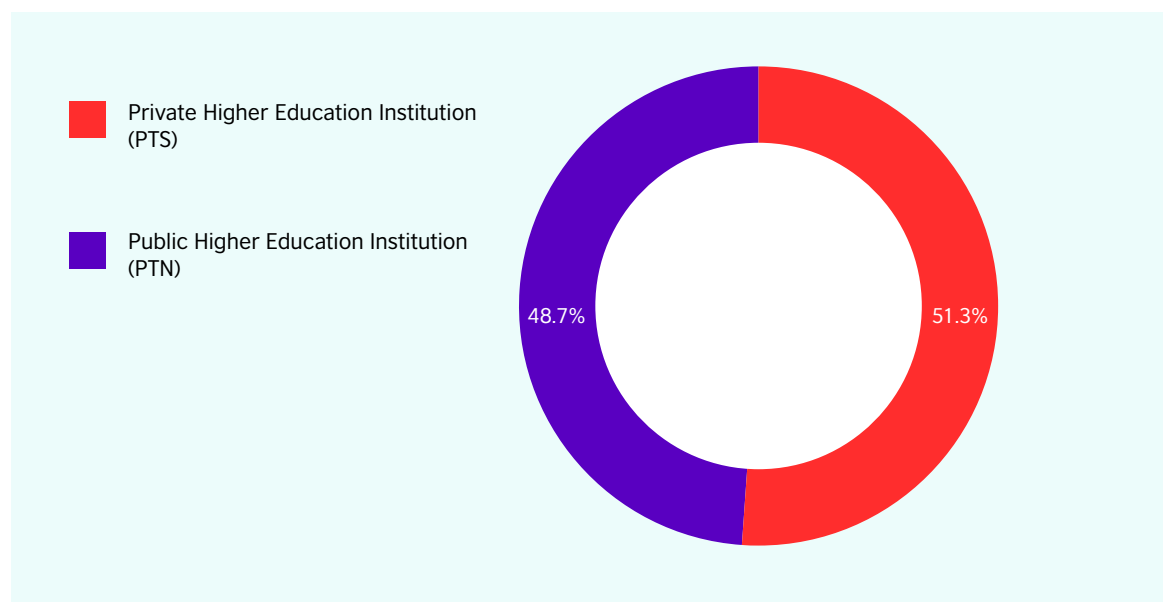
2. The governance system of disability inclusion in Indonesian HEIs

2.1 Distribution of students with disabilities in Indonesian HEIs

Across the 157 respondent universities, 2,912 students with disabilities were recorded, with an average of 18 students per institution. The survey results indicate that the majority of students with disabilities are enrolled in private universities, comprising 1,493 students (51.3 per cent). Most students with disabilities are also concentrated in universities that have an established DSU, with 2,491 students distributed across 84 HEIs.

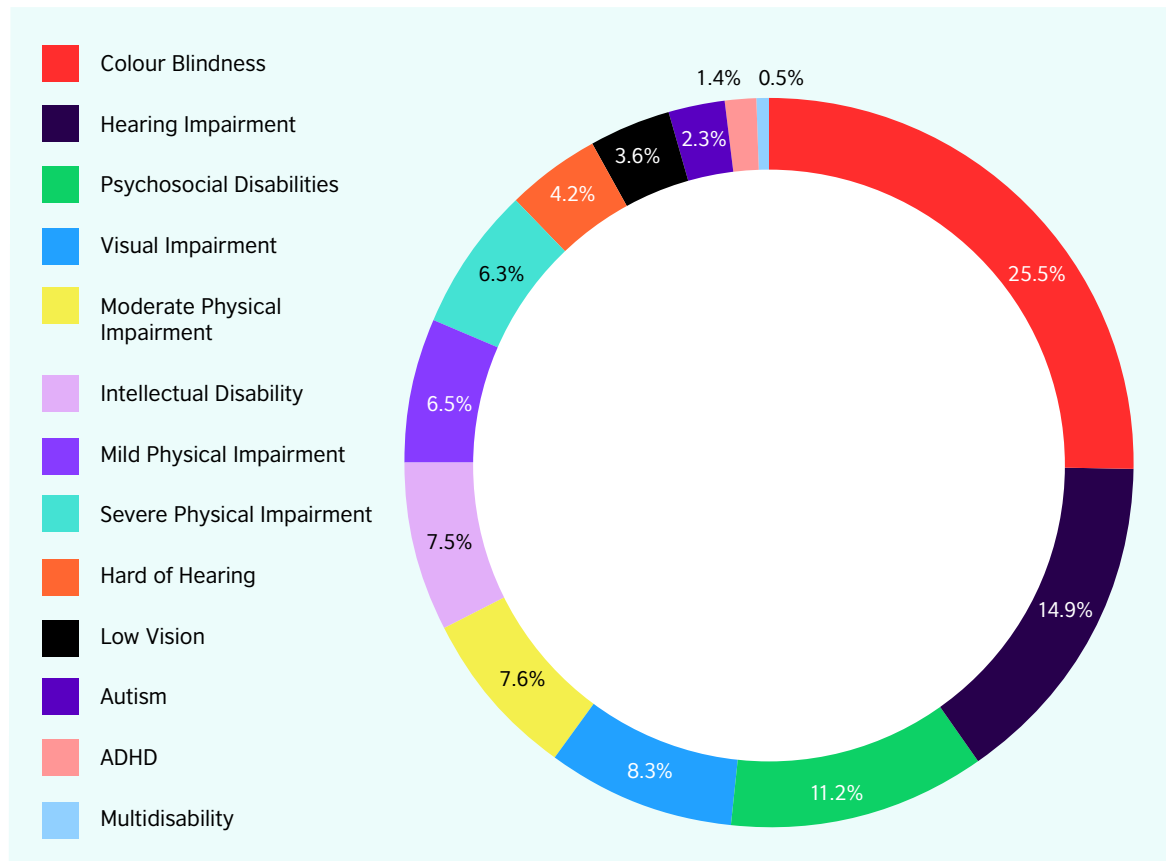
This pattern suggests that access to higher education for students with disabilities tends to be concentrated in institutions that have established disability support structure and more formalised service provision. However, this distribution should not be read directly as an indicator of inclusion quality; rather, it reflects structural factors such as institutional capacity, perceptions of service reliability, and the degree of administrative readiness in responding to national disability policies.

Figure 10: Distribution of students with disabilities in Indonesian HEIs



At the same time, the findings indicate that 14.5 per cent of students with disabilities (421 individuals) are still enrolled in universities without a DSU (73 institutions), highlighting a gap in the provision of formalised support. Furthermore, the notably small proportion of students with disabilities at universities offering special education (PLB/PKh) programmes, comprising only 10 universities (28.8 per cent), suggests that the presence of academic expertise in disability does not automatically correlate with higher enrolment of students with disabilities. It should also be noted that responding universities offering PLB/PKh or special education programmes in Indonesia remain limited in number, with only six public universities and four private universities currently offering such programmes.

Figure 11: Distribution of types of student disabilities



Data on the number of students with disabilities shows considerable variation across disability types at the universities surveyed. In general, the category with the highest number of students is colour blindness (488), followed by hearing impairment (286), psychosocial disability (215), and visual impairment (159). Meanwhile, several other categories, such as moderate physical impairment (146), intellectual disability (144), mild physical impairment (124), and severe physical impairment (121), are also recorded in substantial numbers. In contrast, categories with relatively smaller numbers include low vision (69), hard of hearing (80), autism (44), ADHD (27), and multiple disabilities (10). This distribution indicates that the presence of students with disabilities in higher education is not only concentrated in one disability but covers a fairly diverse spectrum of conditions.

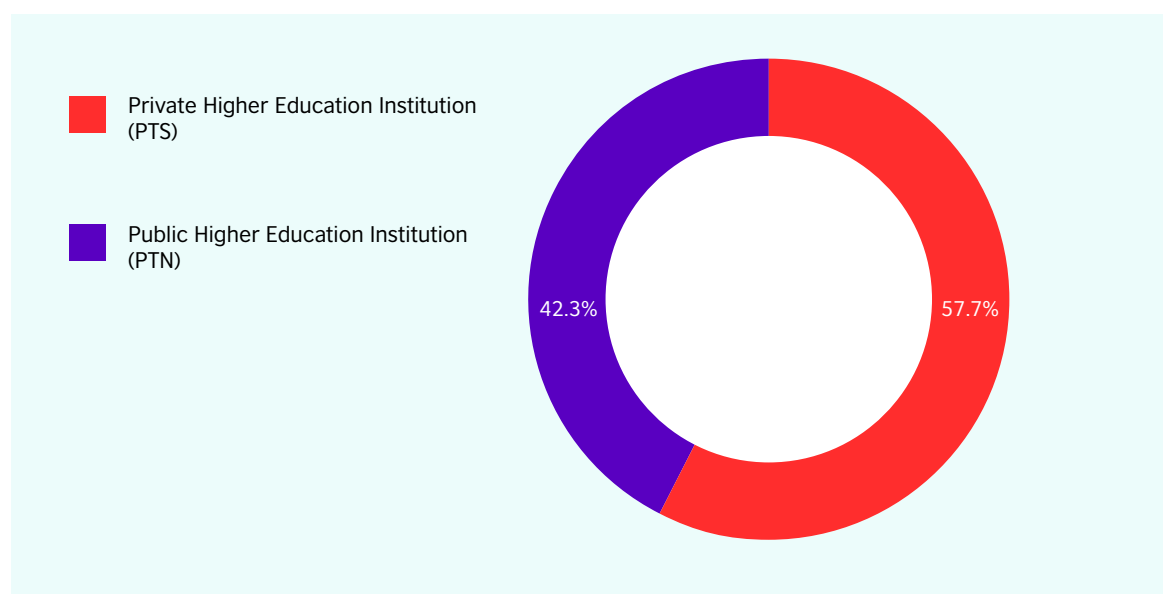
Distinct distribution patterns are also seen across different HEIs. Students who are colour blind are highly concentrated in public universities (477 students) compared to private universities (11 students), while other categories tend to be more prevalent in private universities, such as low vision (60 out of 69 students), hearing impairment (64 out of 80 students), severe physical impairment (86 out of 121 students), intellectual disabilities (102 out of 144 students), moderate physical impairment (113 out of 146 students), and psychosocial disability (161 out of 215 students).

Some categories show a more balanced distribution between public universities and private universities, such as visual impairment (66 in public universities; 93 in private universities) and hearing impairment (154 in public universities; 132 in private universities). Meanwhile, categories with very small numbers, such as multiple disabilities, were recorded at eight students in public universities and two in private universities. This pattern indicates that the characteristics of the reported population of students with disabilities may differ between public and private universities, possibly influenced by factors such as student admission mechanisms, support service capacity, and disability reporting and identification practices at each institution.

2.2 Distribution of lecturers and academic staff with disabilities in Indonesian HEIs

This survey recorded an estimated 409 lecturers and academic staff with disabilities across the 157 participating HEIs, with an average of two per institution. The distribution shows a pattern consistent with that observed for students with disabilities, with a higher concentration in private HEIs (236 individuals, 57.7 per cent) compared to public HEIs (173 individuals, 42.3 per cent). Similarly, the presence of lecturers and academic staff with disabilities tends to be higher in HEIs that already have an established DSU (255) compared to those that do not (154). This pattern suggests that the representation of people with disabilities in professional roles within higher education remains heavily dependent on relatively well-established institutional structures, both in terms of formal legitimacy and administrative preparedness. Nevertheless, the considerable proportion of lecturers and academic staff with disabilities employed at institutions without a DSU also indicates that their participation is not always accompanied by formalised institutional support.

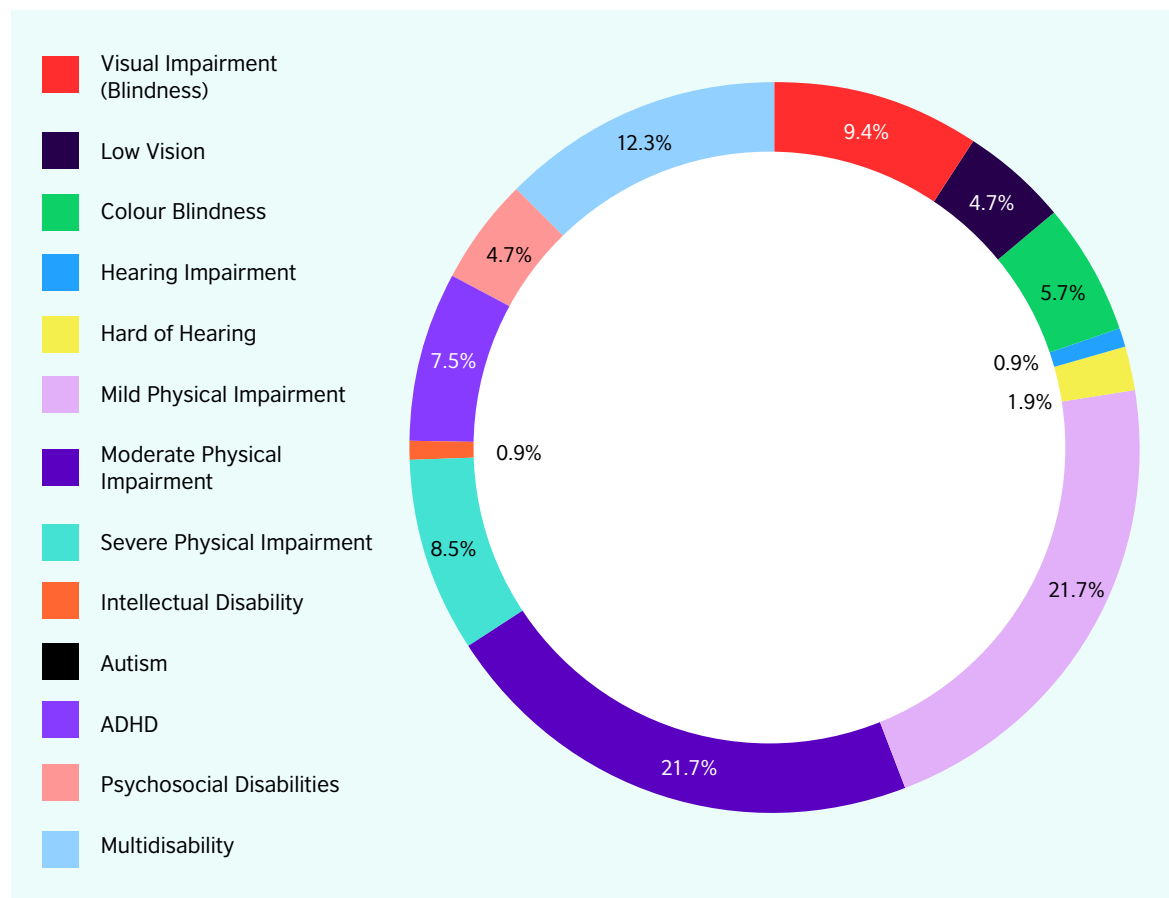
Figure 12: Distribution of lecturers and academic staff with disabilities



The distribution of lecturers and academic staff with disabilities by disability type reveals a markedly more restrictive pattern of exclusion than that observed for students. Almost all disability categories appear in very limited numbers, and some are entirely unrepresented, such as multiple disabilities (0). The largest representation is found in mild and moderate physical disabilities (both 23 individuals, respectively), with a relative concentration in public HEIs, followed by psychosocial disabilities (13 individuals), which are more skewed towards private HEIs. This pattern suggests that participation of people with disabilities in professional roles within higher education tends to be limited to disability types perceived as most compatible with existing academic work structures.

Furthermore, the dominance of private HEIs across categories such as autism (eight), colour blindness (six), low vision (five), ADHD (five), hard of hearing (two), and both hearing impairment and intellectual disability (one each), whilst public HEIs record higher numbers only in severe physical impairment (eight), and the balanced distribution between public universities and private universities, such as visual impairment (five in public universities; five in private universities) points to differences in institutional culture about the recognition and reporting of staff disabilities. This raises the possibility that non-physical and less visible disabilities continue to face considerable structural barriers in the recruitment and retention of lecturers and academic staff, particularly within more bureaucratically structured public HEIs. Taken together, this distribution indicates that disability inclusion at the professional staff level in higher education remains highly selective and normative and does not yet reflect the full diversity of the disability spectrum. This further indicates that inclusion in Indonesian higher education is more advanced at the student level than at the staff level.

Figure 13: Distribution of types of disabilities of lecturers and academic staff

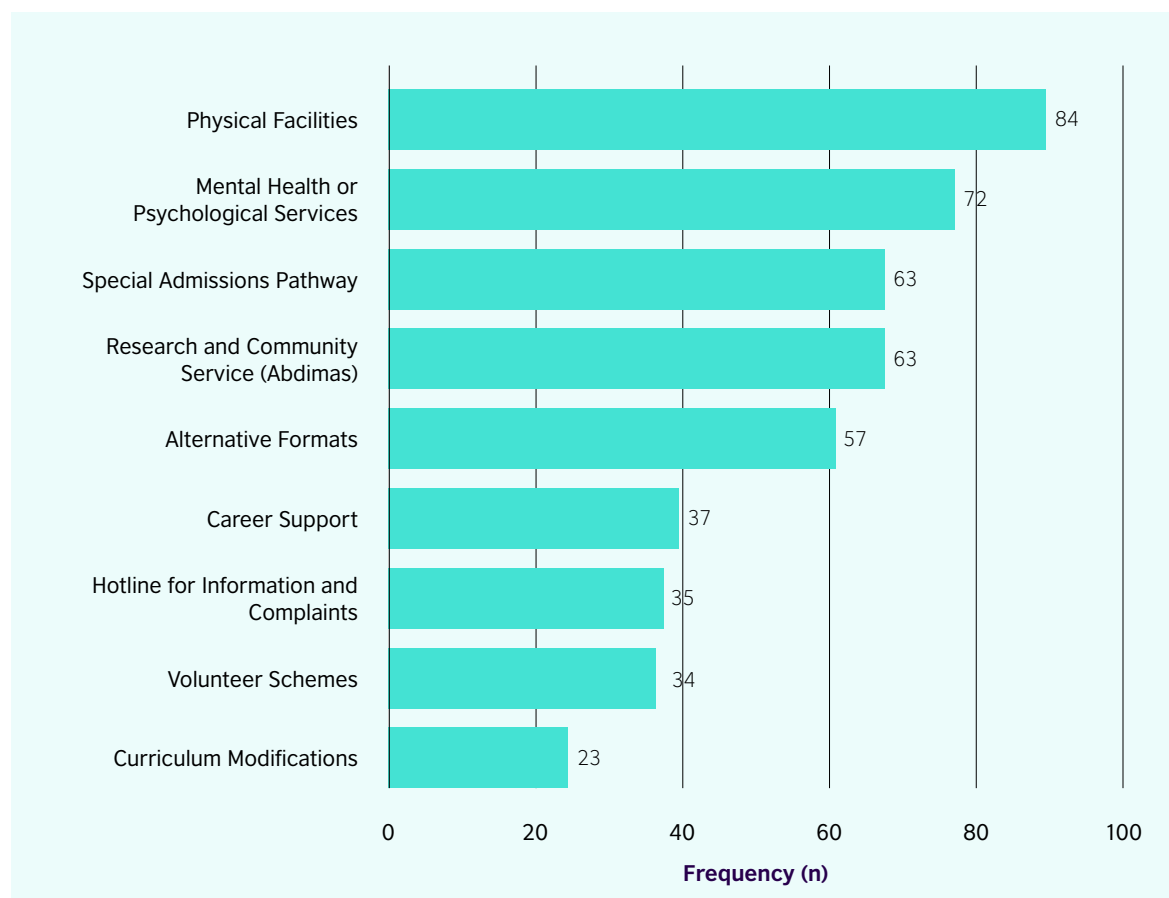


2.3 Proportion of service availability for students, lecturers and academic staff with disabilities in higher education

The proportion of service availability for students and staff with disabilities indicates that institutional support in higher education is still concentrated on aspects that are most visible and relatively easy to standardise. Physical facilities at 17.9 per cent (84) and mental health or psychological services at 15.4 per cent (72) are the two most widely available forms of service, followed by special admissions pathway at 13.5 per cent (63), research and community service (*abdimas*) at 13.5 per cent (63), alternative formats at 12.2 per cent (57), and career support at 7.9 per cent (37). In contrast, services directly related to academic continuity and professional life transitions, such as hotlines for information and complaints at 7.5 per cent (35), volunteer schemes at 7.3 per cent (34) and curriculum modifications at 4.9 per cent (23) represent the lowest proportion. This pattern indicates that inclusion is still understood primarily as meeting basic needs and a symbol of care, rather than as comprehensive support or entitlement throughout the education and career cycle.

Analytically, this distribution suggests a policy orientation that is more reactive than transformative. The focus on physical facilities and mental health services may reflect a response to regulatory demands and dominant public discourse, while the low proportion of academic and career services indicates the limited integration of disability inclusion into the core mission of higher education. The absence of or minimal mechanisms for complaints and career support also suggest a weak rights-based approach, in which the voices and roles of people with disabilities, as both students and staff, have not been fully institutionalised. This confirms that the primary challenge to disability inclusion in Indonesian higher education is not simply the availability of services, but rather the depth and direction of institutional commitment to ensuring equal and sustainable participation.

Figure 14: Proportion of disability services availability in HEIs

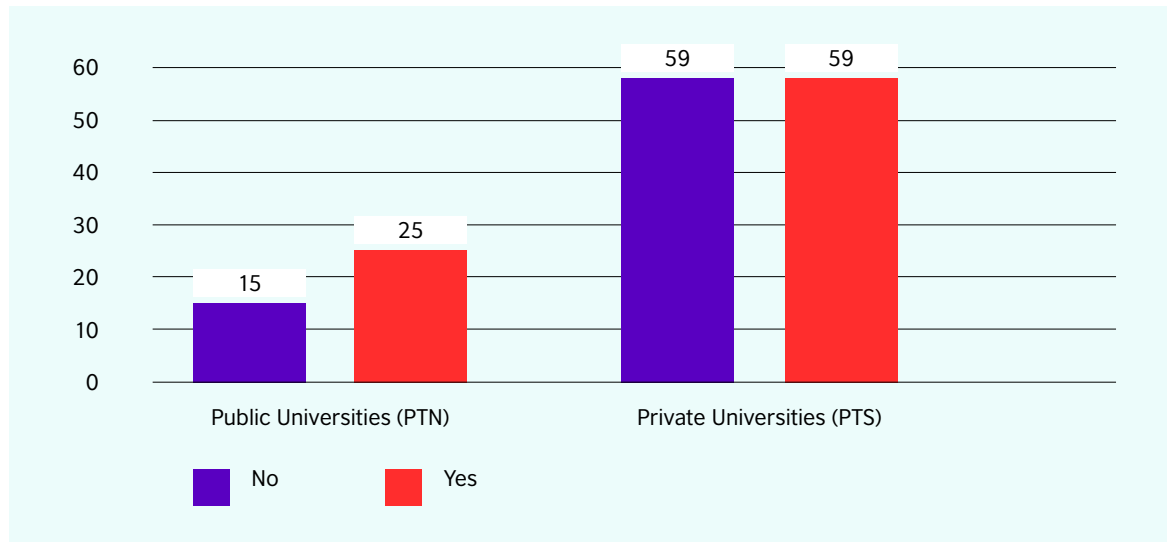


3. Disability inclusion in institutional governance

3.1 Institutionalisation of disability inclusion in higher education governance

Disability inclusion has not been fully institutionalised in higher education governance in Indonesia and remains heavily dependent on institutional status. Private HEIs record a higher prevalence of DSU establishment, with 59 institutions, compared to 25 public HEIs. However, many private HEIs (59 institutions, 50 per cent) have yet to establish a DSU.

Figure 15: Availability of disability service units across HEIs



Despite the absence of a DSU, services for students with disabilities in several HEIs are delivered through various existing units, such as counselling services, health clinics, sexual violence prevention task forces, and student affairs units. Illustrated through word cloud on Figure 16, units highlighted the importance of providing counseling and health services. This indicates that responses to disability-related needs are often ad hoc and dispersed across multiple units, rather than being channelled through a single, integrated governance structure. This suggests that inclusion is still understood as an ancillary operational function, rather than a clearly defined and centralised institutional mandate.

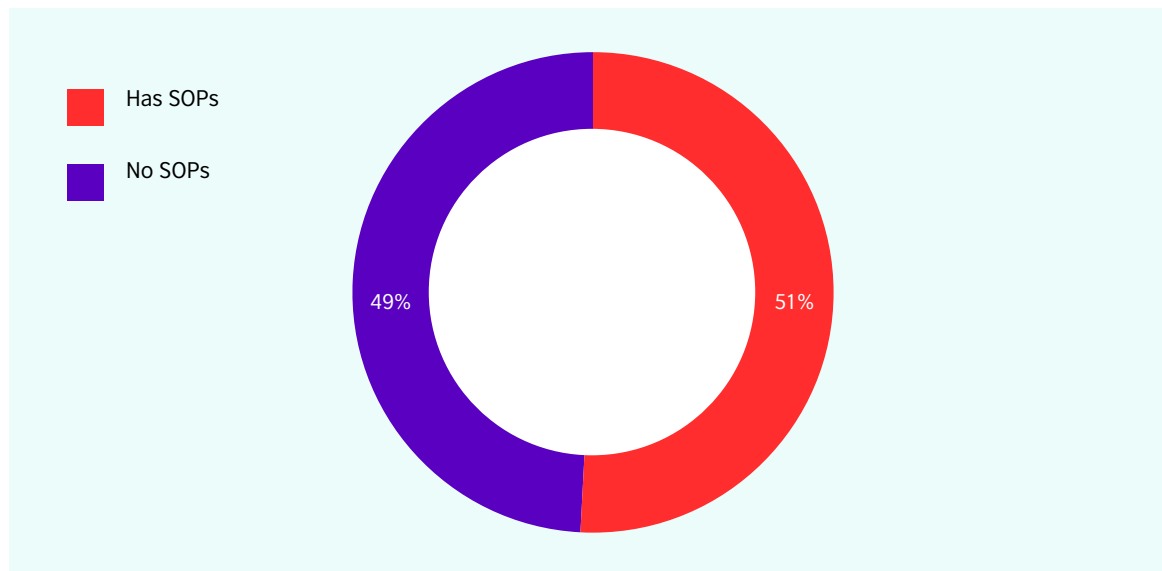
Figure 16: Other units providing services for people with disabilities in HEIs



3.2 Higher education policy and accountability in disability inclusion

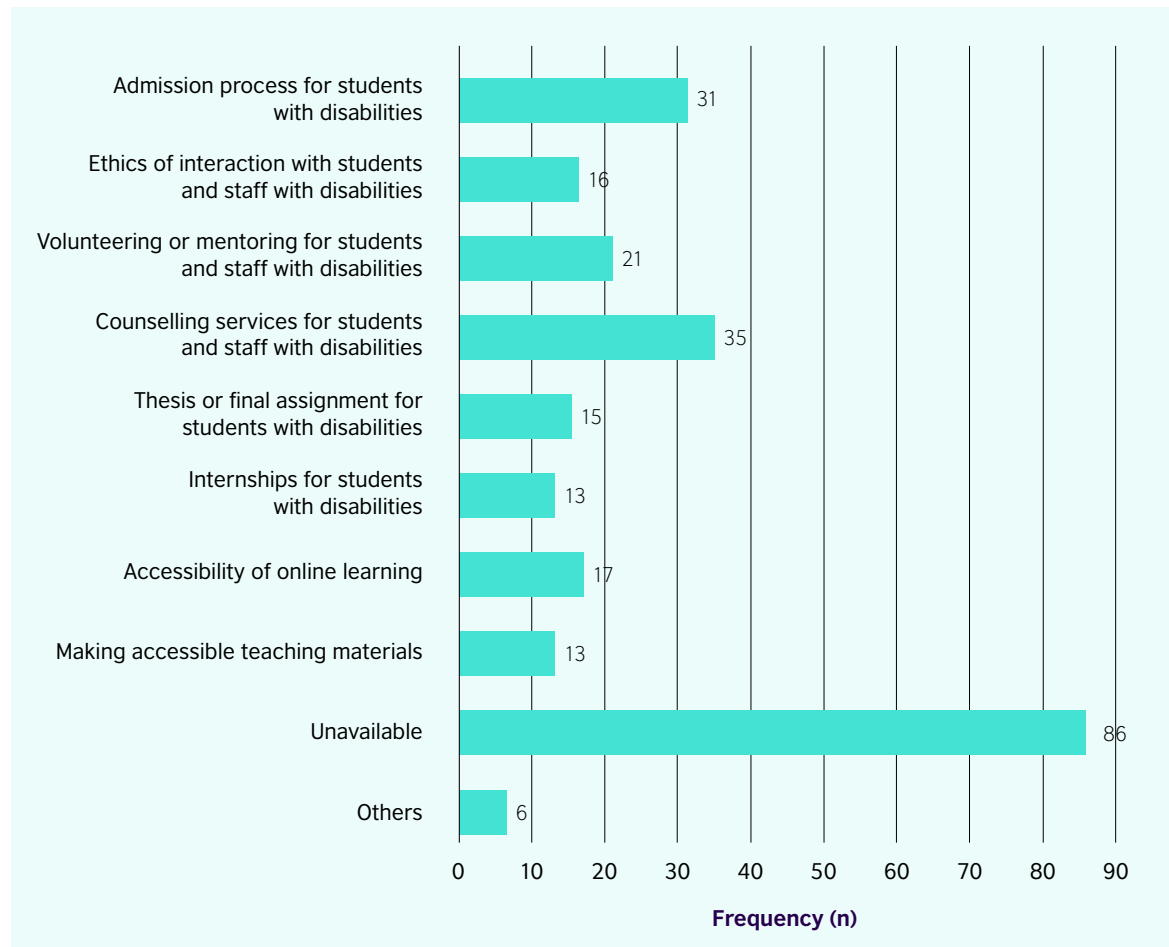
Institutional limitations in implementing disability inclusion become increasingly apparent at the policy and accountability levels. While 43 (51 per cent) of HEIs with a DSU have developed standard operating procedures (SOPs), 41 (49 per cent) continue to operate their DSU without formal guidelines.

Figure 17: Ownership of SOPs and guidelines in the DSU



Furthermore, nearly a third of all responding HEIs (56 institutions, 35.7 per cent) have yet to incorporate disability inclusion into their institutional strategic plans.

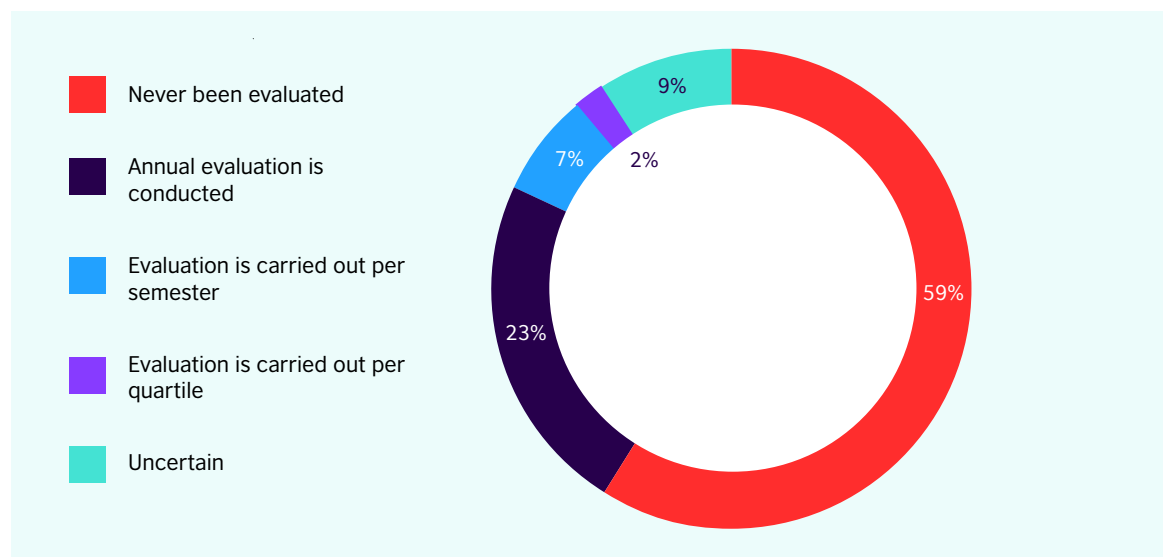
Figure 18: Availability of guidelines for disability inclusion in HEIs



Nearly half of universities (54.8 per cent) stated that they do not have any disability inclusion guidelines at all, while the proportion of more specific guidelines, such as those for online learning accessibility (10.8 per cent), interaction ethics (10.2 per cent), theses or final assignments (9.6 per cent), internships for students with disabilities, and the creation of accessible teaching materials (8.3 per cent) remains very limited.

This pattern indicates that inclusion practices have not yet been translated into clear and consistent operational guidelines, leaving them highly dependent on unit or individual discretion. The absence of these guidelines has the potential to widen the gap in the experiences of students and staff with disabilities between faculties and between services and also indicates that inclusion has not yet been positioned as a binding institutional communication standard or commitment.

Figure 19: Frequency of DSU performance evaluation



This situation is exacerbated by weak evaluation mechanisms, with more than half of respondents (59 per cent) stating they had never conducted a performance evaluation of their DSU. If they had conducted an evaluation, 93.6 per cent of respondents stated that the results were not publicly disclosed. Overall, these findings confirm that disability inclusion in Indonesian higher education remains at an early administrative stage and is not yet fully mainstreamed into governance systems, strategic decision-making, and public accountability mechanisms.

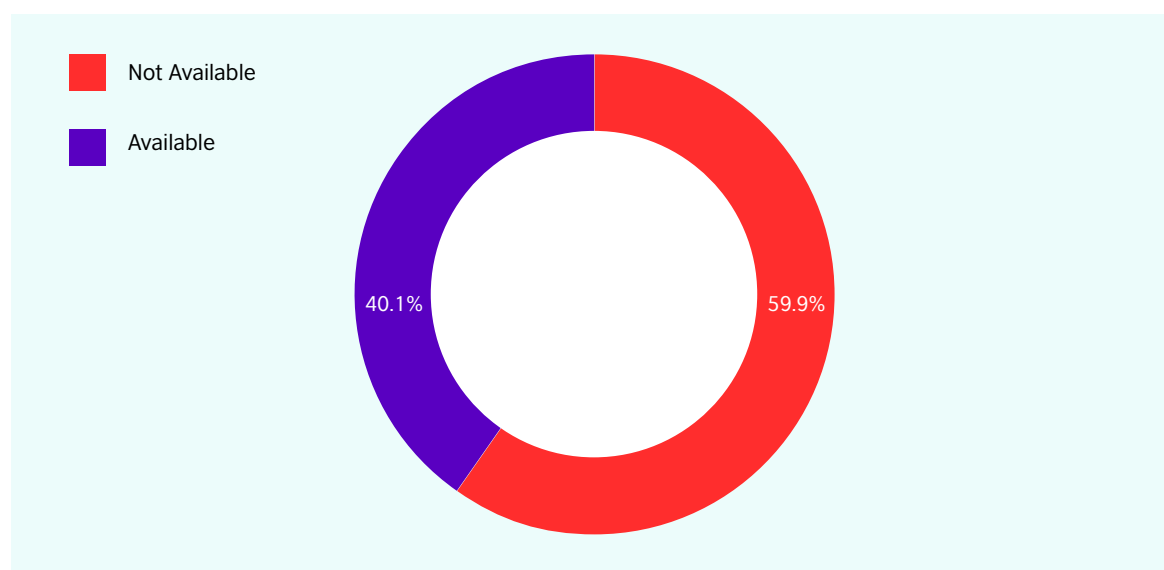
The involvement of people with disabilities in DSUs or other units within universities that provide services for people with disabilities is also relatively limited. Even amongst HEIs that have an established DSU, there are still 32 institutions without any involvement of students or staff with disabilities at all, while leadership roles are only present in ten universities. The minimal representation of people with disabilities in DSUs or similar units has the potential to have structural and substantive impacts. First, this condition can lead to services and policies that are less responsive to the real needs of people with disabilities, because planning and decision-making are not based on lived experience. Second, the low involvement of people with disabilities risks reinforcing a top-down approach, whereby students or staff with disabilities are positioned solely as recipients of services, rather than as empowered subjects with a voice.

4. Admission of students, lecturers, and academic staff with disabilities in higher education

4.1 Availability of special admission pathways for people with disabilities

Student admission and employee recruitment mechanisms at Indonesian HEIs remain a major weakness in disability inclusion practice. The majority of HEIs (59.9 per cent), representing 94 of the 157 respondents, do not yet provide a dedicated admission pathway for prospective students with disabilities, with a relatively consistent pattern across both private HEIs (64.4 per cent) and public HEIs (46.2 per cent). This absence of dedicated pathways is further compounded by low levels of disability-sensitive initial screening, with 68 HEIs (43.3 per cent) reporting that no screening is conducted at the student admission or staff recruitment stage. This finding suggests that selection processes remain designed around a presumed standard (non-disabled) applicant profile, such that accommodation needs tend to be considered only after individuals with disabilities have successfully entered the institution, rather than from the outset.

Figure 20: Availability of dedicated admission pathways for students with disabilities

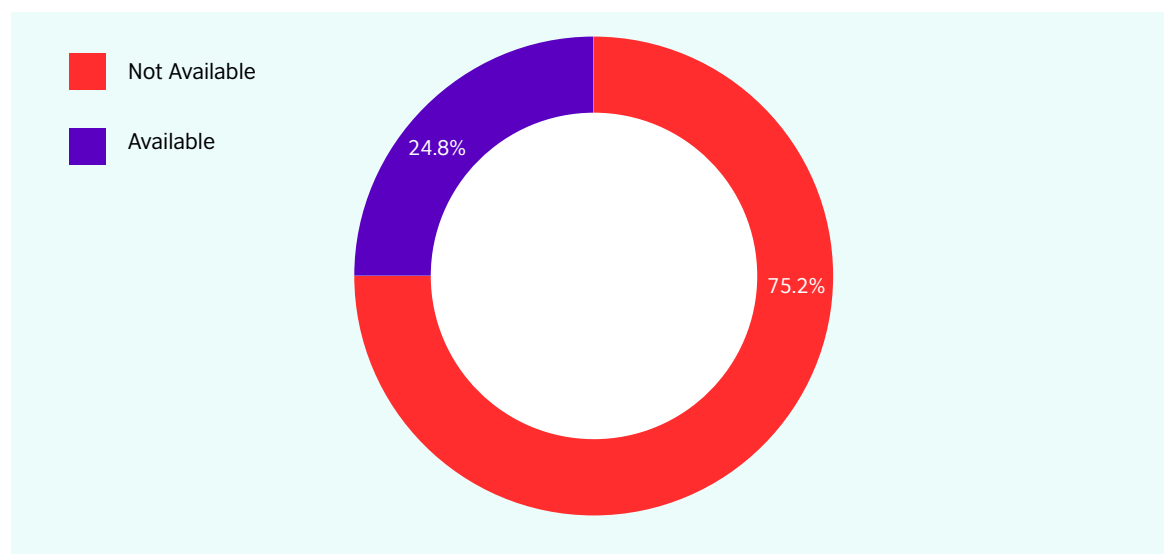


However, there are some positive signs worth noting. The existence of special admission pathways for students with disabilities at 63 universities (40.1 per cent) indicates that some institutions have begun to recognise the need for more equal access mechanisms. Similarly, over half of the universities, or 89 universities (56.7 per cent), have implemented initial screening, which can be understood as an initial effort to adjust academic and work support from the entry stage.

4.2 Availability of dedicated recruitment pathways for employees with disabilities

A similar pattern is more pronounced in the context of employee recruitment, where only 39 HEIs (24.8 per cent) have dedicated recruitment schemes for staff with disabilities, with public HEIs accounting for the majority of these (20 institutions). Furthermore, most of these practices are concentrated in HEIs with an established DSU (30 per cent). This limited policy integration is further exacerbated by the lack of explicit public communication regarding institutional openness to people with disabilities in admission and recruitment processes, with 71 HEIs (45.2 per cent) reporting that no such commitment has been publicly communicated. Analytically, this pattern indicates that disability inclusion has not been embedded as a guiding principle in institutional selection practices, rather it relies on sporadic initiatives and individual institutional interpretation. As a result, the risk of structural exclusion at the earliest stages of the education and employment cycle remains considerable.

Figure 21: Availability of dedicated recruitment pathway for employees with disabilities



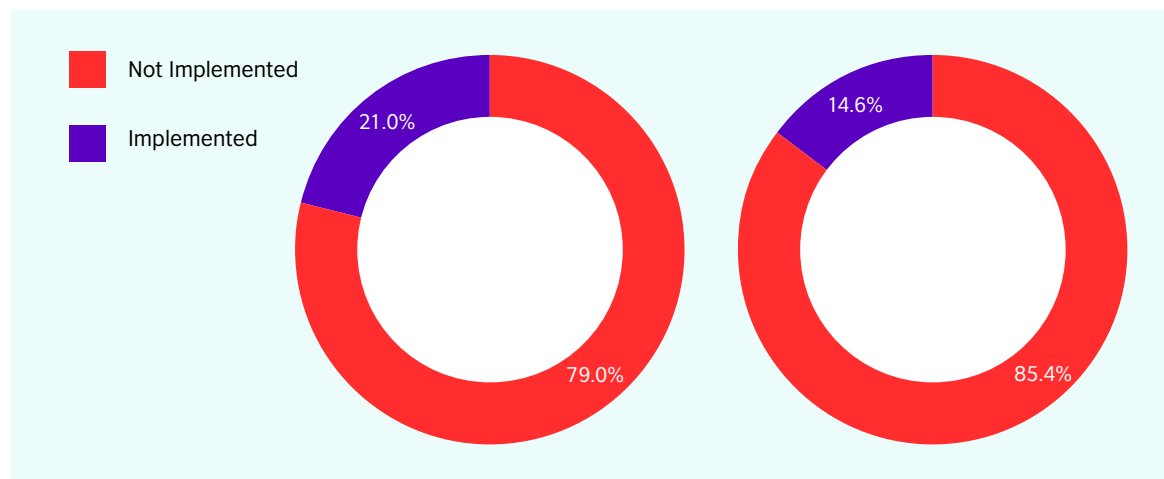
5. Disability inclusion across three pillars (Tridharma) of higher education (education, research, and community services)

5.1 Implementation of Universal Design for Learning (UDL) and curriculum modification in teaching and learning

Findings related to the teaching and learning dimension reveal a consistent pattern of low implementation of Universal Design for Learning (UDL) and minimal curriculum modification across Indonesian HEIs. Only 33 HEIs (21 per cent) reported having adopted UDL principles in their learning processes, while 124 HEIs (79 per cent) indicated that they had not yet done so.

Curriculum modification practices are similarly limited, with only 14.6 per cent of HEIs reporting that they had graduate competency standards adjusted to programme-level outcomes (CPL), course-level learning outcomes (CPMK), teaching methods, assessment practices, or examination and assignment time allocations. The remaining 85.4% had not undertaken any such modifications. This pattern is relatively consistent across both public and private HEIs, although public HEIs appear marginally more progressive in this regard (17.9 per cent versus 13.6 per cent).

Figure 22: Implementation of UDL (left) and curriculum modification (right)



UDL has yet to become a common practice amongst respondent HEIs, across both public and private HEIs. Amongst public HEIs, approximately 76.9 per cent (30 institutions) reported not having implemented UDL, while only 23.1 per cent (nine institutions) had adopted it. A near-identical pattern is observed amongst private HEIs, where 79.7 per cent (94 institutions) had not implemented UDL and 20.3 per cent (24 institutions) had done so. When examined in relation to the presence of a DSU, there are indications that institutional structure may be associated with the level of adoption of inclusive learning practices, though the relationship is not entirely linear. Amongst HEIs without a DSU, the number of institutions reporting UDL implementation (63 institutions) is almost equal to those that have not (61 institutions). Conversely, amongst HEIs with an established DSU, UDL adoption appears relatively more prevalent, with 21 institutions reporting implementation compared to 12 that had not. This pattern suggests that the presence of a dedicated unit may be beginning to contribute to promoting more inclusive learning practices, although the existence of such a unit alone does not automatically guarantee the adoption of more accessible pedagogical approaches.

This finding is further reinforced by the low use of accessibility checkers in developing learning materials. Most respondents at 76.4 per cent (120 institutions) reported not having used accessibility checkers, while only 23.6 per cent (37 institutions) had done so. Technical aspects of ensuring accessibility to learning materials, such as compatibility with screen readers, accessibility-friendly document structures, or accessible formats, are still not standardised practice in developing teaching and learning materials.

A similar gap is evident regarding student access to course syllabi (RPS) and learning schedules. While over one third of HEIs (38.9 per cent) indicated that students with disabilities already have access to these materials, the majority (61.1 per cent) have not yet ensured the availability of academic information that would enable students to manage their own learning independently.

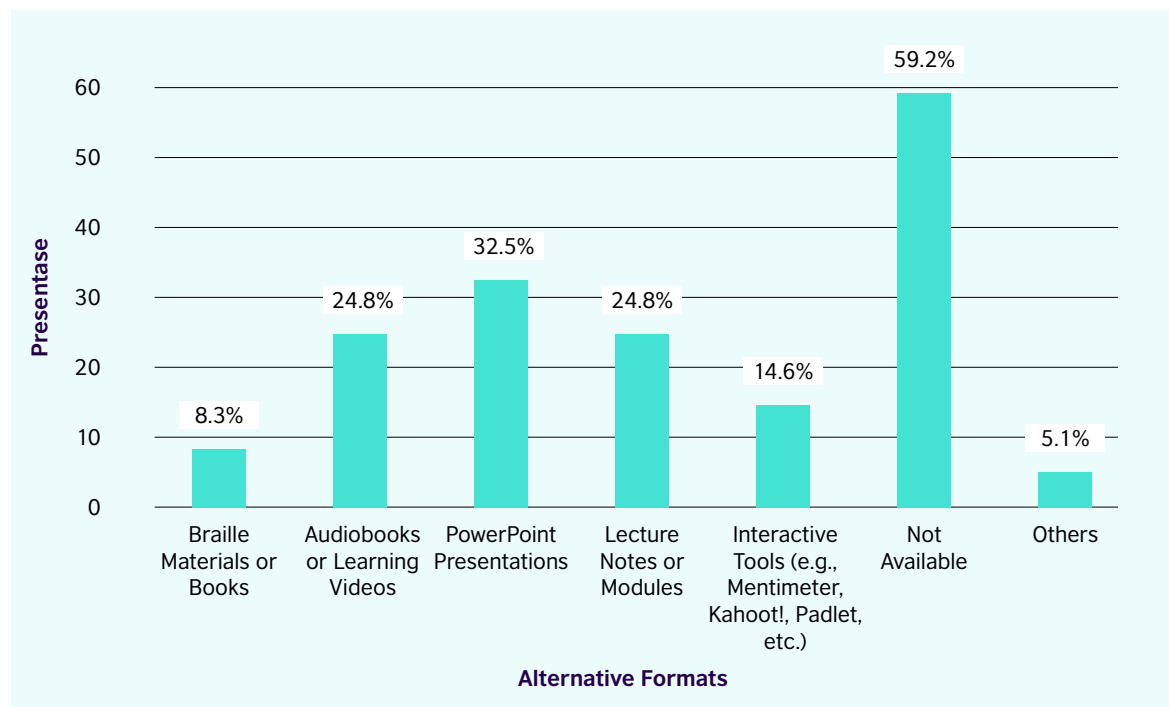
Overall, these findings suggest that efforts towards more inclusive teaching and learning in Indonesian HEIs are still in their early stages, with instructional design approaches that account for the diversity of student needs yet to be fully integrated into everyday academic practice.

5.2 Types of alternative formats provided by HEIs

The distribution of learning materials for students with disabilities indicates that the majority of HEIs have yet to provide alternative learning formats, with 59.2 per cent (93 HEIs) reporting no provision of such formats. Amongst HEIs that have made alternative learning materials available, the most commonly used formats are PowerPoint presentations or similar visual media at 32.5 per cent (51 HEIs), followed by 24.8 per cent (39 HEIs) for both printed modules or handouts and audiobooks or instructional videos (see Figure 23). The accessibility of these materials was not explored, so it remains possible that even where handouts are provided there may still be challenges for students with a disability depending on the impairment. These findings suggest that learning accommodations remain dominated by conventional formats that are relatively easy and inexpensive to implement.

More adaptive and inclusive formats, by contrast, remain limited in their uptake. Interactive learning tools were reported by only 14.6 per cent (23 HEIs), while braille materials are available in only 8.3 per cent (13 HEIs). Overall, this pattern indicates that the provision of accessible learning materials in Indonesian HEIs remains uneven and has yet to be systematically integrated into mainstream learning practice.

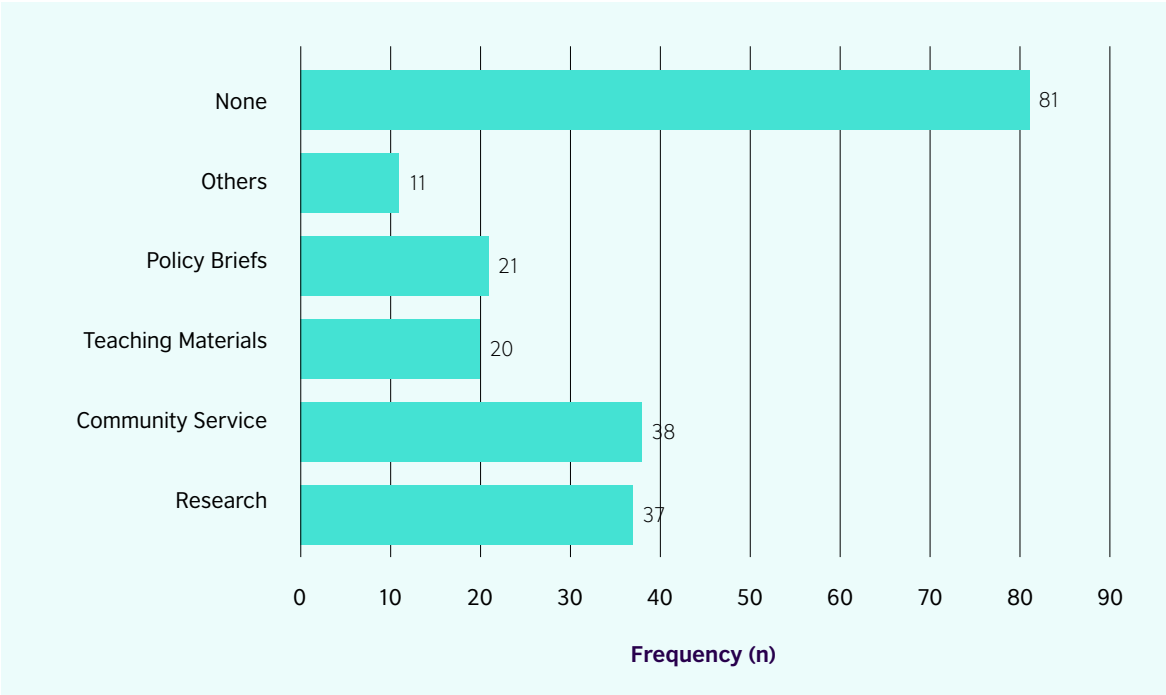
Figure 23: Types of alternative formats provided by HEIs



5.3 Disability inclusion in research, publication, and community service

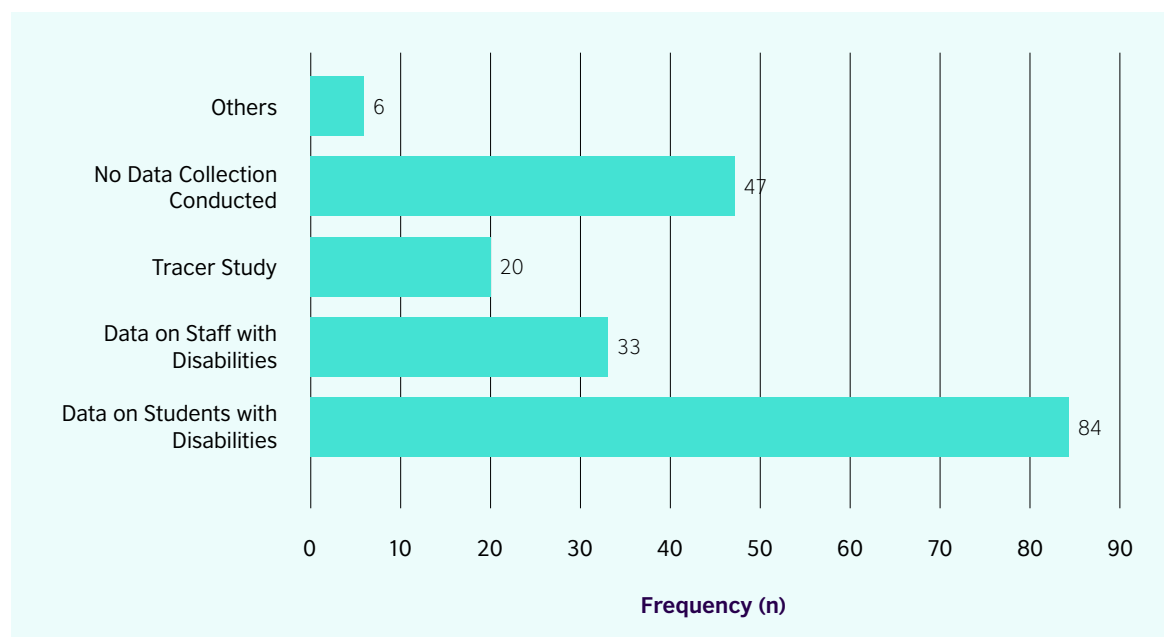
Disability inclusion appears to be entering the higher education sector, but it is yet to become mainstream. Approximately 38 HEIs reported conducting community service programmes related to disability inclusion, and 37 reported conducting research on the same issue, while knowledge production in the form of teaching materials (20 HEIs) and policy briefs (21 HEIs) remains very limited. Furthermore, 81 HEIs reported having no research or community service activities related to this issue. This suggests that disability has not yet been established as a scientific domain worthy of systematic development within the Tridharma framework. Without sustained research and community service engagement, the experiences of students with disabilities are unlikely to be translated into meaningful institutional knowledge leading to more inclusive practice.

Figure 24: Research, publications, and community services related to disability inclusion



A small majority of responding HEIs (53.5 per cent, 84 HEIs) have collected data on students with disabilities, which may be regarded as an important first step. However, data collection on staff with disabilities (33 HEIs) and tracer studies (20 HEIs) remains relatively uncommon, whilst 29.9 per cent (47 HEIs) have collected no data of any kind on this issue. The question of data transparency further indicates the limitations of current institutional orientation: most data remains closed or with varying levels of disclosure ranging from staff-only access to partial public availability. While 23 HEIs have made all relevant data publicly available and 25 have made some data accessible, the absence of transparency standards suggests that data is more commonly treated as an institutional administrative record rather than as a source of accountability for shared learning. Nonetheless, the existence of HEIs that have begun to open their data publicly indicates that some institutions have come to regard disability inclusion as a legitimate issue to be studied, evaluated, and accounted for academically, rather than simply managed internally.

Figure 25: Data collection on disability inclusion in higher education



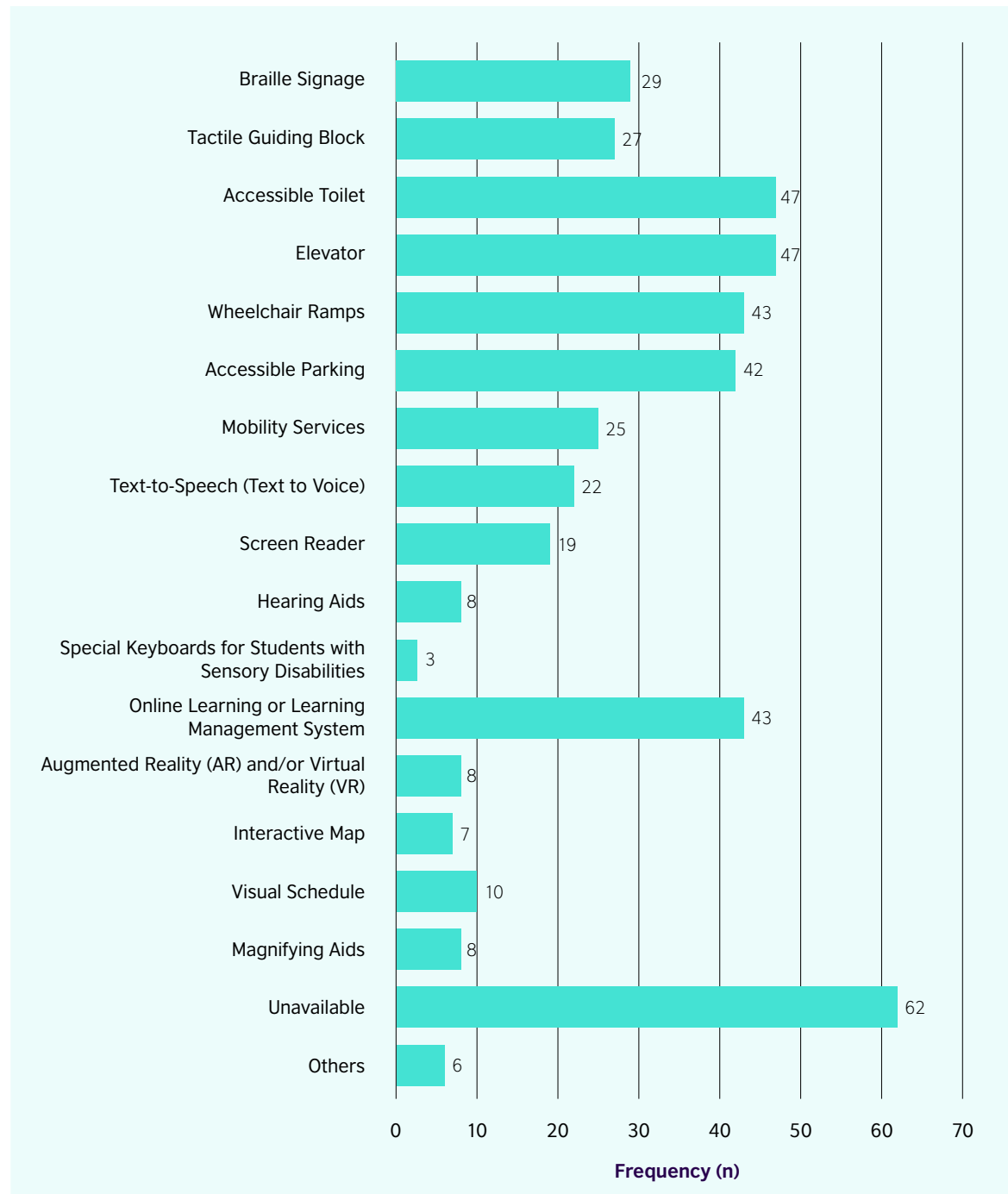
6. Accessibility supporting infrastructure

6.1 Physical facilities for people with disabilities

Data on the availability of physical facilities indicates that the most common forms of support in Indonesian HEIs continue to focus on basic structural accessibility. Accessible toilets (47 HEIs), lifts (47 HEIs), learning management systems or online learning platforms (43 HEIs), wheelchair ramps (43 HEIs), and accessible parking (42 HEIs) are amongst the more commonly available facilities. This pattern suggests that inclusion is frequently interpreted as meeting minimum standards that are physically visible and readily identifiable. Conversely, facilities requiring a more specific understanding of sensory and cognitive needs, such as hearing aids (eight HEIs), special keyboards (three HEIs), and magnifying aids (eight HEIs), remain very limited in availability. This disparity confirms that accessibility is not yet fully understood as encompassing a diverse spectrum of needs and continues to be oriented primarily towards visible physical disabilities and mobility.

The absence of any supporting physical facilities at 62 HEIs is a finding that warrants serious attention, suggesting weak institutional priority accorded to the mapping and provision of inclusive infrastructure. Nevertheless, the emergence of facilities such as tactile guiding blocks (27 HEIs), braille signage (29 HEIs), and contextual initiatives such as dedicated *diffable corners* in libraries and designated accessible pathways reflects localised efforts that are more attentive to the lived experiences of users with disabilities. These efforts represent a shift from the provision of general facilities towards a more user-centred approach, although their scale remains limited and they have not yet been systematically integrated at the institutional level.

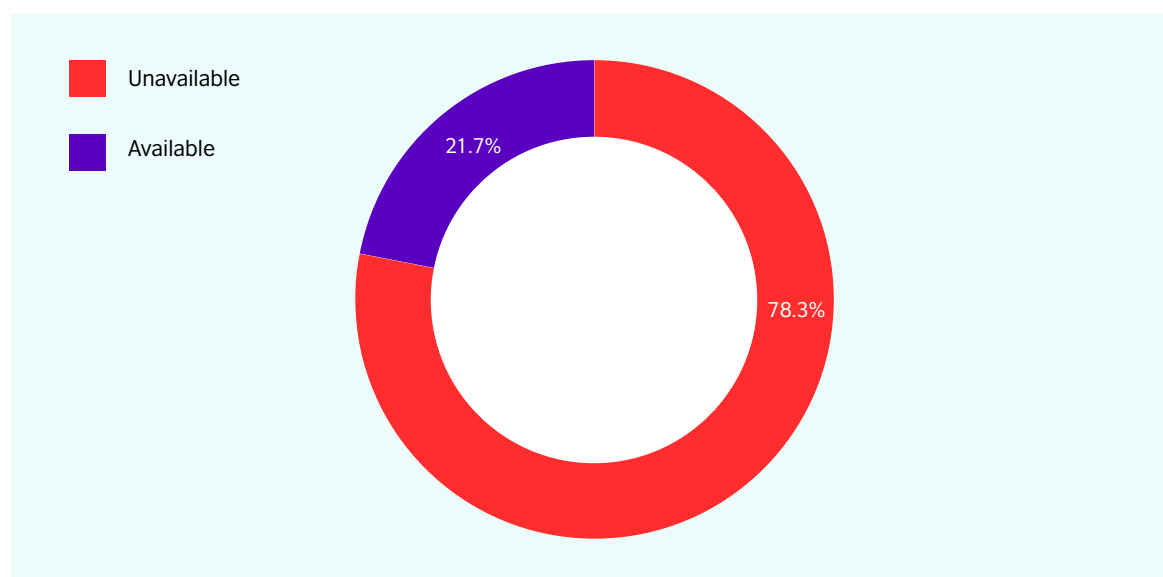
Figure 26: Availability of physical facilities for people with disabilities in HEIs



6.2 Volunteers and companions for students with disabilities

In general, the lack of mentors, volunteers, or assistants or companions for students with disabilities remains, with 78.3 per cent (123 HEIs) stating that they do not yet provide these services. Even at public universities, which are relatively more established institutionally, 72 per cent (28 HEIs) still do not have this support. A similar pattern is seen in private HEIs, where 81 per cent (95 HEIs) do not have mentors or volunteers. This gap indicates that personal support for students with disabilities, which is often a crucial element in overcoming academic and non-academic barriers, is still not systematically integrated into higher education services.

Figure 27: Availability of volunteers and mentors for students with disabilities



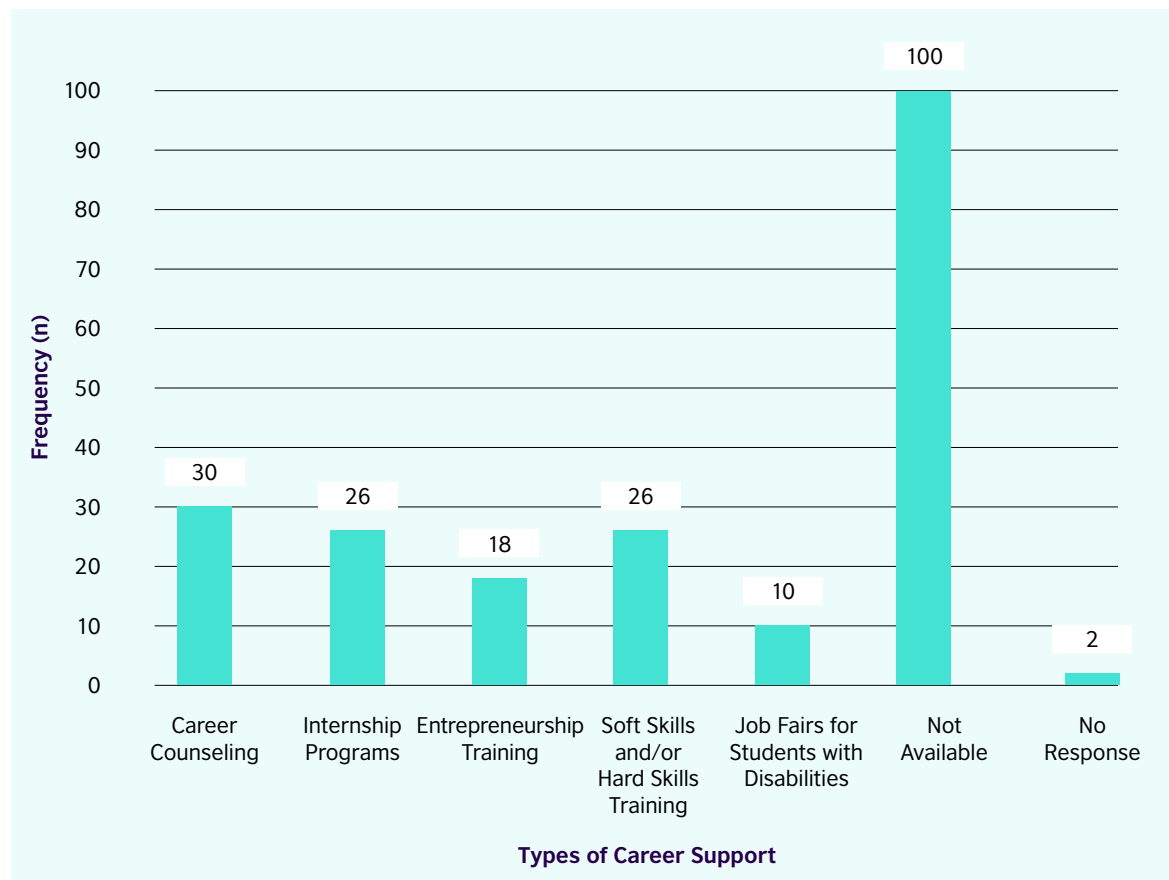
The emerging pattern also suggests a less linear relationship between the presence of a DSU and the availability of mentors, volunteers, or assistants. Among HEIs with a DSU, 70 institutions still do not provide mentors, while 53 institutions do. Conversely, among HEIs without a DSU, only three institutions do not yet have mentors, while 31 institutions reported providing them. This pattern indicates that the presence of a DSU does not automatically translate into the provision of formal mentoring schemes; in some cases, mentoring practices develop through informal or student-based mechanisms that inevitably are outside the remit and control of the HEIs.

In terms of the quality of support provided, most mentors or volunteers have not received specific training or certification. From the responding universities, 82.8 per cent (130) have not received training, while only 17.2 per cent (27) have received training or certification related to mentoring students with disabilities. The forms of support provided by mentors or volunteers show a relatively specific variety of functions. The most frequently mentioned role was mobility assistant (23 responses; 14.6 per cent), followed by sign language interpreter (18 responses; 11.5 per cent), tutoring (16 responses; 10.2 per cent), and note-taking or note-taking assistant (13 responses; 8.3 per cent), with several other more limited responsibilities (seven responses; 4.5 per cent). This distribution indicates that the available assistance is generally focused on practical access needs in the learning process and daily campus activities. While still relatively limited, this diversity of support forms indicates that some universities have begun to identify types of assistance relevant to students with disabilities. With strengthened policies, training, and institutional coordination, these currently patchy practices have the potential to develop into a more structured and sustainable support system.

6.3 Career and psychological support for students with disabilities

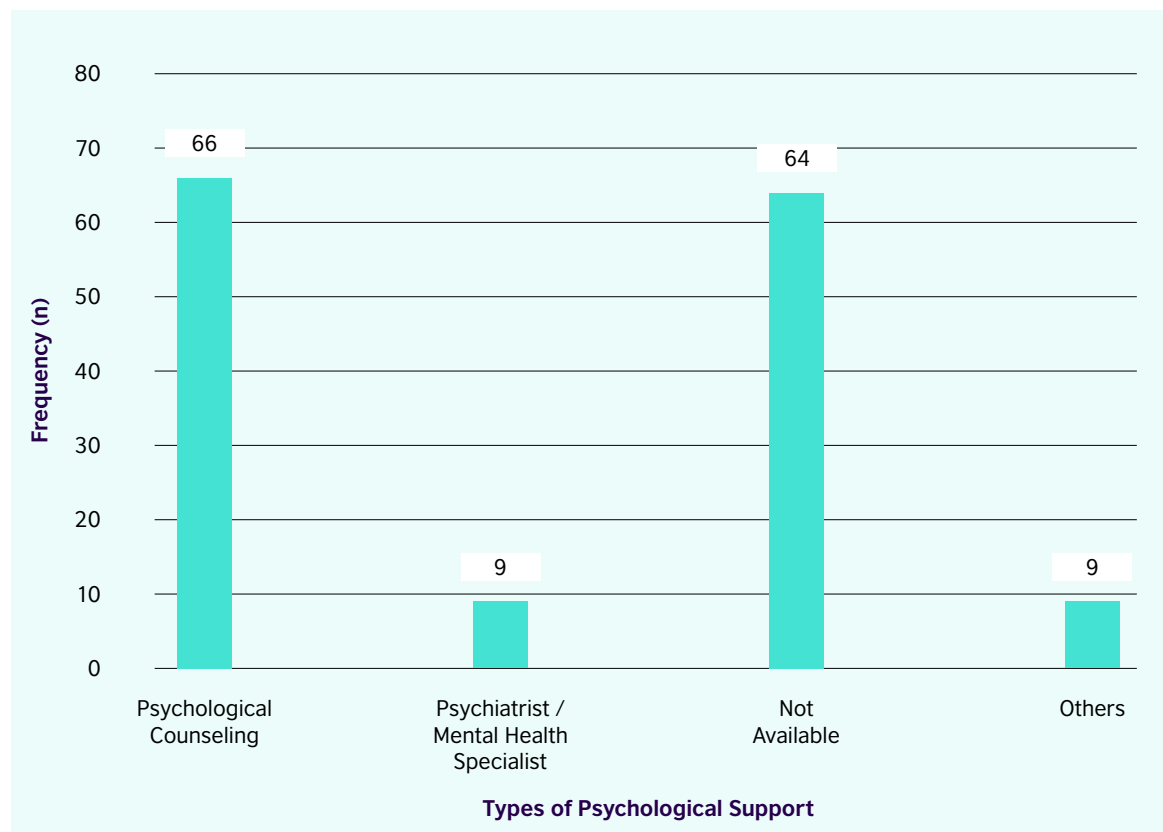
More than half of respondents (63.7 per cent, 100 HEIs) reported that dedicated career development services for students with disabilities are not yet available. Transitional services such as career counselling 19.1 per cent (30 HEIs), soft and hard skills training and internship programmes 16.6 per cent (26 HEIs), and entrepreneurship training 11.5 per cent (18 HEIs) are available only in limited numbers and have yet to reach the majority of institutions. Job fairs explicitly targeting students with disabilities were the least commonly reported provision at 6.4 per cent (10 HEIs), indicating that the transition from higher education to employment is still treated as an individual matter rather than an inclusive institutional responsibility. It is also notable that career support for students with disabilities is more prevalent in private HEIs than in public HEIs and is more commonly found in HEIs with an established DSU.

Figure 28: Availability of career services for students with disabilities



This limitation is further compounded by weak alumni network support in the career transition process for students with disabilities. A total of 78.3 per cent (123 HEIs) reported having no structured alumni support to assist students with disabilities in entering the workforce, across both public and private institutions. Alumni networks frequently serve as important social capital in facilitating employment opportunities, mentoring, and professional adaptation. The low level of alumni involvement in this context suggests that disability has not yet been integrated into HEIs' long-term career development and graduate employability strategies.

Figure 29: Availability of psychological services for students, lecturers, and academic staff with disabilities



In terms of psychological support, the findings reveal a slightly more nuanced picture. Approximately 42 per cent (66 HEIs) of universities provide psychological counselling services, which can be seen as the initial foundation for caring for the mental health of students with disabilities. However, more specific and ongoing services, such as access to a psychiatrist or mental health specialist, remain very limited in availability at 5.7 per cent (nine HEIs). Furthermore, a relatively high proportion of HEIs (40.8 per cent, 64 HEIs) reported having no psychological services of any kind. The other response revealed that some psychological support remains informal and relies on the role of homeroom advisors, academic advisors, or external collaborations. While these might be seen as adaptive initiatives, they cannot replace a standardised disability support system.

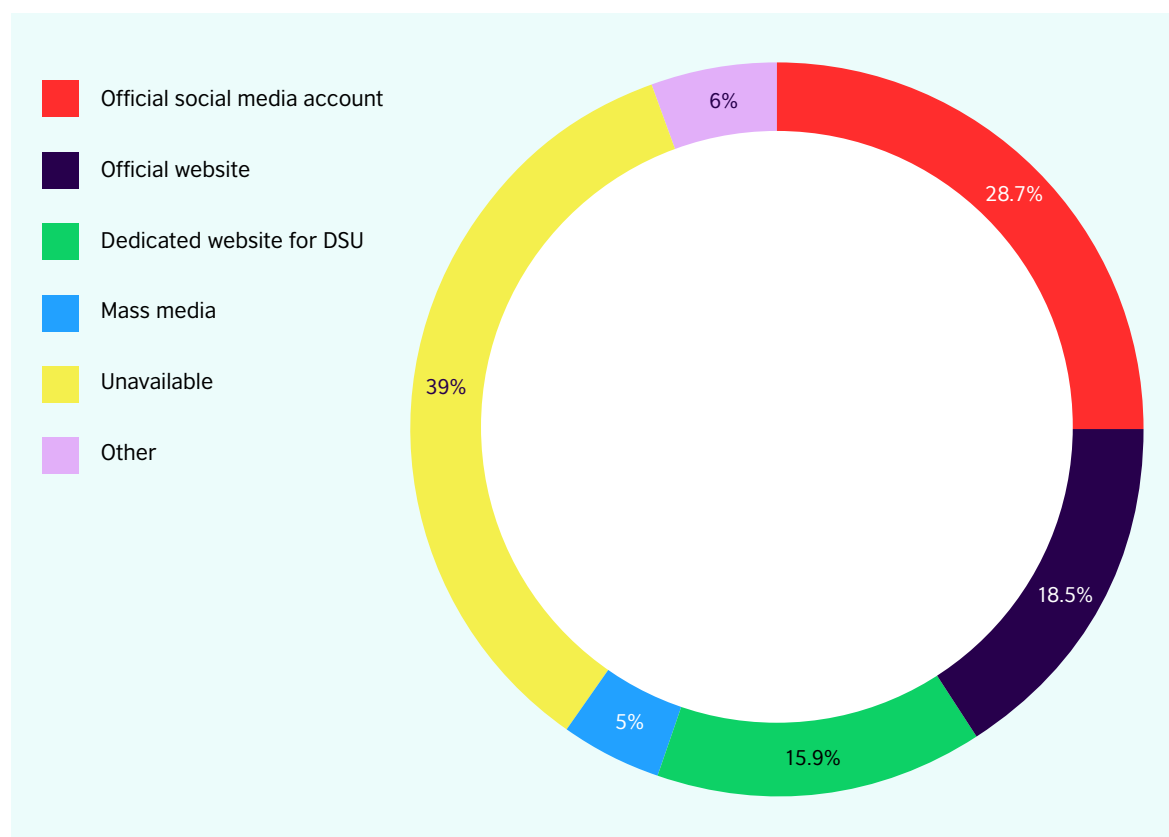
The presence of psychological counselling at more than a third of HEIs, along with limited skills training and internship initiatives, indicates that some institutions have begun to view students with disabilities as individuals with career aspirations and long-term psychosocial needs. The challenge is not simply to initiate, but to shift the approach from ad hoc and individualised services to a planned, coordinated, and rights-based psychological and career support system. Without this shift, the risks include not only limited employment opportunities for graduates with disabilities, but also ongoing psychological vulnerability during and after their studies.

6.4 Availability of communication and information services

The communication and information dimension of disability inclusion in Indonesian HEIs remains at an early stage of development. Weaknesses in accessibility and communication channels are evident, with 85.4 per cent (134 HEIs) acknowledging that their communications do not meet accessibility standards, and 77.7 per cent (122 HEIs) reporting that they do not yet provide a dedicated information or complaint hotline.

Even forums or communication platforms that bring together students with disabilities, mentors, and lecturers are available at only 18.5 per cent (29 HEIs) of institutions. Nonetheless, there are emerging efforts to utilise public communication channels, with a number of HEIs having begun to use official social media (28.7 per cent), institutional websites (18.5 per cent), and DSU websites (15.9 per cent) to disseminate disability inclusion information. These efforts reflect an initial awareness of the importance of visibility and transparency, though this has not yet been accompanied by robust accessibility standards or meaningful feedback mechanisms.

Figure 30: Availability of communication and information channels

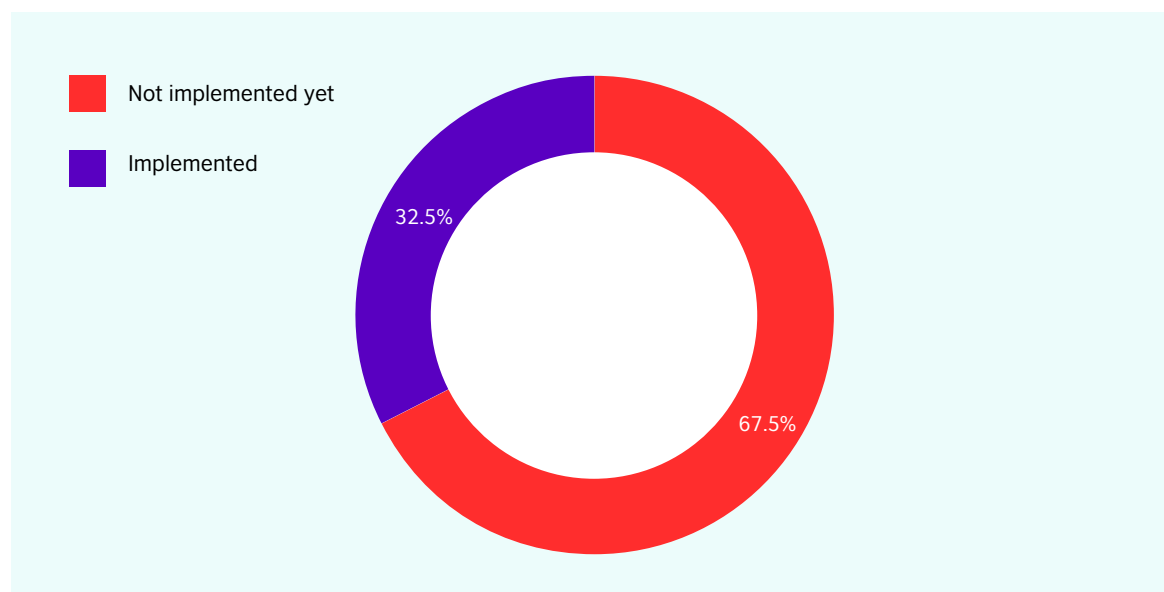


6.5 Implementation of disability inclusion in procurement and tender processes

Findings related to procurement and tender processes indicate that disability inclusion has not yet been systematically integrated into the structural decision-making mechanisms of HEIs. Overall, 67.5 per cent of HEIs have not yet considered accessibility as a procurement consideration, with the trend toward accessibility being stronger in public HEIs (43.6 per cent) than in private HEIs (28.8 per cent). This indicates that inclusive infrastructure is not yet understood as part of a long-term institutional obligation, but rather as an optional addition. Nevertheless, the 32.5 per cent of HEIs that have incorporated accessibility into their procurement processes indicate the emergence of good practices, particularly in institutions with more established regulatory and administrative capacities.

These limitations are further reflected in the implementation of formal accessibility standards within procurement procedures. Of the surveyed HEIs, only 16 institutions have implemented standards such as VPAT 2 and WCAG 2², while 141 have not – even amongst HEIs that have an established DSU. This finding confirms that the presence of a DSU has not automatically translated into influence over technical decision-making across institutional units, particularly in the procurement of digital systems and supporting infrastructure.

Figure 31: Implementation of disability inclusion in the procurement and tender process



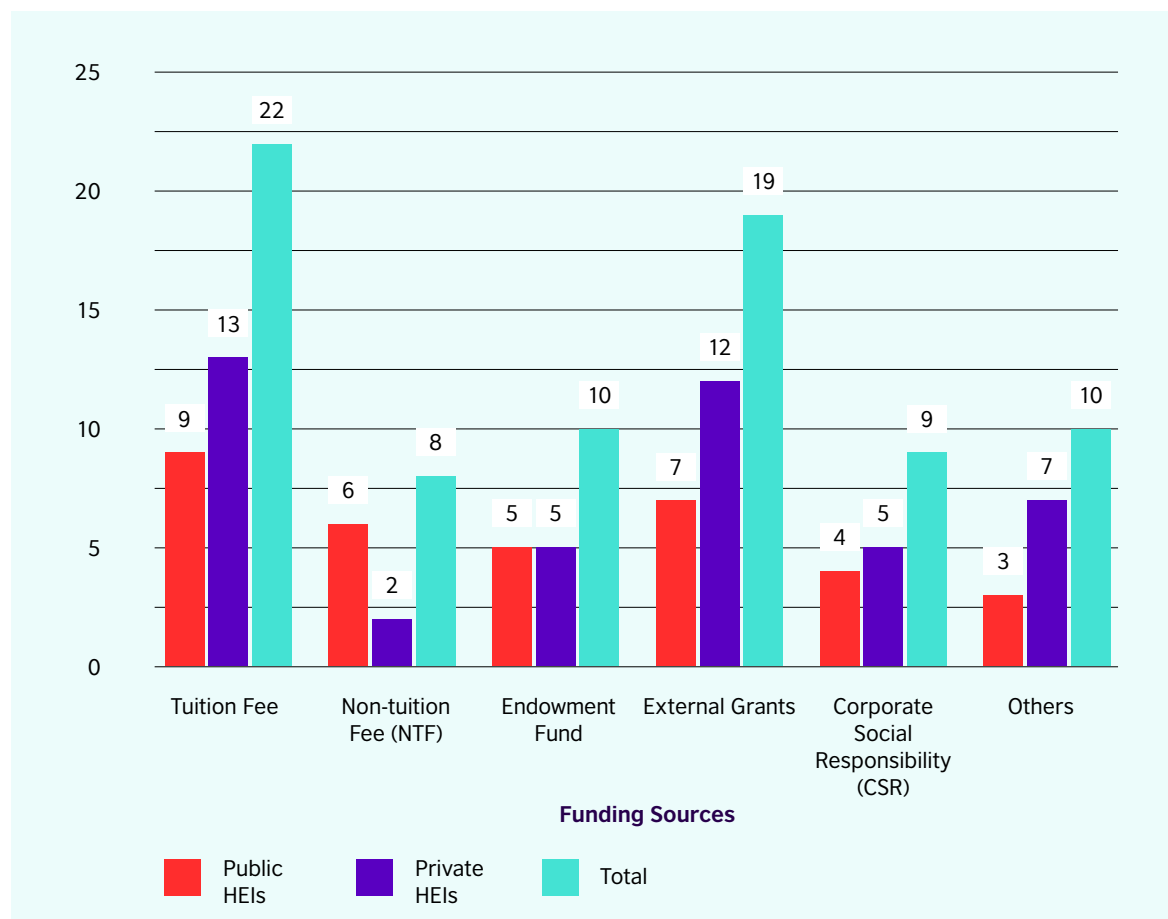
² VPAT: Voluntary Product Accessibility Template and WCAG 2 Web Content Accessibility Guidelines international standards <https://www.w3.org/WAI/standards-guidelines/wcag/>

6.6 Budget in realising disability inclusion

Disability inclusion remains on the fringes of higher education fiscal priorities. Most institutions (70.7 per cent, 111 HEIs), reported having no dedicated funding allocation for disability inclusion, with a notable gap between public HEIs (64.1 per cent) and private HEIs (72.8 per cent). Reliance on non-structural funding sources such as tuition fees (14 per cent), external grants (12.1 per cent), endowments (6.4 per cent), and corporate social responsibility (5.7 per cent) indicated that inclusive funding remains opportunistic and unsustainable.

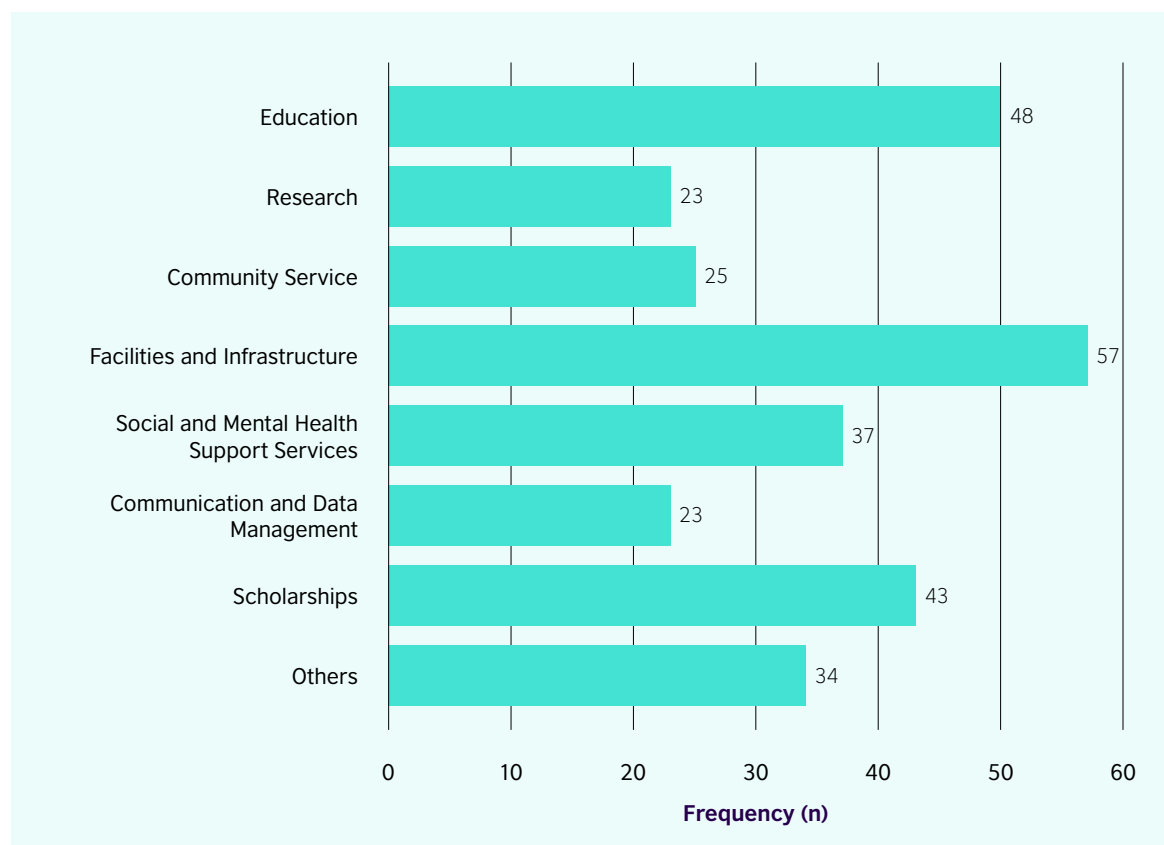
Amongst public HEIs, the most frequently cited funding source was tuition fees (nine), followed by external grants (seven) and non-tuition fees (six). Other sources, such as institutional endowments (five), corporate social responsibility or CSR (four), and other categories (three) were also reported, though less frequently. Amongst private HEIs, the most common sources were tuition fees (13 responses) and external grants (12), while institutional endowments (five) and CSR (five) appeared in smaller numbers, followed by NTF (two) and other sources (seven). The considerable reliance on tuition fees across both public and private HEIs suggests that disability inclusion funding is in many cases still subsumed within general institutional financing mechanisms, rather than constituting a dedicated strategic budget line specifically designed to support inclusion services.

Figure 32: Disability inclusion funding by source



On the other hand, the existence of several alternative funding sources, such as external grants, endowments, and CSR funds, indicates that some universities are beginning to seek funding opportunities outside of their routine operational budgets. The relatively prominent presence of external grants, particularly in private HEIs, indicates that disability inclusion issues are beginning to receive attention from external partners, including donor agencies, civil society organisations, and other organisations or institutions. This can be seen as a strategic opportunity to strengthen the development of inclusive services, particularly in the early stages when institutions lack a stable budget allocation.

Figure 33: Funding allocation for disability inclusion



However, the data also shows some early indications of institutional commitment, particularly in private HEIs. Funding allocations are relatively more directed towards facilities and infrastructure (36.3 per cent, 57 HEIs) and education (30.6 per cent, 48 HEIs), indicating an initial awareness of the basic needs of accessibility and the well-being of people with disabilities. Furthermore, whilst not yet dominant, funding for social and mental health support (23.6 per cent, 37 HEIs), community service (15.9 per cent, 25 HEIs), and research (14.6 per cent, 23 HEIs), and communication and data management (14.6 per cent, 23 HEIs) suggests efforts, albeit limited, to link disability inclusion to the Tridharma function and institutional knowledge systems. The presence of schemes such as scholarships (27.4 per cent, 43 HEIs) and the mention of national programmes such as KIPK (*Kartu Indonesia Pintar Kuliah*) in the other category can be read as policy gaps with potential for further development.

Voices, experiences and change: Evidence from case studies

The findings presented in the previous chapters highlight important trends in disability participation and institutional provision. However, they reveal less about the lived experiences behind this data, including how students and staff experience inclusion, navigate barriers, and contribute to institutional change. This chapter addresses that gap through qualitative case studies conducted across higher education institutions in Indonesia, giving voice to the individuals most directly affected by disability inclusion and those who advance inclusive policy and practice.

Methodology

In total, 12 HEIs across Indonesia were recruited to be part of the case study phase. These were purposively recruited to represent a diverse sample of institutions. The inclusion criteria included private, public, faith-based, and international institutions; a geographical spread of locations (Java, Sumatra, Sulawesi, and Bali) and varying progress towards disability inclusion (those with and without DSUs). A profile of participating case study institutions is outlined below in Table 8.

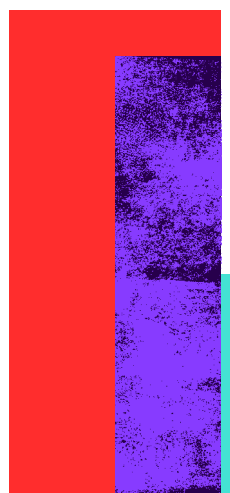
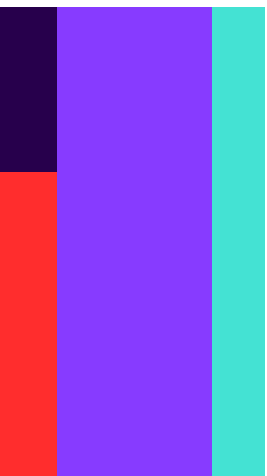


Table 8: Profile of participating case study institutions

Location	Type of HEI	Availability of DSU
Bali	Public	No
Bali	Private	Yes
Java	Public	No
Java	Public	Yes
Java	Public	Yes
Java	Private	Yes
Java	Private	Yes
Java	International Branch Campus	No
Sulawesi	Public	Yes
Sulawesi	Public	Yes
Sumatra	Public	Yes
Sumatra	Public	Yes

The research team visited all 12 institutions in person to gain insights into the physical infrastructures of the different campuses and speak with participants in environments they were familiar and comfortable with. Qualitative data was collected in collaboration with the National Commission on Disabilities (KND) through focus group discussions (n=66) and interviews (n=34), which were audio recorded and transcribed into both Bahasa Indonesia and translated into English.

In total, we collected data from 100 participants across the 12 case study institutions. Participants included university staff – senior leaders, lecturers, and those responsible for DSUs – as well as students with disabilities and their peers who provided support. We aimed to ensure a balance of gender representation (n=52 female) and guarantee that students and staff with disabilities (n=22 disabled) were included in the data collection process.

Data was interpreted in NVivo® using a framework analysis, based on the DIIF's meta themes and subthemes (as well as their opposing subthemes, which are not part of the DIIF). While we are wary of inferring too much from frequencies, some themes and subthemes were represented more often than others in the data, signalling trends where institutions identified strengths (green) or weaknesses (red) in their practice, and areas in need of development (orange). Table 9 represents this graphically, showing where certain DIIF subthemes were more or less frequently discussed by participants. Rather than comparing individual institutions, we sought to generate more meaningful interpretations across the sample. Some explanation of the most prominent trends is offered below.

Table 9: Thematic analysis based on DIIF

DIIF meta theme A: Shared ownership					
Meta theme	# Code	Trends	Opposing meta theme	# Code	Trends
A1. Leadership capacity	58	Strength	Limited leadership	5	
A2. Evidence-informed	39	Need to develop	Lack of evidence	23	Need to develop
A3. Embedded evaluation	20		Inadequate evaluation	4	
A4. Integrated delivery	35	Need to develop	Fragmented delivery	7	
DIIF meta theme B: Empowerment					
Meta theme evaluation	# Code		Opposing meta theme	# Code	
B5. Clear communication	8		Poor communication	3	
B6. Enabling student/staff voice	31	Need to develop	Constrained student/staff voice	0	
B7. Disability inclusion training	66	Strength	Lack of understanding		
B8. Enabling access	62	Strength	Inaccessible spaces	49	Weakness
DIIF meta theme C: Independence					
Meta theme	# Code		Opposing meta theme	# Code	
C9. Inclusive learning and teaching	55	Strength	Inaccessible learning and teaching	56	Weakness
C10. Assistive technologies	20		Limits to assistive technologies	14	
C11. Transition support	61	Strength	Transition barriers	18	
C12. Promoting self-advocacy	31	Need to develop	Top-down approaches	0	

Findings

Overall, the findings suggest that the higher education sector is at a transitional juncture. There is growing intent, but practice is fragmented and lacking the structural frameworks, funding, and accountability mechanisms needed to deliver disability inclusion at scale.

1. DIIF meta theme A: Shared ownership

We present data from the first DIIF meta theme, *shared ownership*, which relates to the quality of leadership, including knowledge and understanding of disability and the capacity to build integrated and inclusive communities, informed by high-quality research and evaluation.

1.1 Leadership capacity (A1)

Data indicates that institutions report leadership on disability inclusion (58). This leadership operates at two levels. The first relates to university rectors or directors taking responsibility for institutional change with respect to infrastructure, pedagogy, and policies, demonstrating commitment to disability inclusion. The second relates to the leadership of disability service units, inclusion committees, or other designated staff responsible for translating this commitment into operational practices and support mechanisms. Respondents highlighted leadership commitment as a critical enabler of disability inclusion, influencing the prioritisation of resources, establishment of support structures, and implementation of institutional policies. To preserve the authenticity and contextual meaning of participants' responses, quotations are presented in the original Indonesian language alongside English translations.

Rektor telah mengambil kebijakan untuk membentuk Unit Layanan Disabilitas tersebut. Selanjutnya, kami akan memproses SK kelebagaannya sebagai bentuk pelaksanaan amanat peraturan tersebut sekaligus komitmen institusi (responden dari perguruan tinggi negeri).

The Rector has adopted a policy to establish the Disability Services Unit. We are drafting a Rector's Decree (SK) to implement the mandate of ministerial regulation and demonstrate our commitment to disability inclusion (respondent from public HEI).

...di [universitas kami] sendiri, Alhamdulillah, sangat mendukung hal ini. Semua program terkait [disability inclusion] yang kami usulkan sangat mendukung, mereka memberikan arahan dan masukan. Yang terpenting, kepemimpinan. Jika kepemimpinan tidak menyadari hal ini, bagaimana kita bisa melanjutkan? Tetapi Alhamdulillah, ini diterima dengan sangat baik. Jadi kami terus bekerja, Alhamdulillah, meskipun ada tantangan yang kami hadapi (responden dari perguruan tinggi negeri).

At [our university], the leadership is highly supportive of this issue. When we propose a relevant programme [for disability inclusion], they are supportive and provide guidance and input. The most important factor is the role of the leadership. Because of this support, we continue working to improve despite the challenges we encounter (respondent from public HEI).

Karena saya juga telah mendiskusikannya dengan pimpinan terkait, salah satu kekuatan kita dalam menerapkan pendidikan inklusif adalah komitmen kepemimpinan. Itulah mengapa saya telah bertemu dengan pimpinan tersebut beberapa kali secara informal, dan kesepakatan kerja sama pun sudah diterapkan. Informasi tambahan, pimpinan di [institusi lain] memiliki anak penyandang disabilitas. Jadi mungkin kesadarannya tinggi. Ya, sebagai pemimpin, memang ada kesadaran. Jadi tampaknya mereka lebih termotivasi, karena mereka merasa kasihan pada anak mereka sendiri yang tidak mendapatkan akomodasi, meskipun secara akademis mereka mampu mengatasi keterbatasan penglihatan mereka (responden perguruan tinggi negeri).

Having discussed this with the university leadership, I can say that one of our key strengths in implementing inclusive education is their commitment to the issue. That is why I have met with the leadership informally on several occasions, and we have already put collaborative initiatives into practice. As a side note, the leader at [another institution] has a child with a disability, which may contribute to a higher level of awareness. As a leader, they clearly demonstrate this awareness and appear particularly motivated. Perhaps this is because they empathise with their own child's experiences, having seen how their child did not receive reasonable accommodations despite being academically capable to overcome the challenges associated with visual impairment (respondent from public HEI).

Positive leadership direction is informed by greater awareness of disability and – for some – personal experience. Data suggests that when rectors or other senior staff make disability inclusion a priority, concrete changes are more likely to proceed. Some suggested that institutional leadership was positive in intent when it was predicated on regional and national leadership in this area, particularly with regard to funding disability inclusion.

Mengenai dukungan finansial, jujur saja, kami masih belum memilikinya, tetapi [seperti dikatakan] sebelumnya bahwa kami sedang dalam proses menyiapkan RAB dan juga rencana tersebut, kami juga akan mulai memasukkannya, setidaknya untuk dukungan finansial, setidaknya untuk program inti yang terkait dengan ULD, terutama program penyadaran (responden dari perguruan tinggi swasta).

Regarding financial support, to be honest, we do not yet have a dedicated budget allocation. However, as mentioned earlier, we are currently in the process of budget planning. We have begun allocating funding, at least for core ULD programmes, particularly awareness initiatives (respondent from private HEI).

Di pendidikan tinggi, kita sebenarnya telah diarahkan untuk lebih mendukung dan ramah [disabilitas]. [Setiap tahun], awal September atau Oktober, Direktorat Urusan Mahasiswa dan Kemahasiswaan meminta pengumpulan data tentang mahasiswa penyandang disabilitas di universitas. Dan itu memang kewajiban kita (responden dari perguruan tinggi swasta).

In higher education, we have essentially been directed to be more supportive and accommodating of people with disabilities. Every year, usually in September or October, the Directorate of Student Affairs requests data on students with disabilities at the university. Fulfilling this request is indeed an obligation for us (respondent from private university).

Additionally, there are examples of leadership which is 'bottom-up' and driven by students and staff with disabilities. This aligns with other reported DIIF subthemes, including enabling student/staff voice (31) and promoting self-advocacy (31), where students with disabilities demonstrated their capacity to represent their rights to accessible education.

[Komunitas disabilitas] ini murni inisiatif mahasiswa. Sepenuhnya dari akar rumput. Sangat baru, baru tahun ini. Semua berawal dari keprihatinan beberapa orang. Saat itu ada tiga orang yang sering mendiskusikan masalah ini, termasuk saya sendiri. Kami berbagi pengalaman masing-masing, dan ternyata ada banyak kebutuhan yang belum terpenuhi. Akhirnya kami berpikir, daripada menunggu kampus bertindak, sebaiknya kami menciptakan komunitas sendiri terlebih dahulu. Meskipun pada awalnya kami juga bingung harus mulai dari mana. Saat ini sudah ada rancangan peraturan rektor terkait akomodasi bagi mahasiswa penyandang disabilitas, namun tentu saja prosesnya masih panjang (responden dari perguruan tinggi negeri).

The [disability community] is purely a student initiative. Completely grassroots. Very new, just this year. It started from the concerns of a few people. At that time, there were three of us who often discussed these issues, including myself. We shared our respective experiences, and it turned out that there were many unmet needs. Eventually, we thought rather than waiting for the campus to do something, we should just create the disability community ourselves first. Even though at the beginning we were also confused about where to start. There is now a draft of a rector's regulation related to accommodation for students with disabilities but of course, it will take time to materialise into something concrete (respondent from public university).

Sebenarnya, karena saya ingin berjuang untuk diri saya sendiri dan generasi setelah saya. Anda tahu Kak, saya juga tidak punya akses untuk bertemu dengan pejabat universitas. Jadi yang saya lakukan adalah setiap kali ada kuliah umum, kuliah umum apa pun, bahkan jika itu tidak terkait dengan jurusan kami, saya akan datang dan menanyakan hal yang sama. Kapan kampus kita akan inklusif, memiliki ULD, dan kemudian teman-teman penyandang disabilitas akan benar-benar diterima secara resmi, bukan hanya sesuatu yang bersifat sementara. Hingga akhirnya pusat disabilitas didirikan, begitu pula dengan Pusdis, karena kepala pusat disabilitas juga seseorang yang terbiasa memperjuangkan kesetaraan bagi penyandang disabilitas, semuanya terasa lancar dan cepat (responden dari perguruan tinggi negeri).

Honestly, I want to advocate not only for myself but also for the generations of students who would come after me. I did not have direct access to university leadership. So whenever there was a public lecture, regardless of whether it was related to my field of study, I would attend and ask the same question: When would our university become truly inclusive? When would it establish a disability service unit and formally recognise and support students with disabilities, rather than accommodating them only on an ad hoc basis? Eventually, the disability centre was established. The centre is led by someone who had long been committed to advancing the rights of people with disabilities. It feels the process moved forward smoothly (respondent from public HEI).

Selain pelatihan, kami juga berkolaborasi dalam penulisan buku, yang lebih penting untuk implementasi. Kami juga menawarkan konsultasi untuk membahas perspektif siswa penyandang disabilitas (responden dari perguruan tinggi negeri).

In addition to training, we collaborate on writing books, which play an important role in supporting implementation. We also provide consultancy services that help incorporate the perspective of students with disabilities into institutional policies and practices (respondent from public HEI).

Artinya peran dosen disabilitas itu besar, sangat besar (responden dari perguruan tinggi negeri).

This means that the role of lecturers with disabilities (in university policy) is significant, very significant (respondent from public university).

This data indicates the significant role that students and staff play in advocating for themselves and others, applying pressure on leadership, and leading institutional change in practical ways. It echoes the disability rights motto of 'Nothing about us without us', where those with lived experience are positioned as the experts on disability inclusion.

1.2 Evidence-informed approaches (A2)

An area where institutions reported some strengths, but also significant development needs, was with respect to the evidence around students and staff with disabilities. Senior leaders tended to report that they have some – but limited – data. Evidence suggests that data collection is becoming more embedded in university systems.

Jadi, ada peraturan baru terkait proses penerimaan mahasiswa. Dan selalu ada perubahan. Misalnya, sebelumnya dalam proses pendaftaran digital, tidak ada pertanyaan yang menanyakan apakah seseorang memiliki disabilitas atau tidak. Jadi, tidak ada data disabilitas untuk [universitas kami]. Tetapi Dalam dua tahun terakhir, pertanyaan itu muncul, sehingga langsung terdeteksi (responden dari perguruan tinggi negeri).

So, there are new regulations regarding the admissions process. And changes are constantly occurring. For example, the digital admission process previously did not include a question asking whether or not an applicant had a disability. Consequently, there was no disability data for [our university]. But in the last two years, that question has been included, allowing for immediate identification (respondent from public HEI).

Kami tidak melakukan pendataan mandiri. Data tersebut berasal dari pengisian yang diminta oleh Belmawa. Data memang menjadi dasar kebijakan, jadi selain punya data, kampus juga perlu punya pemahaman yang baik dalam mengelola dan memvalidasi data tersebut (responden dari perguruan tinggi swasta).

We do not conduct independent data collection. The data comes from the submissions requested by the Directorate of Learning and Student Affairs (Belmawa), at the Ministry. Data is the foundation for policy making, so beyond merely having the data, universities also need to have a good understanding of how to manage and validate that data (respondent from private HEI).

Sebenarnya kunci indicator [yang diperhatikan] pimpinan itu setiap tahun diharapkan jumlah mahasiswa [disabilitas] bertambah supaya orang tua tahu kalau kita ini menerima mahasiswa disabilitas dan [ramah terhadap disabilitas] (responden dari perguruan tinggi negeri).

Essentially, a key indicator for the university leadership is a year-on-year increase in the enrolment of students with disabilities. This signals to parents that the university is welcoming to students with disabilities (respondent from public HEI).

Data is identified as having at least three uses: first to inform institutions about the likely population of students with disabilities, their impairments, and their needs; secondly to enable HEIs to improve their educational 'offer' to potential students, including adjustments to the infrastructure; and finally, to feed into the marketing of institutions to prospective students.

Ketika kami menerima data yang menunjukkan bahwa mahasiswa penyandang disabilitas terkonsentrasi di fakultas atau program tertentu, kami terus mengeksplorasi akomodasi apa yang dapat dilakukan. Kami mencari dan menemukan asosiasi tersebut di [Organisasi Penyandang Disabilitas]. Kami mengundang mereka untuk meninjau apakah fasilitas yang telah kami sediakan sesuai dari perspektif mereka. Ternyata banyak aspek yang masih belum tepat. Misalnya, posisi loket layanan perlu diselaraskan dengan tinggi kursi roda, dan sebagainya. Mereka memberikan banyak masukan dan saran. Berdasarkan masukan tersebut, kami melakukan perbaikan lebih lanjut (responden dari perguruan tinggi negeri).

When we received data showing that students with disabilities were concentrated in certain faculties or programmes, we continued exploring what accommodations could be made. We connected with organisations representing people with disabilities and invited them to review whether the facilities we had provided were suitable from their perspective. It turned out that many aspects were still not quite right. For example, service counters needed to be adjusted to align with wheelchair users' needs. They provided a great deal of feedback and suggestions, and we used that input to make further improvement (respondent from public HEI).

Typically, however, the systems through which data is collected and the expertise required to validate and act on them were recognised as key barriers.

Namun di semua lembaga pendidikan tinggi, saat mereka mendaftar, kita tidak mengetahuinya. Apakah mereka memiliki disabilitas atau tidak. Kita tidak pernah memahami hal itu pada saat pendaftaran (responden dari perguruan tinggi negeri).

However, across higher education institutions, we do not know whether applicants have a disability at the time of registration. We simply do not have that information during the admission (respondent from public HEI).

Proses pengumpulan data itu sendiri tidak melibatkan kami atau mendekati mahasiswa satu per satu secara langsung. Proses ini dilakukan melalui mekanisme berbasis system. Analisis data, bagaimana data dipublikasikan, dan bagaimana penyebaran lebih lanjut dilakukan biasanya ditangani oleh otoritas pusat [Kementerian]. Kami hanya mengirimkan data setiap tahun (responden from private HEI).

We do not collect the data by approaching students individually. Instead, the process is conducted through a system-based mechanism. The analysis, publication, and dissemination of the data are usually handled by the central authority [the Ministry]. We simply submit the data each year (respondent from private HEI).

As a result, HEIs were not always fully aware of the number of students or staff with disabilities and tended to rely on either anecdotal evidence or the observation of the most visible disabilities on campus.

Terkait mahasiswa disabilitas sampai saat ini, yang masih aktif ada sekitar 12 orang. Bisa terbayangkan di angkatan 2023, 2024, dan 2025. Dengan kebanyakan mahasiswa ini terindikasi sebagai tuna daksa (responden perguruan tinggi negeri).

There are currently around 12 active students with disabilities across the 2023, 2024 and 2025 cohort. The majority of these students are identified as having physical disabilities (respondent from public HEI).

Waktu itu dengan jumlah mahasiswa sekitar 5000 saya menjumpai dua mahasiswa disabilitas (responden dari perguruan tinggi negeri).

At that time, when the university had around 5,000 students, I had come across only two students with disabilities (respondent from public university).

[Universitas kami] saat ini tidak memiliki mahasiswa yang berkebutuhan khusus (respondent from public university).

At present [our university] has no students with special needs (respondent from public university).

Such accounts indicate that HEIs are likely underestimating the number of students with additional support needs. Additional reasons for this might be students' own perceptions of disability, where they do not consider themselves to have impairments that are necessary to share with their institutions, they chose not to share due to discrimination concerns, or they do not have the necessary documentation to authenticate their condition:

Faktanya, banyak siswa sendiri tidak menyadari bahwa mereka termasuk dalam kategori penyandang disabilitas. Terutama disabilitas non-fisik. Jadi, tidak ada pelaporan, tidak ada data, dan pada akhirnya kebutuhan tersebut tidak terlihat (responden dari perguruan tinggi negeri).

In fact, many students themselves do not realise that they fall within the category of people with disabilities, particularly non-physical disabilities. As a result, they do not report their disability status, meaning that no data is collected, and in the end their needs remain invisible (respondent from public HEI).

Satu hal yang memang benar, Kak, dari data itu banyak juga teman-teman disabilitas yang sebenarnya merasa malu untuk menyatakan dirinya sebagai disabilitas. Dan hal itu juga yang menyulitkan kami di Pusdis (responden dari perguruan tinggi negeri).

One thing that is certainly true, based on the data, is that many disabled students feel ashamed to identify themselves as having a disability. And that is precisely what makes our work at the disability centre so challenging (respondent from public HEI).

Saat ini, layanan kesehatan memang memerlukan sertifikat medis, sehingga mahasiswa penyandang disabilitas harus memperolehnya. Semoga proses ini dapat dipermudah (responden dari perguruan tinggi negeri).

At the moment, health services do require medical certificates, so students with disabilities have to obtain them. Hopefully this process can be made easier (respondent from public HEI).

Conversely, because reporting systems are not always able to effectively validate the data, at times, students without disabilities mistakenly report that they do have disabilities, leading to further inaccuracies.

Kami mencoba mengumpulkan data baru-baru ini dan mengidentifikasi 17 siswa yang mengisi kuesioner. Namun, setelah penyelidikan lebih lanjut, ternyata mereka mengisi formulir tersebut dengan tidak benar karena sebenarnya mereka bukan mahasiswa penyandang disabilitas (responden dari perguruan tinggi negeri).

We recently collected data and identified 17 students who had completed the questionnaire. However, after looking into it further, we found that they had filled in the form incorrectly, as they were not actually students with disabilities (respondent from public HEI).

Bahkan kemarin, kenapa pada tahun 2023 jumlah mahasiswa disabilitas kita membengkak, ternyata ada yang bukan disabilitas. Misalnya begini, ada pertanyaan “Apakah Anda disabilitas?”, dia tidak paham maksudnya, lalu dia centang saja. Akibatnya muncul di data sebagai disabilitas. Lalu kami bilang, “Loh, kamu bukan disabilitas” (responden perguruan tinggi negeri).

Recently, when we looked into the increase in the number of students with disabilities reported in 2023, it turned out that some were not actually students with disabilities. For example, when asked, ‘Do you have a disability?’, a student might not fully understand the question and simply tick the box. This would then lead to them being recorded in the data as having a disability. Later, we would clarify: ‘Wait, you do not have a disability’ (respondent from public HEI).



Where HEIs do collect their own data, there has been a recent emphasis on mental health conditions. This has led to a perceived rise among the student population, which is also borne out in the survey data:

Kami juga melaksanakan survei kesehatan mental di tahun 2025 ini di bulan Mei dan Juni kemudian hasilnya agak cukup mencengangkan ada lebih dari 35 persen mahasiswa memiliki gangguan kecemasan, anxiety nya sangat parah (responden dari perguruan tinggi negeri).

We also conducted a mental health survey in May and June 2025, and the results were quite startling. More than 35 per cent of students surveyed were experiencing anxiety, including cases of severe anxiety (respondent from public HEI).

Saat ini kami sedang fokus melakukan pemetaan komprehensif mengenai kondisi Kesehatan mental seluruh populasi mahasiswa kami. Sehingga nantinya [universitas kami] dapat menyediakan catatan spesifik dan terintegrasi untuk mahasiswa yang diidentifikasi memiliki kerentanan kesehatan mental. Kami mengkategorikan status kerentanan mereka dengan label merah, kuning atau hijau (responden dari perguruan tinggi negeri).

We are currently focusing on comprehensively mapping the mental health status of all students so that [our university] can maintain integrated records of those identified as having mental health vulnerabilities. We categorise their level of vulnerability using red, yellow or green labels (respondent from public HEI).

Saat ini, instrumen untuk mengukur tingkat kesehatan mental seluruh populasi siswa kami sedang dikembangkan. Sebagian dari proses tersebut telah dilaksanakan. Sejauh ini, sekitar 16.000 siswa kami telah menjalani proses skrining psikologis tersebut. Hasil pendahuluan cukup mengkhawatirkan bagi kami...karena tingkat kecemasan mereka ternyata sangat tinggi. Dan banyak siswa yang secara proaktif meminta fasilitas bantuan psikologis (responden dari perguruan tinggi negeri).

We are currently developing an instrument to measure the mental health status of our entire student population, and part of this process has already been carried out. So far, around 16,000 students have undergone psychological screening. The preliminary results are quite concerning to us, as students' anxiety levels appear to be very high. Furthermore, many students are proactively requesting psychological support services (respondent from public HEI).

2. DIIF meta theme B: Empowerment

The second meta theme from the DIIF is *empowerment*, which relates to the efficiency of systems to support disability inclusion, including effectiveness of communications and training in promoting access. Empowerment is marked by cultures of inclusion that promote access and engage students and staff with disabilities in the shaping and delivery of services. Within this theme, we highlight disability inclusion training and enabling access with some examples showing evidence of staff and student voices being taken into consideration.

2.1 Disability inclusion training (B7)

An area where institutions felt that they had made significant progress was with respect to developing understanding and capacity among staff and students. With n=66 instances, disability inclusion training was the most reported subtheme across the whole dataset. This was often in response to a perceived lack of understanding (n=36) across institutions.

Training was typically directed at developing inclusive pedagogic practices among staff and ranged from introduction of disability inclusion concepts through to more comprehensive programmes where staff were encouraged and taught how to adapt their teaching methods according to different needs. Some HEIs offered a broad menu of training opportunities for both staff and students.

Pertama kami rapat koordinasi dulu dengan Dekan dan Prodi, mungkin setelah itu pelatihan kepada dosen-dosen lah dulu, mungkin bukan pelatihan ya, seminar dulu kan gitu ya, seminar atau apa istilahnya, yang sehari dulu (responden dari perguruan tinggi negeri).

First, we hold a coordination meeting with the Dean and representatives from the study programmes. After that, we may conduct activities for lecturers, perhaps not formal training at first, but rather a seminar or introductory one-day session, or whatever format is the most appropriate (respondent from public HEI).

Mungkin ada 50 program ya, program pelatihan. Yang pertama ini, providing information of the admission process. Itu ya orientasi ruangan, surat pengantar assessment akademik, kemudian pendampingan skripsi, pelatihan Quran Braille, pelatihan academic skill untuk difabel, pelatihan soft skill text reading dan berbagai macam pendampingan UTS, UAS, note taking, upgrading, bahasa Indonesia. Jadi ada banyak begini, lalu program layanan ini orientasi relawan baru ini di dalamnya banyak sekali (responden dari perguruan tinggi negeri).

There are around 50 programmes. The first involves providing information on the admission process. Other activities include facility orientation, referrals for academic assessments, thesis supervision, Braille Quran training, academic skills training for students with disabilities, and soft skill training such as text reading. We also provide various forms of support, including assistance during mid-term and final examinations, note taking, skills upgrading, and Indonesian language support. So, there are many such programmes; the volunteers orientation programme alone includes a wide range of activities (respondent from public HEI).

Kami meminta beberapa anggota staf untuk melatih personel pendidikan, staf administrasi, agar mereka lebih peka terhadap kondisi disabilitas. Misalnya, bagaimana siswa mengajukan pertanyaan, bagaimana mereka berkomunikasi, bagaimana berinteraksi dengan benar, bagaimana memberikan dukungan, dan kami juga meminta mereka untuk meninjau Prosedur Operasi Standar yang ada untuk melihat apakah ada di antaranya yang mungkin menciptakan hambatan bagi siswa penyandang disabilitas (responden dari perguruan tinggi swasta).

We asked several staff members to train academic and administrative personnel to raise awareness about disability-related issues, including how students ask questions, how they communicate, how to interact appropriately, and how to provide support. We also asked them to review existing standard operating procedures (SOPs) to determine whether any of them might create barriers for students with disabilities (respondent from private HEI).

Saat ini kami rutin melakukan pelatihan, biasanya satu tahun sekali, di awal tahun akademik. Pelatihan ini ditujukan untuk dosen, tenaga kependidikan, mahasiswa, dan juga pihak pendukung lainnya. Untuk dosen, pelatihan biasanya berfokus pada bagaimana melakukan pembelajaran di kelas yang mahasiswanya beragam, termasuk mahasiswa dengan kebutuhan khusus. Meskipun beberapa dosen sudah memiliki pengalaman, tetap perlu ada penyamaan persepsi dan pembekalan di awal. Selain pelatihan, kami juga memiliki beberapa perangkat pembelajaran dan inovasi pembelajaran khusus. Jadi ada beberapa program yang dikembangkan oleh dosen-dosen Pendidikan Khusus, berupa pengembangan perangkat pembelajaran adaptif yang disesuaikan dengan karakteristik mahasiswa, mata kuliahnya, dan cara belajarnya (responden dari perguruan tinggi swasta).



We currently conduct regular training sessions, usually once a year at the start of the academic year, for lecturers, education support staff, students, and other relevant parties. For lecturers, the training focuses on teaching classes with a diverse student population, including students with disabilities. Even though some lecturers already have experience, it is still necessary to align perspectives and provide an initial orientation. In addition to training, we have developed specific teaching aids and learning innovations. Several programmes led by lecturers from special education programmes involve developing adaptive instructional tools tailored to students' characteristics, the requirements of particular courses, and their learning styles (respondent from private HEI).

Various institutions also extended their training offer to students and particularly those who volunteered as supporters for peers with disabilities, who act as a key disability resource in many institutions.

Oleh karena itu kami fokuskan untuk membangun PCHE, Peer Counselor Health Educator dari mahasiswa. Jadi kami merekrut mahasiswa-mahasiswa yang berkenan untuk jadi tempat curhat dan mengawasi teman-teman yang memiliki kebutuhan mental, support teman-temannya di level fakultas. jadi setiap fakultas itu kira-kira ada dua sampai tiga mahasiswa yang kami bekali dan mereka menjadi PCHE. Dosen dan tendik diberikan kemampuan bagaimana bisa menjadi teman curhat ya dari sesama tendik ataupun dosen yang memiliki keluhan-keluhan dengan kesehatan mental. Kami meminta petugas pendamping untuk menguasai bahasa isyarat. Kebetulan kita ada tiga orang yang kita punya, pendamping yang menguasai bahasa isyarat di loket unit layanan fakultas nah kemudian di SK- kan oleh dekan bahwa ada pendamping ini di dalam SK dekan, dan kami disini memberikan layanan edukasi kepada orang tua dan disetiap layanan ini kami juga melibatkan mahasiswa (responden dari perguruan tinggi negeri).

We are currently focusing on establishing a PCHE (Peer Counsellor Health Educator) programme involving students. We recruit students who are willing to become peer supporters and help identify fellow students with mental health needs, providing support at the faculty level. Typically, there are two or three students in each faculty whom we train to serve as PCHEs. In addition, lecturers and administrative staff are equipped with the skills needed to support colleagues, whether fellow staff members or lecturers, who may be experiencing mental health challenges. Regarding the requirement for support staff to be proficient in sign language, we currently have three such individuals who serve at faculty service counters. Their roles are formally recognised through the Dean's decree. We also provide some information to raise awareness among parents – and students are involved in all of these activities (respondent from public HEI).

Pelatihan bahasa isyarat ditujukan untuk para relawan, relawan aktif. Jika ada kendala komunikasi, kami menyediakan pelatihan bahasa isyarat untuk para relawan (responden dari perguruan tinggi negeri).

Sign language training is intended for active volunteers. When communication barriers arise, we provide these volunteers with sign language training to help facilitate communication (respondent from public HEI).

Tahun lalu, pendaftaran sukarelawan [di pusat disabilitas] melonjak hingga sekitar 500. Melihat bagaimana sesama mahasiswa memiliki empati, terjadi ledakan empati (responden dari perguruan tinggi negeri).

Last year, volunteer registrations [at the disability centre] surged to around 500. Seeing the empathy demonstrated by fellow students, there was an outpouring of support for students with disabilities (respondent from public HEI).

The training of both staff and students is certainly an area of significant strength across institutions. It represents high levels of empathy and an institutional commitment to improving understanding and disability inclusion practice through a relatively low-cost/high-impact activity.

2.2 Enabling access (B8)

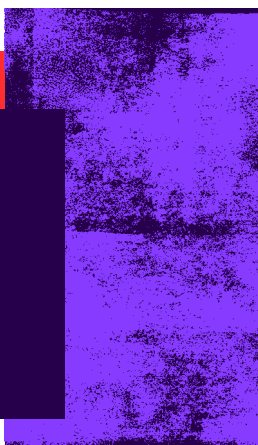
An interesting theme relates to enabling access where data indicated that staff and students reported (n=62) that various provisions had been made to make physical spaces accessible and improve facilities.

Kalau akomodasi fisik, kita bisa contohkan seperti gambar ini: ini ramp yang bagus, ini guiding block, ini toilet disabilitas. Di buku panduan yang kita miliki, itu lengkap. Kita buat spesifikasinya, dan harapannya setiap fakultas mulai bergerak menuju kampus yang aksesibel. Tetapi memang benar, itu tidak mudah jika harus langsung tertulis dan langsung selesai. Namun bertahap, [universitas kami] sudah mulai, karena setiap bangunan sudah mulai ada ramp-nya (responden dari perguruan tinggi negeri).

Regarding physical accommodations, we can point to examples such as ramps, guiding blocks (tactile paving), and accessible toilets. Our guidebook explains these requirements in detail and provides the relevant specifications. The hope is that every faculty will gradually move towards more accessibility. Of course, it is not easy to simply issue a directive and expect everything to be completed immediately. However, [our university] has started this process step by step, and ramps are now being installed in various buildings across the campus (respondent from public HEI).

Beberapa fasilitas seperti ramp, guiding block, dan akses dasar sudah mulai tersedia (responden dari perguruan tinggi).

Some facilities such as ramps, guiding blocks (tactile paving), and other basic accessibility features, have started to become available (respondent from public HEI).



For some institutions, accessibility was indexed to national sector expectations and evaluation metrics or – where institutions were international – global standards of accessibility. Again, enabling access of this kind was borne out of a commitment from HEI leaders and/or the enforcement of national inclusion indicators or recent building regulations.

Mereka menilai hal ini berdasarkan 12 indikator. Dua belas indikator ini mengharuskan unit layanan publik untuk memenuhi kriteria tertentu. Pertama, harus ada area parkir khusus, termasuk parkir wanita. Kedua, blok penunjuk arah untuk penyandang tunanetra. Ketiga, jalur landai untuk pengguna kursi roda. Keempat, pegangan tangan. Kelima, kursi roda, tongkat jalan, dan kruk harus disediakan. Keenam, tempat duduk prioritas harus tersedia. Ketujuh, loket layanan khusus untuk kelompok rentan. Kedelapan, toilet khusus untuk penyandang disabilitas atau kelompok rentan. Kesembilan, area bermain anak, yang awalnya kami pertanyakan, menanyakan mengapa area bermain anak dibutuhkan. Ternyata, setelah disediakan, area tersebut sangat diminati, terutama oleh mahasiswa pascasarjana yang membawa anak-anak mereka dan membutuhkan tempat untuk mereka. Oleh karena itu, peralatan bermain dan kebutuhan anak-anak harus disediakan. Kesepuluh, ruang menyusui. Kesebelas, alat bantu untuk penyandang tunanetra. Dan terakhir, alat bantu pendengaran (responden dari perguruan tinggi negeri).

They assess this based on 12 indicators, which public service units are expected to meet. These include (1) designated parking areas, including ladies' parking, (2) guiding blocks (tactile paving) for people with visual impairments, (3) ramps for wheelchair users, (4) handrails, (5) wheelchairs, walking sticks, and crutches, (6) priority seating, (7) a dedicated service counter for vulnerable groups, (8) accessible toilets for people with disabilities or vulnerable groups, (9) a children's play area, (10) a nursing room, (11) assistive devices for people with visual impairments, and lastly (12) hearing aids. We initially wondered why a children's play area was necessary, but once it was provided, it became very popular. Many postgraduate students brought their children with them and needed a suitable place for them, which highlighted the importance of child-friendly facilities and play equipment (respondent from public HEI).

Nah, setelah itu pendataan di kemahasiswaan, kami saat ini universitas kami tidak memiliki mahasiswa yang berkebutuhan khusus itu. Namun walaupun demikian, bahwa kami di universitas kami dalam kaitannya mewujudkan visi world class university dan juga internasionalisasi tentu adalah sangat mendukung adanya fasilitas-fasilitas yang mengarah ke memberikan peluang, memberikan sarana-prasarana kepada masyarakat maupun mahasiswa yang membutuhkan kebutuhan khusus itu. Seperti misalkan sarana fisik, contohnya ada ramp, ramp kami sudah siapkan. Kemudian lift access untuk yang ini sudah kita siapkan. Karena kami juga di sini kan bangunan-bangunan lama. Bangunan lama, jadi kami harus membuat beberapa perubahan-perubahan, renovasi-renovasi yang berkaitan dengan mengakomodasi disabilitas itu. itu bangunan-bangunan kami lama, sehingga untuk bangunan-bangunan yang mungkin 3-4 tahun terakhir ini yang kami bangun, fasilitas-fasilitas yang kami bangun selalu memang memasukkan kriteria untuk disabilitas ini. Termasuk juga dari sisi ramp, kemudian toiletnya. Itu memang menjadi concern kami di setiap pembangunan..... Yang sebelumnya, kalau di sini, bangunan lama tapi bertahap (responden dari perguruan tinggi negeri).

Based on the data from the student affairs division, [our university] currently does not have any students with disabilities. However, in line with our vision of becoming a world-class university and our commitment to internationalisation, we strongly support the provision of facilities and infrastructure that promote accessibility for students with disabilities. For example, we have installed ramps and provided lift access. Given that many of our buildings are older structures, we have had to undertake modifications and renovations to accommodate people with disabilities. However, all buildings constructed within the last three to four years have incorporated accessibility features, such as ramps and accessible toilets, into their design. This remains a priority in every construction project. While challenges remain with older buildings, we are addressing them gradually (respondent from public HEI).

Kebijakan dan prosedur [institusional kami] di Indonesia... mengharuskan kami untuk inklusif. Karena kedua universitas [kami] mempertahankan standar inklusi dan keragaman di kampus masing-masing. Itu berarti kami memiliki kebijakan yang sama (responden dari perguruan tinggi swasta).

Our policies and procedures in Indonesia require us to be inclusive, as both universities uphold standards of inclusion and diversity on their campuses. This means that we have the same policies regarding inclusion and diversity (respondent from private HEI).

Frequently, student peer volunteers were identified as necessary to the accessibility of physical infrastructure and teaching and learning. Typically, they escort students with disabilities around the campus, act as sign language interpreters, or convert resources into accessible formats.

Volunteer banyak yang ikut membantu mahasiswa disabilitas. Misalnya mahasiswa Tuli, bakalan ada yang nyatat untuk mereka. Mereka bakalan bantu di kelas, translate omongan ke teks jadi bisa dibaca sama mahasiswa Tuli. Nah untuk yang penglihatan, beberapa masih baru untuk mengngingat-ningat lingkungan sekitarnya, dalam konteks lokasi dan posisi makanya ada program orientasi dan mobility khusus mahasiswa baru (responden dari perguruan tinggi negeri).

Many volunteers assist disabled students. For example, for deaf students, there are volunteers who take notes for them; they help in the classroom by transcribing spoken language into written text so it can be read by deaf students. As for blind students, some are still getting familiar with their surroundings, specifically regarding locations and positioning, which is why there is a dedicated orientation and mobility programme for new students (respondent from public HEI).

Jadi biasanya relawan bisa bertemu dengan teman disabilitas di perpustakaan, tepatnya di ruang inclusive corner itu. Lumayan, ruangnya nyaman, ada AC-nya, lalu ada beberapa fasilitas buku Braille di situ, dan ada komputer yang bisa bersuara juga karena sudah dilengkapi dengan screen reader (responden dari perguruan tinggi negeri).

Volunteers usually meet up with disabled students in the library, specifically in the inclusive corner room. It is a comfortable, air-conditioned space that provides resources such as braille books and computers equipped with a screen reader that offers audio output (respondent from public HEI).

At the same time, there were almost as many (n=49) reports of inaccessible spaces and processes. These are often related to campus infrastructure that did not have lifts, ramps, guiding blocks, etc. due to the age of the buildings, which predated modern accessibility regulations. The ramifications of this are a physical environment that does not feel safe and limits students' sense of belonging.

Menurutku, belum ada sih kampus yang aku kunjungi yang benar-benar aman. Yang benar-benar inklusif dan aman, untuk teman-teman netra khususnya ya pas ketika kita berjalan di sepanjang koridor, di sisi kanan ada kontur jalur yang turun setengah lantai dan permukaannya berbatu. Kondisi seperti itu sangat banyak. Jadi, selama masa kuliah, aku merasa sangat tidak aman harus berjalan sendirian di sekitar kampus (responden dari perguruan tinggi negeri).

In my opinion, I have not yet visited a campus that is truly safe, especially one that is genuinely inclusive and safe for people with visual impairment. For example, while walking along a corridor, you might suddenly come across a section where the path drops down half a level, and the surface is made of stone. Situations like that are very common. Because of this, throughout my time at university, I felt very unsafe having to walk around the campus alone (respondent from public HEI).

Ramp itu kan di beberapa tangga itu masih ada yang belum ada, terus di kampus juga kan ada aula-aula yang biasanya digunakan buat kelas, dan itu masih belum ada akses disabilitasnya. Misalnya di aula yang biasanya digunakan untuk kelas besar di lantai 3, sedangkan lift hanya sampai lantai 2 (responden dari perguruan tinggi negeri).

There are still some staircases that do not have ramps, and there are halls on campus, often used for classes, that remain inaccessible to people with disabilities. For example, a large lecture hall on the third floor cannot be accessed because the lift only goes up to the second floor (respondent from public HEI).

Kampus kami terdiri dari bangunan-bangunan tua. Kampus ini dibangun sejak tahun 1960-an, sekitar 65 tahun yang lalu. Bangunan-bangunan yang lebih baru, dibangun sekitar tahun 2010-an, lebih mudah diakses. Ada beberapa area yang tidak dapat diakses secara langsung (responden dari perguruan tinggi swasta).

Our campus consists of older buildings, built around the 1960s, about 65 years old. The newer buildings, built in the 2010s, are generally more accessible. However, there are still some areas that remain inaccessible (respondent from private HEI).

Often, institutions registered their awareness of the legal requirement to make their campuses accessible but noted the cost associated with this and the lack of central funding provided to realise it. Consequently, progress in this area is slow and inconsistent.

Terkait aksesibilitas fisik kampus, ini memang menjadi tantangan karena membutuhkan renovasi dan biaya yang tidak sedikit. Saat ini kami masih melakukannya secara bertahap (responden dari perguruan tinggi swasta).

Regarding physical accessibility of the campus, this is indeed a challenge because it requires renovation and significant funding. At the moment, we are addressing this in stages (respondent from private HEI).

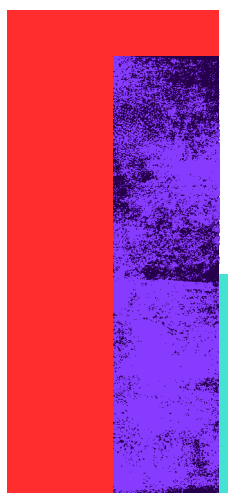
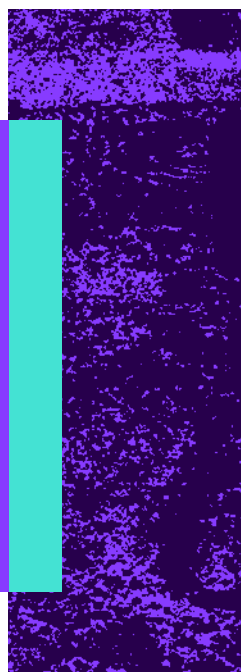
Tantangannya adalah bagaimana merealisasikan standar tersebut secara optimal, mengingat berbagai keterbatasan yang ada (responden dari perguruan tinggi negeri).

The challenge lies in how to implement these standards optimally, given the existing constraints (respondent from public HEI).

Infrastruktur tidak bisa diubah sekaligus secara instan. Tetapi harus berjalan secara bertahap (by process), begitu kan ya. Apalagi kita ini masih dalam tahap berbenah. Ada bangunan-bangunan yang kurang aksesibel, masih dalam proses untuk dibuat aksesibel. Sebelumnya belum ada lift, kini mulai dianggarkan untuk segera diadakan (responden perguruan tinggi negeri).

Infrastructure cannot be transformed overnight; the process must be gradual. We are still making improvements. Some buildings are not yet accessible, but work is underway to improve them. Previously, there were no lifts, but budget allocations have now been made, and they will be installed soon (respondent from public HEI).

Thus, while there is some evidence of institutions enabling access, there are still significant practical and financial barriers to fully achieving this.



3. DIIF meta theme C: Independence

The final DIIF meta theme is *independence*. This relates to supporting the agency through the development of *self-advocacy* and *self-regulation* skills, and tailoring *transition support* to address the entirety of the student/staff experience, assisted by the availability and effective use of *assistive technologies*, and the application of *inclusive curriculum* approaches to ensure full access to learning. The two areas that were represented from this theme were: inclusive teaching and learning and transition support.

3.1 Inclusive teaching and learning (C9)

Like *enabling access*, this theme represented both an area of progress and one in need of significant development. Instances of positive reports (n=55) included examples of how staff had developed pedagogy to enable full participation. Effective adjustments reported by students with disabilities included flexibility around learning activities and altering exam arrangements.

Saya diizinkan untuk tidak berpartisipasi dalam tugas kelompok karena kerja kelompok sangat sulit bagi saya. Ujian juga dapat dijadwal ulang karena saya juga menderita narkolepsi. Saya bisa tiba-tiba tertidur dan untuk waktu yang lama (responden dari perguruan tinggi negeri).

I was allowed not to participate in group assignments because group work is very difficult for me. Exams could also be rescheduled because I also have narcolepsy. I can suddenly fall asleep and for a long time (respondent from public HEI).

Sebagian besar dosen berpikiran terbuka. Jadi, sama sekali tidak ada penolakan, dan mereka berusaha beradaptasi dan menyesuaikan diri dengan kondisi disabilitas saya. Namun Alhamdulillah, dosennya baik. Saat itu, beliau menyebutkan bahwa saya hanya akan mengerjakan teks naratif. Sedangkan untuk visualnya, anggota kelompok yang akan mengerjakannya (responden dari perguruan tinggi negeri).

Most lecturers were open-minded. There was no resistance at all; instead, they made efforts to adapt and accommodate my disability. Fortunately, the lecturers were supportive. At the time, the lecturers said that I would be responsible only for the narrative portion of the assignment, while the other group members would handle the visual component (respondent from public HEI).

Kalau saya, selama ini kebutuhannya biasanya disesuaikan. Terutama kalau ujian. Jadi cara ujiannya, bentuk ujiannya, itu disesuaikan sama kondisi saya (responden dari perguruan tinggi swasta).

For me, my needs are usually being accommodated. Especially during exams. So, the exam method and format are adjusted to my condition (respondent from private HEI).

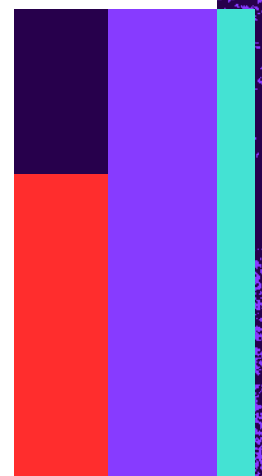
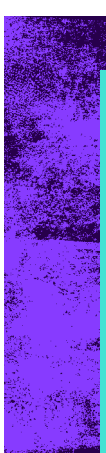
Selain itu, tugas biasanya tidak langsung dikumpulkan. Jika teman sekelas mengirimkan dalam format tabel, saya mengirimkan dalam format poin-poin dan itu diterima—mereka tidak memaksa saya untuk menggunakan tabel. Untuk ujian tertulis, saya diperbolehkan mengetik di Microsoft Word di laptop dan kemudian mengirim file melalui email. Untuk tugas tertulis, saya diperbolehkan menggunakan Word (responden dari perguruan tinggi negeri).

Also, assignments usually did not have to be submitted immediately. If my classmates submitted their work in a table format, I submitted mine using bullet points and it was accepted; I was not required to use a table. For written exams, I'm allowed to type my responses in Microsoft Word on a laptop and then email the file. For written assignments, I was also permitted to use Word (respondent from public HEI).

Padahal banyak contoh bahwa dengan asesmen motivasi, kemandirian, dan kemampuan dasar, mahasiswa disabilitas bisa diterima dan berkembang. Bahkan ada mahasiswa dengan disabilitas berat yang akhirnya bisa sampai jenjang S3, meskipun prosesnya sangat berat dan membutuhkan dukungan penuh. Ini menunjukkan bahwa akses pendidikan tinggi itu mungkin, asal sistemnya mendukung (responden dari perguruan tinggi negeri).

There are numerous examples demonstrating that students with disabilities can be admitted to higher education institutions and succeed when assessments focus on motivation, independence, and foundation skills. Some students with severe disabilities have even progressed to doctoral studies, despite the process being very challenging and requiring extensive support. This demonstrates that for people with disabilities, getting into university and being successful is possible when adequate support systems are in place (respondent from public HEI).

These accounts demonstrate that, when adequate provision is made for students with disabilities, they are able to access learning and succeed at all levels of education.



Student volunteers, again, play a significant role in making teaching and learning accessible for their peers with disabilities through their roles as sign-language interpreters, note-takers, campus escorts, and mentors. Often this peer support is deployed to mitigate the lack of infrastructural or assistive technology provision.

Di kelas, karena akses teknologi belum sepenuhnya optimal, kami masih menangani semuanya secara langsung. Jadi, jika seorang relawan baru dan belum bisa menggunakan bahasa isyarat, komunikasi dengan penyandang tunarungu dilakukan melalui teks atau catatan tertulis. Untuk penyandang tunarungu, kami menyebutnya dukungan “pencatat”. Karena di sini, pendampingan harian yang selalu ada adalah untuk penyandang tunarungu. Untuk penyandang tunanetra, biasanya pendampingan dilakukan di awal selama (masa orientasi), dimana kami mendukung mereka dalam hal mobilitas, menemani mereka berjalan-jalan di sekitar kampus, sehingga mereka dapat lebih mandiri nantinya. Karena kampus ini sudah memiliki blok panduan dan sebagainya. Hal-hal tersebut sangat membantu penyandang tunanetra. Di kelas, penyandang tunanetra mungkin membutuhkan dukungan dalam hal mencatat, atau ketika ada materi visual. Namun, dalam kuliah reguler yang banyak menggunakan audio, penyandang tunanetra masih dapat menyerap informasi secara langsung. Atau ketika meminjam buku, kami memindainya dengan baik, lalu mengubahnya menjadi audio sehingga dapat dibacakan (responden perguruan tinggi negeri).

In the classroom, because the use of assistive technology has not yet been fully optimised, most support continues to be provided in person. For example, when a volunteer is new and has not yet learnt sign language, communication with deaf students is facilitated through text messages or written notes. This is commonly referred to as note-taking support, which serves as the primary form of day-to-day assistance for deaf students. For students with visual impairments, support is typically concentrated during the initial orientation period and includes assistance with mobility and campus navigation to promote greater independence over time. This is particularly effective because the campus is equipped with accessibility features such as guiding blocks (tactile paving), which significantly help navigation. In the classroom, blind students may require support with note taking or when visual materials are used. However, in lectures that rely primarily on verbal instruction, they are generally able to access information directly. Or, when they need to access printed materials, books can be scanned and converted into audio format, allowing the content to be read aloud (respondent from public HEI).

Typically, alterations to teaching and learning were individualised and tailored to the needs of specific students. However, there were also instances where more systemic approaches were implemented, including UDL. The example below indicates the transferability of the approach, both across different institution types but also in different levels of education.

Pilot project pertama UDL itu universitas kami. Lalu kami share ke berbagai perguruan tinggi di Jabodetabek wilayah timur Indonesia. Mudah-mudahan ini menjadi kontribusi strategis, tidak hanya buat yang disabilitas tapi buat semua mahasiswa yang juga memiliki kebutuhan yang berbeda-beda sehingga pengajaran itu bisa merata dan potensi itu bisa berkembang maksimal (responden dari perguruan tinggi negeri).

Our university served as the first pilot project site for UDL. We subsequently shared the initiative with various HEIs in Greater Jakarta and Eastern Indonesia. We hope this serves as a strategic contribution, not only for students with disabilities but for all students with diverse needs, by promoting equitable learning opportunities and enabling everyone to fully realise their potential (respondents from public HEI).

However, just as many examples (n=56) were provided by institutions to suggest that teaching and learning were not accessible for students with disabilities. Assistive technologies (n=20) were recognised as a potential tool for advancing accessibility; however, gaps were registered regarding their scope and utility. Institutions reported a lack of understanding and training among some members of staff and inflexibility with respect to assessment regimes that mean that students with disabilities are prevented from demonstrating their learning and reaching their full potential.

Masih ada tantangan. Beberapa dosen menggunakan metode visual, beberapa menggunakan metode lisan, dan beberapa menggabungkan keduanya. Beberapa menampilkan PowerPoint di kelas tetapi tidak membagikan file tersebut kepada mahasiswa, tetapi yang lain bersedia mengirimkan materi tersebut agar mahasiswa dapat meninjaunya kembali (responden dari perguruan tinggi negeri).

Challenges remain. Some lecturers rely primarily on visual methods, others on oral instruction, while some use a combination of both. In addition, some lecturers display PowerPoint presentations during class without sharing the file with students, whereas others are willing to distribute the materials for later review and study (respondent from public HEI).

Mahasiswa disabilitas yang diperbolehkan untuk ikut belajar itu biasanya punya alat sendiri. Masalahnya muncul saat ujian karena beberapa device tidak diperbolehkan dibawa ke ruang ujian dan harus dikumpulkan [ke pengawas ujian]. Jadi dia harus sangat memperhatikan instruksi dosen atau pengawas ujian. Benar-benar jadi tantangan baru (responden dari perguruan tinggi swasta).

Students with disabilities who are permitted to attend classes usually have their own assistive devices. However, issues arise during examinations, because certain devices are not allowed in the examination room and must be surrendered to the exam supervisor. As a result, they must pay close attention to the instructions given by the lecturer or exam supervisor. It really presents a new challenge for them (respondent from private HEI).

Di [universitas kami] masih ada dosen yang mungkin belum paham. Misalnya soal deadline, soal cara penyampaian materi, itu kadang masih kurang adaptif (responden dari perguruan tinggi negeri).

At [our university], there are still some lecturers who may not fully understand [the circumstances of] students with disabilities. For example, with regard to assignment deadlines, and the delivery of course materials, there is sometimes a lack of flexibility and adaptation (respondent from private HEI).

Kami belum punya kurikulum inklusif. Kemudian, evaluasi pembelajaran inklusifnya juga belum ada (responden perguruan tinggi negeri).

We do not yet have an inclusive curriculum. Furthermore, there is no evaluation system for inclusive learning either (respondent from public HEI).

As noted previously, institutions rely heavily on unfunded peer volunteers to bridge the provision gap. But this precarious arrangement means that it is not always possible for students with disabilities to guarantee that they will have the support they need to access their learning. As one volunteer notes, this is despite the fact that there is a legal requirement to provide sign language interpreter provision.

Kami tidak memiliki sukarelawan. Saya sendiri tidak tahu cara mempelajari bahasa isyarat. Karena memang itu bukan bidang ilmiah khusus saya. Jadi dibutuhkan sukarelawan dari kolaborasi dengan pihak lain, karena saya bukan spesialis. Saya tahu belum ada dosen yang secara khusus mempelajari bahasa isyarat itu sendiri (responden dari perguruan tinggi negeri).

We do not currently have any volunteers. I do not know sign language myself, as it is not my area of academic expertise. Therefore, we need volunteers and support through collaboration with external partners, since I am not a specialist in this field. As far as I am aware, there are currently no lecturers who specialise in sign language (respondent from public HEI).

Ada teman kelas tapi itu sukarela membantu bukan disediakan kampus (responden dari perguruan tinggi swasta).

There were classmates who helped, but the assistance was voluntary rather than provided by the university (respondent from private HEI).

Hal itu juga menjadi tantangan karena masih banyak sekali lembaga, bahkan di dalam pemerintahan, yang secara struktural tidak mengalokasikan anggaran khusus untuk penyediaan penerjemah bahasa isyarat. Meskipun ini adalah salah satu fasilitas umum yang seharusnya ada di setiap institusi atau tempat umum (responden dari perguruan tinggi negeri).

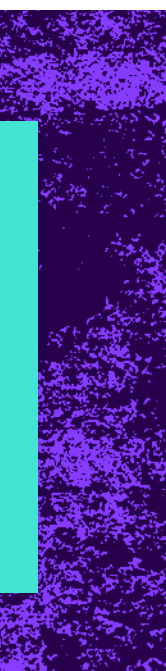
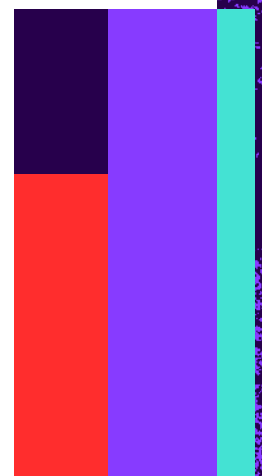
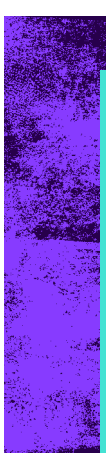
This also presents a challenge, as many institutions, including government agencies, still do not allocate a dedicated budget for sign language interpreter services. This is despite the fact that such services constitute a public accommodation that should be available in every institution and public venue (respondent from public HEI).

Finally, this informal system of support means that staff are often placed under pressure to make significant adjustments to their teaching, which is often not accounted for in workload allocation and can have negative effects on well-being:

Beberapa minggu yang lalu aku baru bisa tidur jam 3 pagi untuk nyiapin materi untuk anak yang ada gangguan penglihatan dan tetap saja aku tidak bisa mengajar [dengan maksimal]. Satu dari tujuh pertemuan, hanya dua atau tiga materi yang selesai, belum masuk kuis juga. Untuk kuis itu dimodifikasi berdasarkan pedagogical dan beberapa aspek dikurangi, dimodifikasi untuk menyesuaikan [kebutuhan] salah satu mahasiswa disabilitas. Kita mau banget untuk jadi kampus yang inklusif tapi apa yang diberikan oleh universitas ini? Dimana tanggung jawab institusi, dosen dan unit-unit lainnya? Universitas terima [mahasiswa disabilitas] karena pemerintah mengatakan mahasiswa disabilitas tidak boleh ditolak tapi mana akuntabilitasnya? Ada dana atau tidak sih? (responden dari perguruan tinggi swasta).

A few weeks ago, I was up until 3 a.m. preparing materials for a visually impaired student. Yet I still couldn't teach effectively. Out of seven scheduled sessions, I only managed to cover two or three topics; we haven't even done the quiz. The quiz itself had to be modified based on pedagogical considerations and certain aspects were reduced or adjusted to accommodate students' needs. We really want to be an inclusive campus, but what is the university actually providing? Where is the accountability of the institution, the lecturers, and other units within the campus? The university accepts students with disabilities because regulations stipulate that they cannot be turned away, but where is the accountability? Is there actually any funding available to support inclusion, or not? (respondent from private HEI).

This staff account points to the challenge for HEIs in Indonesia, where there is a mandate to ensure that students with disabilities have access to higher education but the gap in institutional commitment and funding means that enacting inclusive practice feels challenging and potentially unsustainable.



3.2 Transition support (C11)

The final subtheme relates to transition into and out of university as a key indicator of access to education and opportunities that follow from it. Institutions reported increased understanding of and applications to transition support (n=61), with frequent references to dedicated scholarships for students with disabilities.

[Saya] daftar lewat jalur khusus itu. Setelah daftar, besoknya saya bisa berangkat [mengurus prosesnya] sendiri (responden dari perguruan tinggi swasta).

I registered through the special admission track. After registering, I was able to take care of the process myself the following day (respondent from private HEI).

[Saya mendapat] informasi terkait dengan penerimaan mahasiswa baru melalui seleksi portfolio difabel dan disitu Masya Allah saya sangat dimudahkan sekali oleh pihak universitas, [mengingat] berbagai kejadian yang sebelumnya saya alami. Rasanya seperti menemukan sebuah cahaya di tengah kegelapan (responden perguruan tinggi negeri).

I received information about the portfolio-based admission pathway for students with disabilities, and the university made the process incredibly smooth for me, especially considering the various challenges I had previously faced. It felt like finding a light in the midst of darkness (respondent from public HEI).

Many students with disabilities discussed how different ambassadors – including previous students or members of staff – were influential in encouraging them to apply to higher education or providing information that would enable a more successful application.

Sebelumnya ada senior yang masuk di fakultas dan jurusan yang sama jadi aku berani deh daftar di sini juga (responden dari perguruan tinggi negeri).

A senior of mine had previously enrolled in the same faculty and major, so I felt confident enough to apply here as well (respondent from public HEI).

Pernah waktu itu ada mahasiswa program studi psikologi dari sebuah universitas negeri melakukan kegiatan observasi di sekolah. Salah satu siswa diberikan kesempatan untuk konsultasi secara langsung menanyakan peluang siswa disabilitas netra untuk kuliah. [Singkat cerita] mahasiswa tersebut bersedia menyampaikan secara langsung [keinginan siswa disabilitas netra tersebut] kepada dosen terkait. Akhirnya komunikasi bisa terjalin dan informasi [terkait pendaftaran kuliah] bisa disampaikan kepada siswa tersebut (responden dari perguruan tinggi negeri).

At one point, a psychology student from a public university was conducting observations at the school. A student was given the opportunity to consult directly and ask about the prospect of a visually impaired student attending university. Long story short, the university student agreed to convey the student's interest directly to the relevant lecturer. Eventually, communication was established, and information regarding university enrolment was successfully passed on to the student (respondent from public HEI).

Thus, specialist admission pathways alongside role models and ambassadors in schools meant that students with disabilities were aware of what is possible for them and better able to advocate for themselves. Respondents remarked on the importance of both formal and informal transition support mechanisms to ensure that the students had more than just access but also the practical and financial advice and guidance required to ensure reasonable accommodations are in place.

Saat siswa disabilitas netra dari sekolah tersebut datang ke pusat layanan disabilitas kampus, kami menerima siswa tersebut dengan sepenuhnya. Kami betul-betul membimbing dan mendampingi untuk bisa menemukan program studi yang sekiranya sesuai (responden dari perguruan tinggi negeri).

When the visually impaired student from that school came to the campus's disability service unit, we welcomed them wholeheartedly. We provided comprehensive guidance and support to help them find a study programme that was suitable for them (respondent from public HEI).

Pernah ada mahasiswa dengan kondisi komunikasi yang sulit, tetapi bisa studi di jurusan sosiologi atau antropologi, bahkan lanjut S2 di tempat saya di jurusan kesejahteraan sosial, dan saya pembimbingnya. Jadi walaupun tidak ada afirmasi secara formal, para dosen di fakultas pada akhirnya akomodatif (responden dari perguruan tinggi negeri).

There was once a student with significant communication challenges who managed to study sociology or anthropology, and even went on to pursue a master's degree in social welfare at my department, where I served as the student's supervisor. So, even without formal affirmative action policies, the faculty member was accommodating (respondent from public HEI).

Evidence indicated, however, that often neither schools nor HEIs were informed about specialist admission pathways or scholarships, even where they did exist.

Jadi ketika saya diterima di [universitas ini], saya datang ke rektorat bersama seorang pendamping sukarelawan. Saya bertemu dengan Wakil Rektor Bidang Kemahasiswaan. Saya berkata, "Saya membutuhkan bantuan beasiswa khusus [bagi mahasiswa disabilitas]." Kemudian beliau berkata, "Beasiswa tersebut tidak ada; belum ada yang pernah menerimanya". Lalu saya menjawab: "tapi beasiswa seperti ini ada [di daerah lain]." Seiring waktu, saya terus menerus mengangkat isu ketersediaan beasiswa tersebut. Ternyata beasiswa itu tersedia, dan itu adalah beasiswa tindakan afirmatif. Dari situ, saya juga mulai memberi tahu kampus-kampus lain bahwa beasiswa untuk disabilitas sebenarnya ada. Ternyata banyak sekolah inklusi tidak tahu bahwa mereka menerima kuota 10 persen untuk jalur undangan. Dan kami baru mengetahuinya baru-baru ini, dan ada salinan surat resminya. Saya telah membagikannya kepada beberapa kepala sekolah yang saya kenal, dan mereka terkejut. "Dari mana ini berasal?" Mereka mencoba menyelidiki, dan ternyata memang ada. Tetapi sekali lagi, kurangnya sosialisasi di kampus berarti tidak ada upaya penjangkauan proaktif (responden dari perguruan tinggi negeri).

When I was accepted at this university, I went to the Rector office accompanied by a volunteer. I met with the Vice Rector for Student Affairs. I said, 'I need a scholarship for disabled students'. He replied, 'that kind of scholarship does not exist. No one has ever received one.' I responded, 'but such scholarships do exist elsewhere.' Over time, I continued to raise the issue and asked about the availability of scholarships for disabled students. It eventually became clear that such a scholarship did exist. It was an affirmative action scholarship. From that point on, I began informing other universities and schools that scholarships for disabled students were indeed available. It also turned out that many inclusive schools were unaware that a ten per cent quota had been allocated for disabled students through the direct admission pathway. We only learned about this recently after receiving an official letter confirming the policy. I shared the information with several school principals I knew, and they were astonished. They asked, 'Where did this come from?' After verifying the information, they found that it was true. Once again, the lack of communication from the university meant that there had been no proactive dissemination of information or outreach efforts (respondent from public HEI).

This student's experience speaks both to the core issue regarding a lack of understanding surrounding transition support but also the important role that ambassadors and role models play in encouraging others and enacting change in institutions.

At other times, these specialist pathways in HEIs were not available at all and were being developed.

Untuk beasiswa khusus disabilitas, saat ini memang belum ada skema yang benar-benar spesifik. Tetapi kami sudah mulai menyusun draft untuk dibahas di tingkat rektorat. Harapannya ke depan akan ada alokasi khusus, mungkin bertahap, tidak langsung besar (responden dari perguruan tinggi negeri).

There is currently no dedicated scholarship scheme for students with disabilities. However, we have begun drafting a proposal for discussion at the rectorate level. The hope is that, moving forward, there will be a dedicated allocation, likely starting with a small number of scholarships (respondent from public HEI).

Pernah ada kasus di sini dua tahun yang lalu saya kira. Tiba-tiba ada mahasiswa yang lulus [seleksi fakultas kedokteran]. Pendek sekali. Tidak sampai satu meter. Sangat pendek. Dan tangannya itu pendek sekali juga. Nah sementara di kedokteran itu membutuhkan orang yang memiliki ukuran badan yang ideal. [Ketentuan seperti ini] dibutuhkan untuk kepentingan pelayanan. Nah lalu bagaimana dengan mahasiswa yang sudah lulus seleksi itu. Kita minta orang tuanya datang. Kita diskusi. Kita serahkanlah ke fakultas kedokteran. Karena kalau kami itu tidak bisa lagi menolak. Mereka mendekatinya secara persuasif ya. Dan akhirnya dengan kesadaran sendiri, dia menundurkan diri.

I believe there was a case about two years ago. A student who had been admitted to the faculty of medicine had a form of short stature, and was less than one metre tall, with significantly shortened limbs. At the time, concerns were raised regarding the physical demands of clinical training and patient care within the programme. Because the student had already been admitted, the university could not simply revoke the admission offer. Instead, the student's parents were invited to discuss the situation, and the case was referred to the medical faculty for further consideration. Through a consultative process, the student ultimately chose to withdraw voluntarily (respondent from public HEI).

These examples indicate that without specific criteria, detailed guidance, and staff training, there is a danger that students with disabilities may experience discrimination and limited access to the university courses they desire (and are qualified) to study on.

Overall, our qualitative data across the 12 case study sites indicates that disability inclusion is a complex and multi-faceted issue that requires engagement, commitment, and resource allocation at every institutional level. While there is clearly progress being made and many examples of good disability inclusion practice, there is evidence that this is often in early development, ad hoc in nature, and/or reliant on the goodwill of staff and peers.

Theory of Change

The preceding chapters have identified both encouraging progress and persistent barriers to disability inclusion in Indonesia higher education. Taken together, the findings reveal a sector characterised by growing commitment but uneven implementation, fragmented systems, and limited accountability. This chapter synthesises evidence from the three complementary studies – a comparative analysis of national administrative datasets (Study 1), a national institutional survey of 157 HEIs (Study 2), and qualitative case studies across 12 institutions (Study 3) – to develop a Theory of Change that identifies the conditions, activities, and mechanisms required to strengthen disability inclusion across the higher education sector.

In doing so, we establish the trends between the distinct findings but also identify where these diverge and reveal additional complexity with respect to disability inclusion in Indonesian higher education.

The discussion is organised thematically, around seven central strands, which are examined as part of a Theory of Change, to maximise the potential impact of the findings (see Figure 34).

Underpinning the Theory of Change are the assumptions upon which our assertions are based. At the foundation is the assumption that both students and staff with disabilities (SSWD) have the fundamental right to education and work, as enshrined in the UN Convention on the Rights of Persons with Disabilities (UN, 2006). Additionally, we establish that certain conditions are necessary for individual, institutional, and systemic outcomes and long-term impact to be realised. These include:

- A sustainable funding model for inclusion in higher education.
- Robust data.
- Consistent governance.
- Educational or employment environments where students and staff feel safe to disclose a disability.

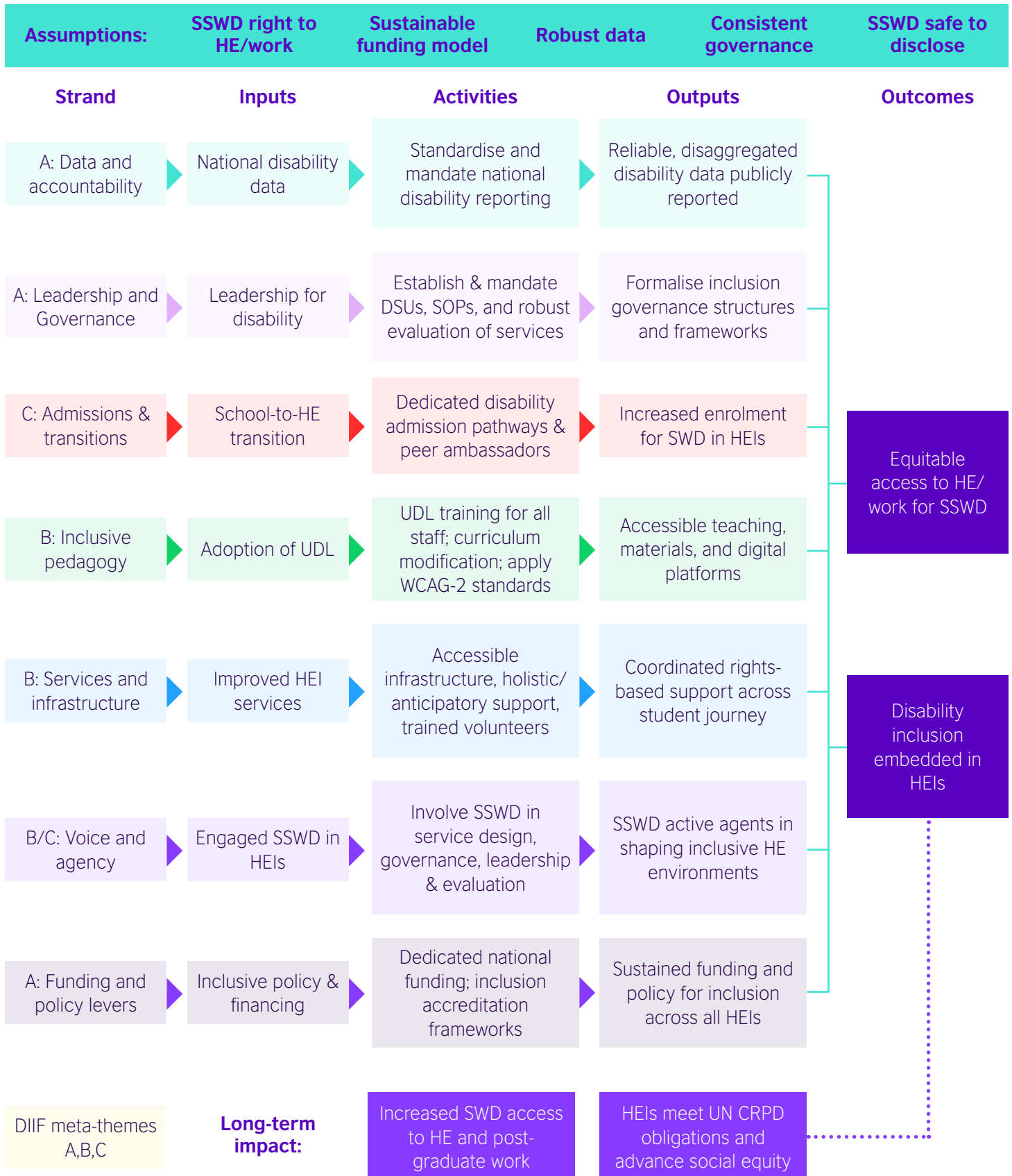
From here, we outline the seven strands: 1) data and accountability; 2) leadership and governance; 3) admissions and transitions; 4) inclusive pedagogy; 5) services and infrastructure; 6) voice and agency; and 7) funding policy levers. We will take each in turn to outline a programme of change, based on the data established from our three studies.

Each strand is considered in relation to the meta themes derived from the Disability Inclusion Institutional Framework (Evans & Zhu, 2022) and the data collated across the three studies.

Based on these, we consider the necessary inputs and activities required to bring about change, as well as the expected outputs.

To conclude, we signal the potential individual, institutional, and systemic outcomes and long-term impact that might be possible.

Figure 34: Theory of Change



1. Data and accountability

According to the DIIF's meta theme A: Shared ownership, *evidence-informed* practice and *embedded evaluation* are central to disability inclusion. However, issues surrounding data and accountability are dimensions on which all three of our studies converge. Study 1 documented irreconcilable inconsistencies between the two national datasets, attributing them to different instruments, definitions, units of analysis, and institutional reporting practices. Study 2 found that 47 HEIs collected no disability data at all, only 33 track staff with disabilities, only 20 conduct tracer studies, and 93.7 per cent of DSUs that have been evaluated do not disclose their results publicly. Study 3 revealed various practical and attitudinal factors that produced these failures: students not disclosing because of stigma or mistakenly identifying as disabled, institutions relying on anecdotal observation of visible disabilities, and data systems that are not sensitive to the full population of students with disabilities.

One area that all three studies did agree on was that the enrolment of students with disabilities in Indonesian HEIs is growing. Study 1 documented a 45.9 per cent increase across 2019 to 2024 in MoHEST data, with a steeper 58.1 per cent rise in the most recent two years. Study 2 recorded 2,912 students with disabilities across 157 responding institutions, consistent with an upward national trend. Interestingly, 2,491 of the 2,912 students with disabilities were recorded as attending institutions with a DSU, suggesting that institutions investing in inclusion attract a larger and more diverse student body. Qualitative accounts in Study 3 described institutions increasingly identifying and recording disabled students, with several noting that recent changes to digital registration systems had made disability identification more possible.

However, the three studies diverged considerably on the composition of this population. Study 1 revealed significant inconsistencies between the MoHEST and LMD datasets, where speech impairment dominated MoHEST at 99 per cent co-occurrence rate and physical disability and hearing impairment led in LMD, suggesting that the mechanisms by which disability/ impairments are being reported varies between systems. Study 2 presented a different profile again, with colour blindness recorded as the largest single category (n=488 students) across surveyed institutions, a category largely absent from both national datasets. Study 3 added a further complicating layer, with qualitative accounts suggesting systematic under-identification of non-visible disabilities, including mental health conditions, learning difficulties, and neurodivergence, across all institutional types.

Taken together, the three studies do not so much describe a single population as reveal three partially overlapping and contradictory representations of it, each shaped by different instruments, disability definitions, and institutional practices.

1.1 Inputs, activities, and outputs

What these variations indicate is that the data and accountability infrastructure in Indonesian higher education is inadequate to support evidence-informed inclusion practice. It reflects a system in which disability data is viewed in terms of administrative compliance rather than institutional development or public accountability. The necessary input required, therefore, is robust and reliable data. This can be best achieved by developing a single, standardised national instrument for reporting disability data across all HEIs, with annual public disclosure and periodic site-based validation. This would directly address the MoHEST/LMD divergence. Our report is clear that two parallel systems using different definitions, different units of analysis, and different impairment classifications cannot produce a coherent national picture.

Ultimately, the output is to produce reliable and disaggregated disability data that would enable institutions to better understand the populations of students and staff with disabilities entering the sector, cater to their needs, and trace their academic progression. Moreover, publishing the reports ensures greater public accountability and potential cross-institutional learning rather than merely reporting as part of an internal administrative process.

2. Leadership and governance

As per the DIIF meta theme A: Shared ownership, our data identified leadership capacity as a critical determinant of disability inclusion outcomes, although what kind of leadership, under what conditions, and with what durability were more variable. While the survey identified some of the indicators associated with strong leadership commitment to disability including institutions with DSUs, SOPs, strategic plans, and more developed support provision, it tended to present leadership as an institutional variable, which is either present or absent in structural terms. Significantly, it showed that only ten HEIs reported students or staff with disabilities as holding leadership roles. Study 3 presented a different picture and provided rich examples where students and staff with disabilities were involved in bottom-up leadership, driving institutional change through sustained advocacy, peer community formation, and the exercise of self-advocacy. This bottom-up approach aligned with the disability rights axiom of '*nothing about us, without us*'. Importantly, where top-down or bottom-up leadership was present, it tended to remain dependent on the individual commitment of senior staff (who may leave) or students (who will eventually graduate) and is, therefore, precarious and unsustainable.

The three studies offered important insights on HEI governance. Study 2 documented that only 53 per cent of HEIs have a DSU, 49 per cent of those operate without SOPs, 35.7 per cent have not incorporated disability inclusion into strategic plans, and 59.2 per cent have never evaluated their DSU's performance. Study 1 supported this picture indirectly, showing that data governance is so weak that two national systems produce significantly inconsistent datasets. Study 3 further reinforced the survey findings qualitatively, with institutions describing ad hoc arrangements, dependence on individual champions, and governance structures without the operational infrastructure to sustain them.

Together, these findings indicated that disability inclusion governance in Indonesian higher education remains at an early stage, characterised by informal structures and weak accountability mechanisms.

2.1 Inputs, activities, and outputs

The data positions institutional leadership as the most important variable in determining whether disability inclusion is successfully embedded in institutions. Almost every strand of inclusion – DSU establishment, budget allocation, infrastructure upgrades, policy development – was contingent on whether senior leaders made it a priority. This is why the Theory of Change pushes beyond leadership alone to include activities with a focus on governance infrastructure. By terming the input leadership for disability, we signal the central role that staff and students with disabilities ought to hold in developing the governance structures in HEIs.

The output of activities, which includes the mandating of DSUs, establishing SOPs, informing strategic plans, and feeding into robust evaluation and accreditation processes, will be formalised and embedded, with sustainable disability inclusion frameworks leading to durable institutional change that is not dependent on individual leaders.

3. Admissions and transitions

Transition support, including dedicated admission pathways, was identified as a potentially high-impact provision, yet over half of the institutions from the 157 surveyed did not offer this. This was relatively consistent across institution types, with 64.4 per cent of private HEIs and 45 per cent of public HEIs lacking this provision. Limited disability-sensitive screening at the admissions or recruitment stage was also identified, meaning that accommodation needs were typically only assessed once a student had already begun their studies. Qualitative case study data additionally revealed that these provisions were frequently unknown to both the institutions and the schools, emphasising a systemic failure of communication that limited their impact for students with disabilities. Across our datasets, admissions processes were shown to be structured around a presumed 'standard' applicant, with disability treated as a secondary consideration to be managed after entry rather than a dimension of access to be planned for from the outset.

An area of high-impact strength, however, as also identified in the qualitative data, was informal transition support, particularly peer ambassadors and role models. These included former students with disabilities visiting schools, senior students encouraging young people to apply, and staff providing pre-application consultations. These low-cost mechanisms significantly improved the likelihood of application and the quality of preparation for HE.

The admissions barriers were even more pronounced for staff. According to the survey data, fewer than a quarter of HEIs had a dedicated recruitment scheme for people with disabilities, with public universities accounting for the majority of these. A particular issue was the lack of public communication about institutions' openness to employing people with disabilities, thus limiting access and – by extension – the extent to which staff with disabilities can play an effective and visible role in higher education.

3.1 Inputs, activities, and outputs

Our data suggests that the problem is less the absence of transition support than the lack of visibility and inconsistency. Dedicated pathways and scholarships existed that HEIs (or students) were made aware of but had not been standardised or systematically promoted. Therefore, activities include not only the expansion of these provisions but their explicit and proactive communication to schools, families, and prospective students, so that students with disabilities can apply and access higher education. Additionally, HEIs ought to put in place processes that actively recruit staff with disabilities, particularly to roles where they can feed into leadership for disability.

The projected output from these activities will be the increased enrolment of students and employment of staff with disabilities.

4. Inclusive pedagogy

The data across our studies reported a mixed picture including some of the inadequacies of *inclusive teaching and learning* at the sector level (DIIF meta theme C: Independence). Survey data from Study 2 showed that the implementation of UDL was under-developed, curriculum modification was rarely employed, and over three quarters of institutions had not used accessibility checkers in developing learning materials. Study 3 echoed these issues, with inaccessible teaching and learning coded almost as frequently (n=56) as accessible practice (n=55), thus reflecting the challenges of embedding accessible pedagogy at a systemic level.

Study 3, however, also presented various positive examples: allowing alternative submission formats, rescheduling examinations, or reducing assessment components. It showed that where inclusive teaching and learning was in place, it was positively received by students but tended to be based on ad hoc individual staff responses rather than as part of an institutional strategy for inclusive teaching and learning.

While the training of staff was demonstrated to be a strength for many of the case study institutions – including for staff and students – it was still an area of development requiring more systematic approaches to ensure that all staff were trained in inclusive pedagogic practices.

4.1 Inputs, activities, and outputs

The adoption of UDL would ensure that pedagogy is maximally inclusive by offering multiple modes of engagement, representation, and expression through both learning opportunities and assessments. This proactive approach would benefit students with disabilities but also better serve those who have different linguistic, ethnic, or cultural needs, thus considering the intersectional identities of all HE students. The activities required for this would be UDL training for all staff, enhanced training on curriculum modification for impairments, and guidance on how to apply WCAG 2 standards to online materials.

More specifically, the data in our studies indicates that ongoing disability inclusion training informed by experts by experience is also necessary to improve understanding and challenge stigmatising attitudes. For full accountability, all of these forms of training would be assessed as part of a formalised programme and institutional evaluations.

The output would be externally validated evidence of accessible teaching, materials, and digital platforms.

5. Services and infrastructure

Enabling access to higher education is a core principle of the DIIF's meta theme B: Empowerment. Studies 2 and 3 converged on the inadequacy of physical accessibility across the sector. As previously outlined, just over half of HEIs in the survey sample had a DSU. Our survey showed 62 HEIs with no supporting physical facilities whatsoever, and where they were present, they tended to be concentrated in the most visible and standardised elements, including accessible toilets, lifts and ramps, while sensory accessibility aids were rare. Study 3 corroborated these findings, with 49 instances of inaccessible spaces and student accounts describing genuinely unsafe physical environments as common features of campus life. That said, while the survey data painted a pessimistic picture, the qualitative case studies did also document meaningful, if incremental, improvements; for example, new buildings incorporating accessibility as standard, older buildings being gradually retrofitted, and some institutions working systematically from national accessibility indicator frameworks. The qualitative data also revealed that physical accessibility was one of the areas rectors were most likely to commit to changing, suggesting a clearer alignment between leadership and infrastructure outcomes than between leadership and pedagogic outcomes.

Given the dominance of physical facilities and psychological services, Study 2 documented the near absence of mentoring, career development, and employment transition support. Additionally, qualitative accounts in Study 3 described services that were often informally arranged and heavily dependent on peer volunteers operating without training, qualifications, or guaranteed availability.

A notable divergence across studies concerns the role of peer volunteers specifically. Study 2 reported that 78.3 per cent of institutions lacked this provision, whereas reports from the case study institutions signalled a more central role played by volunteers, often acting as note-takers, sign language interpreters, campus escorts, and learning assistants whose informal labour constituted a significant proportion of the actual support available to students with disabilities. Interestingly, HEIs in Study 3 presented this support system both as a genuine strength, reflecting high levels of student empathy and solidarity, and as a structural vulnerability, given that volunteers are acting in place of formal institutional provision.

5.1 Inputs, activities, and outputs

Our data showed that current infrastructure is largely inadequate and services are reactive and fragmented. Without appropriate support in place, students with disabilities experience predictable outcomes: being limited to the minority of HEIs with formal support structures, negative experiences, low completion rates, and poor employment transitions.

Improving support services and making the physical infrastructure safe and accessible are essential for offering a more positive trajectory for students with disabilities. Activities, therefore, include mandating the accessibility of campuses to ensure that no area is unsafe for students and staff with disabilities and any new buildings are built with full accessibility in mind and putting in place holistic, anticipatory, and institutionally funded support according to students' needs. While peer volunteers ought not to be in place of institutional support, where these are drawn on, they ought to be fully trained and accredited.

The output from such activities would be a coordinated and rights-based model of support that enables the success of students with disabilities from admission through to graduate employment.

6. Voice and agency

Our data showed mixed results with respect to *enabling student and staff voices* and *promoting self-advocacy*, which sit across the DIIF's meta themes B: Empowerment and C: Independence. The survey data painted a stark picture of exclusion. Even among the 84 institutions that had established a DSU, 32 had no involvement of staff or students with disabilities in running it and only ten universities reported leadership roles across the entire sample. The survey's communication and information findings reinforced this. Forums or platforms bringing together students with disabilities, mentors, and lecturers existed at only 18 per cent of institutions. In contrast to the survey data, the qualitative findings on student and staff voice were among the most striking in the entire report, with 31 instances of enabling student and staff voice and zero instances of constrained voices recorded. The 12 case study institutions included some vivid examples of inclusive practices derived from students and staff who had found ways to make their voices heard, often through extraordinary individual effort rather than institutional design. Staff with disabilities also emerged as crucial agents of change, with some staff with disabilities playing significant roles in university policy, with their presence and advocacy described as carrying institutional weight precisely because of their professional standing alongside their lived experience.

6.1 Inputs, activities, and outputs

The voice and agency strand, again, invokes the disability rights principle of '*nothing about us, without us*'. It indicates that involvement of students and staff with disabilities is not simply 'nice to have' but a functional requirement for effective service design for two reasons. Firstly, services designed without lived experience are systematically less responsive to individuals' needs and, secondly, because the involvement of disabled people as experts rather than recipients alters the institutional culture.

Thus, the activities required to bring about change include facilitating the meaningful involvement of students and staff with disabilities in the design, governance, and evaluation of disability services across all institutions. This is framed as a structural requirement linked to the DIIF's insistence that shared ownership is a prerequisite for effective disability inclusion.

The output ought to include the creation of HEI leadership pathways with decision-making authority for students and staff with disabilities, moving toward genuine co-production of inclusive environments.

7. Funding and policy levers

The data from Study 2 characterised the funding landscape as episodic, opportunistic, and unsustainable. It was typically dependent on external partners, donor cycles, and general institutional budgets rather than dedicated strategic allocation. Nearly three quarters of institutions surveyed had no dedicated funding allocation for disability inclusion at all. The gap was present across both institution types but more pronounced at private universities than public ones. Where funding did exist, it was predominantly drawn from non-centralised sources: tuition fees, external grants, institutional endowments, and corporate social responsibility contributions. In particular, the reliance on tuition fees suggests that in many cases disability inclusion was simply absorbed into general operational costs rather than being resourced as a distinct institutional priority.

The case study findings in Study 3 added important texture to the survey data. Several institutions described being aware of the legal mandate to provide accessible environments and support services but reported the cost of doing so as prohibitive without central government funding. Infrastructure upgrades like lifts, ramps, and guiding blocks were described as proceeding gradually and inconsistently, dependent on individual building projects and available budgets rather than as part of a systematic accessibility programme. At a wider level, training, peer volunteer programmes, and DSU operations were also sustained without a guaranteed financial base.

Insufficient funding is one of the most structurally significant findings from across the three studies and suggests that HEIs are not able to provide the level of provision the government's accessibility mandate requires.

7.1 Inputs, activities, and outputs

Our data suggests that without dedicated institutional budget, inclusion remains dependent on the availability and goodwill of volunteers or staff, external grants, and the absorption of costs into general budgets. In order to achieve the sustained and systemic change that is necessary, structural funding is required. This ought to be established through ring-fenced, recurring national funding streams for disability inclusion with allocated capital funding for physical infrastructure upgrades including lifts, guiding blocks, and accessible signage.

Additionally, disability inclusion indicators should be integrated into accreditation and quality assurance frameworks that would create structural incentives for institutions to invest in inclusion rather than treating it as optional.

The output from these activities would be a sustainable funding model and policy framework that could deliver disability inclusion at scale.

8. Outcomes and long-term impact

At the individual level, change would be represented by students with disabilities having positive experiences of university learning, completing higher education and entering employment at rates comparable to their non-disabled peers.

At the institutional level, realised change would be where disability inclusion is fully embedded in HE admissions, curriculum design, procurement, staffing, research, community service, and data management.

The Theory of Change maps the seven strands through which this embedding would need to occur: data and accountability; leadership and governance; admissions and transitions; inclusive pedagogy; services and infrastructure; voice and agency; and funding and policy. Finally, at a systemic level, should these changes be fully enacted, the Indonesian higher education sector would both be compliant with its international legal commitments under the UN Convention on the Rights of Persons with Disabilities and become a regional leader in disability-inclusive higher education.



Recommendations

A series of recommendations targeted at policymakers and institutions – and aligned with the seven strands identified through our Theory of Change – are outlined below:

Table 10: List of recommendations

Stakeholder	Recommendations
Policy makers	1. Develop and mandate a single, standardised national instrument for reporting disability data across all HEIs, with annual public disclosure and periodic site-based validation – addressing the critical measurement inconsistency revealed. 2. Integrate disability inclusion indicators into accreditation and quality assurance frameworks, creating structural incentives for sustained institutional commitment. 3. Establish dedicated, recurring national funding streams for disability inclusion and allocate capital funding for physical infrastructure upgrades including lifts, guiding blocks, and accessible signage. 4. Mandate WCAG 2 accessibility standards across national digital transformation agendas, covering learning management systems, admissions platforms, and institutional reporting tools. 5. Expand and better promote disability-specific scholarships and strengthen the school-to-HEI transition pipeline.
Policy makers and higher education institutions	6. Establish dedicated admissions pathways and staff recruitment schemes for students and staff with disabilities and communicate these commitments publicly. 7. Require disability-related data to be collected, disaggregated (students and staff), and published as a tool for public accountability, not merely internal administration.
Higher education institutions	8. Strengthen DSU mandates to coordinate across academic, student affairs, HR, and procurement functions, replacing the current fragmentation of services across unconnected units. 9. Ensure meaningful involvement of people with disabilities in the design, governance, and evaluation of disability services, in line with 'nothing about us, without us'. 10. Invest in UDL training for all teaching staff and establish minimum accessibility standards for learning materials, course outlines, and timetable information. 11. Develop ongoing disability inclusion training – informed by experts-by-experience – for all staff and students, building on the strong existing engagement evidenced. 12. Foster confidence among students to share disability status and support needs, and provide assurance that disclosure is safe and will lead to appropriate support.

Conclusion

Across our three complementary studies, there are some consistent messages. Indonesian higher education is a sector growing in intent with regard to disability inclusion and with rising enrolments of students with disabilities. However, the evidence suggests that there are challenges affecting the sector's capacity to deliver disability inclusion in line with its legal commitments. Individual commitment runs deep at every level of the system, and genuinely good practice exists across institution types and regions. The foundations are there; what remains is to build on them.

The central challenge this report identifies is translating good intentions into an effective disability inclusive infrastructure, moving from goodwill to governance, and from ad hoc good practice to systemic, accountable change. The gap between Indonesia's commitments under national law and the UN Convention on the Rights of Persons with Disabilities and the reality documented here is not the result of indifference. It is the result of fragmented structures, unsecured funding, and accountability mechanisms that have not yet caught up with the ambition the sector increasingly holds for itself. These are solvable problems.

Closing the gap demands coordinated and sustained action from policymakers and institutions alike – encompassing data, governance, admissions, pedagogy, infrastructure, voice, and funding. None of these strands can be addressed in isolation because together they constitute the architecture of a truly inclusive higher education system. Above all, the evidence is unequivocal that students and staff with disabilities must be central to designing and governing the systems intended to serve them. *'Nothing about us, without us'* is not just a slogan; it is the condition under which effective, durable, and meaningful inclusion becomes possible. Indonesia has every resource it needs to lead on this. The evidence is now in hand, and what is needed is genuine, decisive action.

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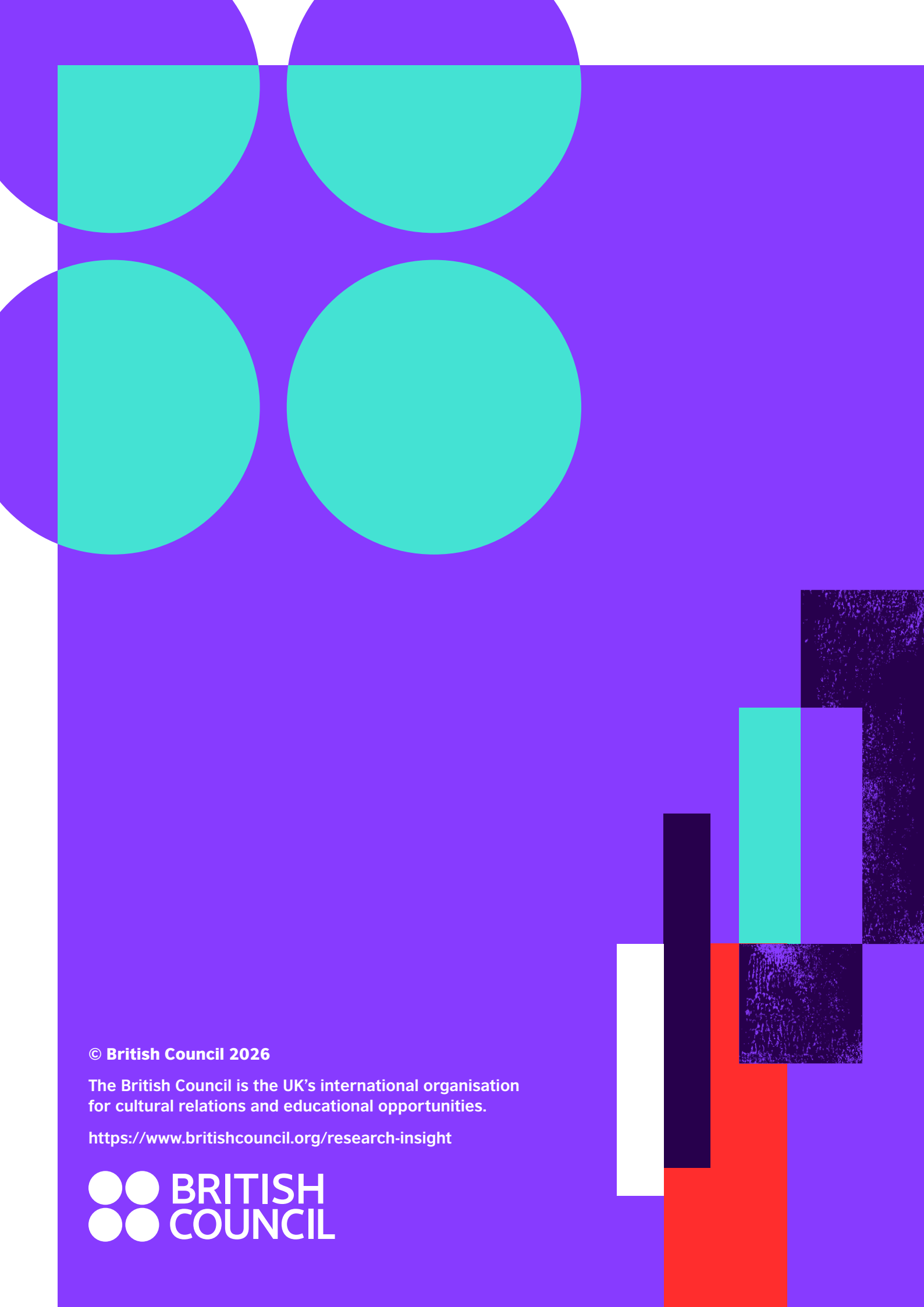
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Notes

This image shows a single sheet of white paper with horizontal blue lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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