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Tracing Local Inclusion: Intergovernmental Networks and Islamic Perspective in Disability Policy Implementation of Kampar Regency

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Abstract

Disability policy implementation in decentralized governance settings requires more than formal administrative arrangements, as effective inclusion depends on intergovernmental coordination, institutional capacity, community participation, and locally embedded normative values. This study aims to examine disability empowerment policy implementation in Kampar Regency and develop an Integrated Intergovernmental Inclusive Disability Governance Framework (IIDGF) that explains the relationships among these dimensions. A qualitative case study was conducted using semi-structured interviews with government officials and persons with disabilities, complemented by non-participant observation and documentary analysis. The findings indicate that disability policy implementation operates through coordination across government levels, while institutional capacity influences service accessibility and continuity. Community participation also functions as a complementary mechanism that can help address limitations in formal institutional capacity. Empirical evidence further indicates practices of social assistance, solidarity, and collective responsibility that can be interpreted through Islamic public values, particularly rahmah, 'adl, amanah, and maslahah. These values are conceptualized as informal normative mechanisms that may reinforce trust, participation, and collaborative action rather than as independently established causal factors. Based on these findings, the IIDGF comprises five interrelated dimensions: intergovernmental coordination, institutional capacity, community participation, Islamic public values, and inclusive policy outcomes. The framework extends Edwards III policy implementation model by reconceptualizing communication as intergovernmental coordination, resources as multidimensional institutional capacity, bureaucratic implementation as collaborative governance, and implementation outcomes as inclusive policy outcomes. The five dimensions operate relationally rather than sequentially, with coordination enabling capacity, participation complementing institutional limitations, Islamic public values reinforcing collective action, and inclusive outcomes potentially generating feedback for subsequent governance practices. Given its single-case scope and limited direct representation of governance actors, the IIDGF requires further empirical validation in other decentralized governance settings.

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INTRODUCTION

Disability inclusion has emerged as one of the most significant public governance challenges of the twenty-first century. Beyond a social welfare concern, disability is increasingly recognized as a matter of human rights, equitable public service delivery, and sustainable development. The adoption of the *United Nations Convention on the Rights of Persons with Disabilities* (CRPD) and the *2030 Agenda for Sustainable Development* has fundamentally transformed the global policy paradigm from charity-based assistance toward rights-based and inclusive governance (United Nations, 2021). Consequently, governments are no longer assessed solely by their ability to formulate disability policies but by their capacity to translate legal commitments into accessible, equitable, and inclusive public services.

The urgency of strengthening disability inclusion is reflected in global demographic trends. The World Health Organization (WHO, 2023) estimates that approximately 1.3 billion people, representing nearly 16% of the world's population, live with significant disabilities (World Health Organization, 2023). This proportion is expected to increase due to population ageing, non-communicable diseases, conflicts, climate-related disasters, and improved survival rates following serious injuries. Despite substantial policy commitments across countries, persons with disabilities continue to experience disproportionate disadvantages in education, employment, healthcare, transportation, political participation, and digital accessibility (Beckett & others, 2025). These disparities demonstrate that legislative reforms alone are insufficient to guarantee inclusive development, thereby shifting scholarly attention from policy formulation toward policy implementation and governance capacity (Harlan & Robert, 2022).

Recent studies in public administration have increasingly argued that disability policy implementation is shaped by the quality of governance rather than merely the existence of legal frameworks (Degener, 2021). Evidence from both developed and developing countries indicates that implementation failures frequently arise from fragmented institutional arrangements, weak horizontal and vertical coordination, insufficient fiscal capacity, overlapping administrative responsibilities, and limited participation of civil society

organizations. Within decentralized governmental systems, these challenges become more pronounced because successful implementation depends on interactions among multiple governmental actors operating across national, provincial, district, and community levels (Mitra, 2021). Consequently, contemporary governance literature increasingly emphasizes intergovernmental networks as a critical mechanism for coordinating institutions, sharing resources, integrating policy actors, and improving collaborative public service delivery (Grech, 2021).

Indonesia represents an important context for examining these governance challenges. As a State Party to the CRPD, Indonesia has demonstrated its commitment to disability rights through the enactment of Law Number 8 of 2016 concerning Persons with Disabilities, replacing the previous welfare-oriented approach with a rights-based legal framework (Indonesia, 2021). National development plans have subsequently incorporated disability inclusion into broader agendas of social justice, inclusive development, and public service reform (Badan Pusat Statistik, 2023). Nevertheless, implementation outcomes remain uneven across regions. National statistical reports continue to indicate lower educational attainment, lower labour-force participation, limited accessibility to public infrastructure, and higher poverty rates among persons with disabilities compared with the general population (Shakespeare & Officer, 2022). These disparities reveal that decentralization creates considerable variation in local implementation capacity despite the existence of a common national regulatory framework.

Within Indonesia, Riau Province illustrates similar implementation challenges. Provincial governments have introduced programmes supporting disability protection and empowerment; however, disparities in institutional capacity, fiscal resources, and inter-agency coordination continue to influence programme effectiveness across districts. Differences in administrative commitment and local governance capacity suggest that disability inclusion should be understood not merely as a legal obligation but as a collaborative governance process requiring continuous coordination among governmental institutions, non-governmental organizations, community groups, and local stakeholders (Armstrong & others, 2022).

Kampar Regency provides a particularly significant empirical case because it formally adopted Regional Regulation Number 7 of 2016 concerning the Protection and

Empowerment of Persons with Disabilities, making disability inclusion an integral component of local governance. The regulation mandates equal access to education, healthcare, employment, public services, accessibility, social protection, and community participation. However, field evidence demonstrates a persistent implementation paradox (Rotarou & Sakellariou, 2021). Although an institutional framework has been established, programmes supporting economic empowerment, vocational training, accessible infrastructure, assistive devices, and inclusive public services remain relatively limited compared with the growing needs of persons with disabilities (Arstein-Kerslake, 2020). Furthermore, implementation involves multiple governmental organizations including the Social Affairs Office, Health Office, Education Office, Regional Development Planning Agency (Bappeda), district administrations, village governments as well as disability organizations, religious institutions, and community groups (Bampi & others, 2023). This institutional complexity suggests that policy effectiveness depends not solely on administrative compliance but also on the quality of intergovernmental coordination and collaborative governance.

Despite the growing body of literature on disability policy implementation, several important limitations remain evident. Existing studies predominantly examine disability policy through organizational variables such as communication, resources, bureaucratic structure, and service accessibility, providing only limited explanation of how governance relationships among multiple governmental actors shape implementation outcomes. The literature also tends to emphasize policy outputs and service delivery while paying relatively little attention to the institutional dynamics of intergovernmental networks operating within decentralized governance systems. Furthermore, although Indonesia is one of the world's largest Muslim-majority countries, where religious values substantially influence public administration, community participation, and public decision-making, the contribution of Islamic public values to collaborative disability governance remains largely overlooked in existing scholarship. Consequently, current research provides only a partial understanding of how formal legal commitments are translated into inclusive governance practices at the local government level, particularly through the interaction between intergovernmental coordination, institutional capacity, and socio-religious values.

This study addresses these theoretical and empirical gaps by integrating the perspectives of intergovernmental networks and Islamic public values to explain disability

policy implementation within decentralized local government. Rather than conceptualizing implementation as a purely bureaucratic process, this study argues that successful disability inclusion may depend upon collaborative interactions among governmental institutions, community organizations, disability associations, and locally embedded social and religious actors (Salim, 2022). Moreover, Islamic principles including justice (*'adl*), public welfare (*maslahah*), compassion (*rahmah*), equality (*musawah*), and human dignity (*karamah al-insan*) provide normative foundations that reinforce inclusive governance and collaborative public administration in Muslim-majority societies (Hassan & Lewis, 2023).

The principal novelty of this research is the development of an Integrated Intergovernmental Inclusive Disability Governance Framework (IIDGF), which extends conventional policy implementation perspectives by incorporating intergovernmental network theory with Islamic governance values (H. Mohamed, 2020). Unlike previous studies that primarily evaluate disability policy through administrative or organizational dimensions, the proposed framework explains how institutional coordination, multi-level governmental collaboration, administrative capacity, community participation, and Islamic public values interact to influence inclusive disability policy implementation within decentralized governance systems (Farooq, 2024).

The theoretical contribution of the IIDGF lies not merely in combining existing concepts, but in reconceptualizing disability policy implementation as a relational governance process. Whereas Edwards III implementation model primarily explains implementation through communication, resources, disposition, and bureaucratic structure, the IIDGF explains how these implementation conditions interact across multiple governmental levels and with community-based governance mechanisms. In this framework, communication is reconceptualized as intergovernmental coordination, resources as multidimensional institutional capacity, bureaucratic implementation as collaborative governance, and implementation outcomes as inclusive policy outcomes. Islamic public values are further positioned as locally embedded normative mechanisms that may reinforce trust, solidarity, and collective participation.

This study argues that disability policy implementation within decentralized local governments cannot be adequately explained solely through conventional administrative dimensions such as communication, organizational resources, bureaucratic structure, or policy

disposition (El-Bayoumi, 2021). Instead, effective disability inclusion is fundamentally shaped by the interaction of intergovernmental networks, institutional collaboration, and the integration of Islamic public values that collectively influence coordination, decision-making, and public service delivery across multiple governmental levels (Grünenfelder & others, 2023). Accordingly, this study positions disability policy implementation as a governance process rather than merely an administrative function.

Building upon this argument, the study aims to develop an Integrated Intergovernmental Inclusive Disability Governance Framework (IIDGF) that explains how intergovernmental coordination, multi-level institutional relationships, administrative capacity, community participation, and Islamic governance principles interact to produce inclusive policy outcomes. By integrating governance theory with Islamic public values, this study extends existing policy implementation literature beyond traditional bureaucratic perspectives and offers a more comprehensive explanation of disability policy implementation in decentralized governance systems. The findings are expected to contribute to three interrelated domains . Theoretically, this study enriches the policy implementation literature by integrating intergovernmental network theory with Islamic governance perspectives into a unified analytical framework for understanding disability inclusion within decentralized governance systems. Empirically, the study provides evidence from Kampar Regency illustrating how governmental institutions, persons with disabilities, and locally embedded community practices shape disability policy implementation, complemented by observational and documentary evidence concerning the wider governance context .(Cheema, 2021)(Shah, 2020)(Panda & others, 2021)(Howlett & Ramesh, 2022)

Kampar Regency represents an appropriate empirical setting because it was among the local governments that formally institutionalized disability protection through Regional Regulation Number 7 of 2016 concerning the Protection and Empowerment of Persons with Disabilities. The regulation demonstrates the local government's commitment to ensuring equal rights, accessibility, social protection, and community participation for persons with disabilities (Head, 2022). Nevertheless, the existence of a comprehensive regulatory framework does not necessarily guarantee effective policy implementation. Understanding how local governments translate regulatory commitments into tangible outcomes therefore remains an important empirical and theoretical concern (Moynihan & Roberts, 2021).

The urgency of examining disability policy implementation in Kampar Regency is further reflected in the increasing number of persons with disabilities recorded over the last three years. According to data from the Kampar Regency Social Affairs Office, the number of registered persons with disabilities increased from 3,064 individuals in 2021 to 5,301 individuals in 2022, and remained at 5,301 individuals in 2023 (Table 1). This increase indicates that the demand for inclusive public services, social protection, accessible infrastructure, educational support, healthcare, and economic empowerment continues to grow (Doberstein & Charbonneau, 2021). The largest concentrations of persons with disabilities were identified in several sub-districts, including Kampar, Tapung, Siak Hulu, XIII Koto Kampar, Bangkinang, and Kuok, suggesting that disability issues are geographically widespread rather than concentrated in a limited number of administrative areas.

Table 1. Number of Persons with Disabilities in Kampar Regency (2021–2023)

No.	Sub-District	Year 2021	Year 2022	Year 2023
1	Kampar	316	692	692
2	Salo	102	293	293
3	Kampa	75	135	135
4	Rumbio Jaya	126	182	182
5	Kuok	176	306	306
6	Xiii Koto Kampar	156	317	317
7	Bangkinang Kota	65	108	108
8	Kampar Kiri Tengah	109	174	174
9	Siak Hulu	205	370	370
10	Tapung Hiir	139	348	348
11	Kampar Utara	109	185	185
12	Kampar Kiri Hilir	44	96	96
13	Bangkinang	153	311	311
14	Koto Kampar Hulu	108	204	204
15	Tapung Hulu	159	254	254
16	Tapung	215	475	475
17	Tambang	236	247	247
18	Kampar Kiri Hulu	114	70	70
19	Kampar Kiri	264	155	155
20	Gunung Sahilan	134	291	291
21	Perhentian Raja	59	88	88
Total		**3,064**	**5,301**	**5,301**

Source: Kampar Regency Social Services Office, 2024

Although these figures demonstrate the growing need for disability-inclusive policies, available evidence indicates that the implementation of empowerment programmes has not

developed proportionally with the increasing number of beneficiaries (Newig et al., 2020). Limitations in accessible infrastructure, assistive devices, vocational training, employment opportunities, and cross-sectoral coordination continue to constrain policy outcomes (Prasojo, 2022). This situation reveals a significant implementation paradox while the local government has established a formal legal commitment through Regional Regulation No. 7 of 2016 and the number of persons requiring services continues to increase, the effectiveness of policy implementation remains uneven across sectors and administrative levels. This paradox suggests that disability inclusion cannot be understood solely from the existence of policy instruments but must also be examined through the governance mechanisms that shape coordination, collaboration, and institutional capacity among multiple governmental and societal actors.

LITERATURE REVIEW

Policy implementation has long been recognized as a critical stage in the public policy process because policy success depends not only on regulatory formulation but also on the capacity of governments to translate policy objectives into effective public services. Classical implementation theories emphasize administrative factors such as communication, organizational resources, bureaucratic structure, and implementers' commitment as key determinants of policy performance (Nugroho & Aryani, 2024). Although Edwards III framework remains one of the most widely applied analytical models for evaluating public policy implementation, contemporary governance literature argues that increasingly complex public problems require broader analytical perspectives that extend beyond internal bureaucratic processes. Disability inclusion, in particular, represents a multidimensional policy issue involving social protection, education, healthcare, employment, infrastructure, and community participation, thereby requiring coordinated action among multiple governmental and societal actors rather than isolated organizational interventions (Bappenas, 2021).

The growing complexity of public governance has shifted scholarly attention toward intergovernmental networks, which emphasize collaboration among institutions operating across different administrative levels (Yin, 2023). Rather than relying solely on hierarchical governance, decentralized public administration increasingly depends on horizontal and vertical coordination to integrate policy actors, share resources, and improve public service

delivery (Braun & Clarke, 2021). Within disability governance, effective implementation requires continuous coordination among central, provincial, district, and village governments as well as collaboration with civil society organizations, disability associations, educational institutions, healthcare providers, and community groups (Creswell & Poth, 2021). Consequently, policy effectiveness is influenced not only by organizational capacity but also by the quality of governance networks that facilitate institutional collaboration, collective decision-making, and integrated service provision. In addition to institutional collaboration, public governance in Muslim-majority societies is closely associated with ethical values embedded in Islamic public administration. Islamic governance emphasizes justice (*'adl*), public welfare (*maslahah*), consultation (*shura*), trust (*amanah*), compassion (*rahmah*), equality (*musawah*), and the protection of human dignity (*karamah al-insan*) as guiding principles for public decision-making (A. Mohamed, 2021). These values reinforce inclusive governance by encouraging governments to ensure equitable access to public services and meaningful participation for all citizens, including persons with disabilities. Nevertheless, previous studies have largely examined disability policy from administrative, legal, or human rights perspectives while paying comparatively limited attention to how Islamic public values interact with intergovernmental collaboration to influence policy implementation within decentralized governance systems.

Building upon these perspectives, this study argues that disability policy implementation cannot be adequately explained through administrative variables alone. Instead, successful disability inclusion is shaped by the dynamic interaction among intergovernmental coordination, institutional capacity, community participation, and Islamic public values operating within decentralized governance systems. Accordingly, this study integrates intergovernmental network theory, Edwards III's policy implementation framework, and Islamic governance principles to develop an Integrated Intergovernmental Inclusive Disability Governance Framework (IIDGF). This integrated perspective extends existing policy implementation literature by providing a governance-oriented explanation of disability inclusion while offering a contextual framework for understanding collaborative policy implementation in Indonesian local governments.

RESEARCH METHODS

This study adopts an interpretivist paradigm using a qualitative case study design to explore how intergovernmental networks and Islamic public values shape disability policy implementation in Kampar Regency, Indonesia. A qualitative approach is appropriate because the study seeks to understand the meanings, interactions, institutional relationships, and governance processes underlying policy implementation rather than measuring causal relationships statistically (Beekun, 2021). The case study design enables an in-depth examination of disability governance within its real-life institutional context, where multiple governmental and non-governmental actors interact in implementing Regional Regulation No. 7 of 2016 concerning the Protection and Empowerment of Persons with Disabilities (Kamali, 2020)(Hamid & others, 2022).

The study was conducted in Kampar Regency, Riau Province, Indonesia, where disability protection has been formally institutionalized through local regulation while implementation continues to involve multiple governmental agencies and community stakeholders. Purposive sampling was employed to select participants who possessed direct knowledge and experience related to disability policy implementation. The participants consisted of four government officials from the Social Affairs Office, including the Head of the Social Rehabilitation Division and three staff members responsible for disability programmes, as well as seven persons with disabilities representing different sub-districts in Kampar Regency. These participants provided direct perspectives on policy implementation, institutional capacity, service accessibility, and beneficiary experiences. Evidence concerning other actors within the broader governance arrangement, including sub-district and village governments, healthcare facilities, educational institutions, disability organizations, and community or religious actors, was obtained primarily through observation and documentary analysis rather than direct interviews. Accordingly, these actors are treated as contextual components of the governance network rather than equally represented interview perspectives (Peters, 2021). These participants were selected because they provided complementary perspectives regarding policy formulation, programme implementation, and service experiences. Data collection continued until thematic saturation was achieved, where no substantially new information emerged from subsequent interviews.

Data were collected through semi-structured interviews, non-participant observation, and document analysis from January to December 2025. Semi-structured interviews enabled

participants to describe their experiences, institutional interactions, implementation challenges, and perceptions of disability empowerment in their own words while allowing the researcher to explore emerging issues in greater depth. Observations were conducted to examine the implementation of disability-related programmes, accessibility conditions, and interactions among governmental institutions. Documentary evidence including Regional Regulation No. 7 of 2016, strategic planning documents, implementation reports, statistical records, and official documents from the Kampar Regency Social Affairs Office was analysed to triangulate empirical findings and strengthen the credibility of the study. To maintain analytical transparency, empirical evidence was differentiated according to its source. Interview data were used to capture participants' experiences, perceptions, and accounts of implementation. Observational data were used to examine programme practices, accessibility conditions, and interactions among actors. Documentary evidence was used to verify institutional arrangements, regulatory provisions, programme procedures, and administrative information. This distinction was maintained throughout the analysis to avoid attributing observational or documentary findings to interview participants.

The collected data were analysed using reflexive thematic analysis following the procedures proposed by Braun and Clarke (2021). The analytical process involved six stages: familiarization with the data, generation of initial codes, development of candidate themes, review of thematic patterns, refinement and definition of themes, and preparation of the final analytical narrative. Rather than merely describing implementation activities, the analysis focused on identifying governance mechanisms, institutional coordination, intergovernmental relationships, and the influence of Islamic public values on disability policy implementation. To enhance the trustworthiness of the findings, the study applied methodological triangulation by integrating interviews, observations, and documentary analysis, while credibility was strengthened through member checking with selected participants. Dependability was supported by maintaining a transparent audit trail throughout the research process, and confirmability was achieved through continuous analytical reflection to minimize researcher bias.

RESULTS AND DISCUSSION

Intergovernmental Coordination in Local Disability Governance

The empirical findings indicate that disability policy implementation in Kampar Regency is characterized by a networked governance arrangement rather than a conventional bureaucratic process dominated by a single government institution. Although the Kampar Regency Social Affairs Office serves as the leading agency responsible for implementing Regional Regulation No. 7 of 2016 concerning the Protection and Empowerment of Persons with Disabilities, the empirical evidence indicates that disability policy implementation in Kampar Regency operates within a multi-actor governance arrangement. Direct interview evidence primarily reflects the perspectives of Social Affairs Office officials and persons with disabilities, while observational and documentary evidence indicates the involvement of sub-district and village administrations, healthcare facilities, educational institutions, disability organizations, and local communities. This institutional configuration demonstrates that disability governance operates through intergovernmental networks where policy implementation becomes a shared responsibility among multiple actors across different administrative levels (Provan & Kenis, 2021).

Interview evidence from Social Affairs Office officials, complemented by observational and documentary evidence, indicates that implementation follows a coordinated administrative pathway involving policy dissemination, beneficiary verification, programme delivery, and monitoring across administrative levels. Policy directives and programme information are initially disseminated by the Social Affairs Office to sub-district governments before being transmitted to village administrations and community representatives (Bevir, 2020). Village officials subsequently identify potential beneficiaries, verify disability data, and coordinate with community leaders to ensure that eligible individuals are included in empowerment programmes. Furthermore, coordination extends beyond information dissemination to include beneficiary verification, social rehabilitation, distribution of assistive devices, and monitoring of programme implementation (Agranoff, 2012). Consequently, implementation is not limited to policy execution but represents an ongoing collaborative governance process involving continuous interaction among public institutions and local stakeholders.

Table 2. Implementation Coordination Network

Institution	Main Role	Evidence Source
Social Affairs Office	Programme planning	Interview
Sub-district Government	Coordination	Interview/Document/Observation
Village Government	Beneficiary identification	Interview/Document/Observation
Health Centre	Medical assessment	Document/Observation
Community Organization	Social assistance	Interview/Observation/Document

Source: Primary research data collected by authors (2025)

The governance network presented in Table 2 should be interpreted according to the strength and source of the available evidence. Direct interview evidence is concentrated on government officials and persons with disabilities, whereas the roles of several institutional and community actors are corroborated through observations and documentary sources. The framework therefore represents a triangulated governance configuration rather than an equally weighted representation of every actor within the network. The findings also demonstrate that institutional coordination contributes to greater administrative consistency. Government officials explained that regular coordination meetings reduce discrepancies in beneficiary identification and facilitate more accurate allocation of social assistance. Likewise, village governments reported that collaboration with disability organizations improves data accuracy and enables local authorities to identify vulnerable groups that may otherwise remain excluded from government programmes. Such collaborative practices strengthen institutional trust and improve communication among implementing agencies, thereby reducing administrative fragmentation. One government official explained:

> "Before distributing disability assistance, we always coordinate with sub-district and village administrations to verify beneficiary data."

Despite these positive developments, several coordination challenges remain evident. Interview participants acknowledged that differences in organizational capacity among village governments often affect the quality and timeliness of disability data collection and beneficiary verification. Moreover, several remote sub-districts continue to experience communication barriers due to geographical distance and limited digital infrastructure, delaying programme implementation and reducing the efficiency of intergovernmental coordination (Klijn & Koppenjan, 2021). These findings indicate that although coordination mechanisms have been institutionalized, they alone cannot eliminate implementation disparities when administrative capacities vary considerably across local governments.

Figure 1. Empirical Intergovernmental Network for Disability Policy Implementation in Kampar Regency

The empirical findings further indicate that communication in disability policy implementation operates beyond the traditional function of information dissemination. While the implementation process follows a hierarchical communication structure from the Kampar Regency Social Affairs Office to sub-district and village governments, communication simultaneously serves as an institutional coordination mechanism through which government agencies exchange information, verify beneficiary data, coordinate programme implementation, and collectively resolve administrative challenges (Emerson & Nabatchi, 2015). Consequently, implementation effectiveness depends not only on the clarity of policy messages but also on the quality of interactions among implementing organizations.

From the perspective of Edwards III policy implementation model (1980), communication is one of the essential determinants of successful policy implementation because policy objectives must be clearly transmitted and consistently understood by implementers. The present findings partially support this proposition, as the structured dissemination of programme information has facilitated relatively consistent implementation across Kampar Regency. Nevertheless, the empirical evidence also demonstrates that communication extends beyond administrative transmission. Rather than functioning solely as an information delivery process, communication has evolved into an institutional governance mechanism that enables coordination, negotiation, and collaborative problem-solving among multiple implementing organizations.

These findings are consistent with the Collaborative Governance Framework proposed by Emerson and Nabatchi (2022), which argues that governance effectiveness emerges through principled engagement, shared motivation, and joint capacity for action among multiple stakeholders. In the context of Kampar Regency, disability policy implementation reflects these collaborative dynamics through continuous interaction among district agencies, sub-district administrations, village governments, healthcare facilities, educational institutions, disability organizations, and local communities. Such interactions strengthen institutional trust, improve information exchange, and enhance collective responsibility in delivering disability services.

The findings also resonate with Agranoff (2021) theory of intergovernmental management, which emphasizes that contemporary public administration increasingly depends on governance networks rather than hierarchical bureaucratic control. The

implementation of disability policy in Kampar Regency illustrates this transition, as programme delivery relies upon both vertical coordination among different levels of government and horizontal collaboration among public institutions and community organizations (Hill & Hupe, 2021). Therefore, implementation success is determined less by the performance of a single implementing agency than by the effectiveness of interorganizational relationships within the governance network.

Compared with previous disability policy studies that primarily emphasize administrative compliance, bureaucratic procedures, or organizational performance, this study demonstrates that local inclusion is fundamentally produced through collaborative governance networks integrating governmental institutions, community actors, and locally embedded social values. Accordingly, disability policy implementation should be interpreted as a relational governance process in which institutional coordination, mutual trust, collective learning, and shared responsibility jointly determine implementation outcomes. Taken together, these findings make three important theoretical contributions (Pressman & Wildavsky, 1973). Reconceptualize communication from a purely administrative transmission process into an institutional coordination mechanism operating within intergovernmental governance networks. Provide empirical evidence that disability policy implementation in decentralized governance systems depends upon collaborative interactions among multiple governmental and non-governmental actors rather than solely on bureaucratic compliance. Establish the conceptual foundation for the proposed Integrated Intergovernmental Inclusive Disability Governance Framework (IIDGF) by demonstrating that successful disability governance emerges through the interaction of institutional coordination, collaborative governance, and locally embedded public values (Mazmanian & Sabatier, 1983).

Although intergovernmental coordination establishes the institutional foundation for disability governance, the findings also indicate that coordination alone does not guarantee successful policy implementation. The effectiveness of collaborative governance ultimately depends on the capacity of participating institutions to mobilize financial resources, organizational capabilities, qualified personnel, and equitable service delivery. Therefore, the following section examines how institutional capacity and unequal service accessibility shape the implementation of disability policy in Kampar Regency.

Institutional Capacity and Unequal Service Accessibility

The findings demonstrate that institutional capacity represents one of the most significant determinants of disability policy implementation in Kampar Regency. While collaborative coordination has enabled government agencies to organize disability empowerment programmes more systematically, the effectiveness of programme implementation remains constrained by limited fiscal resources, uneven organizational capacity, and geographical disparities (Bickenbach, 2020). These constraints influence the government's ability to transform policy commitments into inclusive public services accessible to all persons with disabilities.

Interview evidence consistently identifies financial limitations as the principal implementation challenge (Schur et al., 2021). Officials from the Social Affairs Office acknowledged that annual budget allocations remain insufficient to accommodate the increasing demand for disability-related services, including social rehabilitation, assistive devices, vocational empowerment programmes, and social protection. Consequently, programme implementation follows annual fiscal priorities, requiring many eligible beneficiaries to wait until subsequent budget cycles before receiving assistance. Such conditions inevitably reduce the responsiveness of disability programmes despite the government's commitment to inclusive public service delivery. One senior official explained:

> "The available budget cannot accommodate all registered beneficiaries simultaneously; therefore, assistance is distributed gradually according to the annual budget allocation."

Table 3. Number of Persons with Disabilities in Kampar Regency (2021–2023)

Year	Number of Persons with Disabilities
2021	3,064
2022	5,301
2023	5,301

Source: Kampar Regency Social Affairs Office (2024)

As presented in Table 3, the registered number of persons with disabilities increased substantially from 3,064 individuals in 2021 to 5,301 individuals in 2022, representing an increase of approximately 73%. Although the figure remained unchanged in 2023, the consistently high number reflects sustained demand for disability services and indicates that institutional capacity has not expanded proportionally to meet increasing service needs. Field observations reveal considerable spatial disparities among sub-districts (Prasojo, 2022).

Communities residing in Kampar Kiri, Perhentian Raja, Koto Kampar Hulu, Tapung Hulu, Gunung Sahilan, and several other remote areas must travel considerable distances to access government service centres. Long travel distances increase transportation costs, reduce participation in empowerment programmes, and create additional barriers for persons with physical disabilities. As a result, geographical location significantly influences access to government services despite the existence of universal policy provisions.

Table 4. Distance from Sub-districts to Disability Service Centre

Sub-district	Distance
Kampar Kiri	94.2 km
Perhentian Raja	76.9 km
Koto Kampar Hulu	74.9 km
Tapung Hulu	72.3 km
Gunung Sahilan	71.1 km

Source: Primary research data collected by authors (2025)

Table 4 illustrates considerable geographical disparities in access to disability services. Persons with disabilities residing in Kampar Kiri must travel approximately 94.2 km to reach the district service centre, whereas beneficiaries living in Bangkinang travel only 2.3 km. These differences increase transportation costs, reduce programme participation, and create unequal access to public services despite the existence of inclusive policy provisions. Interestingly, human resources were not identified as the primary implementation problem. Interview participants generally perceived government personnel as competent and committed to implementing disability programmes. Staff members possess adequate administrative knowledge and demonstrate strong commitment to serving persons with disabilities through field visits, beneficiary verification, and programme monitoring. Nevertheless, competent personnel alone cannot compensate for insufficient financial resources and limited service infrastructure. These findings suggest that institutional capacity should be understood as an integrated combination of human resources, fiscal capability, organizational support, and spatial accessibility rather than as isolated administrative components.

Table 5. Human Resources Responsible for Disability Rehabilitation

Position	Number
Division Head	1

Position	Number
Staff	3

Despite the relatively small number of personnel, interview findings indicate that government staff demonstrate strong commitment to programme implementation through beneficiary verification, field monitoring, and continuous coordination with village governments. This finding suggests that implementation constraints are associated more with fiscal and geographical limitations than with human resource competence. From Edwards III implementation perspective, resources constitute one of the critical determinants of implementation effectiveness. The empirical findings support this proposition by demonstrating that budgetary limitations significantly constrain programme implementation. However, the Kampar case also reveals that institutional capacity extends beyond staffing and financial resources to include organizational capability and geographical accessibility.

This interpretation aligns with Emerson and Nabatchi's collaborative governance framework, which argues that implementation capacity depends on the ability of institutions to mobilize collective resources through collaborative action rather than relying solely on internal organizational capabilities (Emerson & Nabatchi, 2022). Furthermore, the findings resonate with recent studies on local governance, which argue that decentralization frequently generates unequal implementation capacity across regions because local governments possess different fiscal capabilities, administrative competencies, and geographical conditions. The Kampar experience reinforces this perspective by demonstrating that policy implementation gaps emerge not because policy objectives are unclear but because institutional capacities differ substantially across local administrative units.

Similarly, Agranoff emphasizes that intergovernmental management requires organizational adaptability and network capacity across multiple governmental levels (Beckett & others, 2025). The empirical findings demonstrate that local governments with stronger coordination mechanisms are better positioned to overcome fiscal and geographical constraints. Accordingly, this study proposes that institutional capacity should be conceptualized as a multidimensional governance capability integrating fiscal resources, organizational capacity, human resources, and spatial accessibility. This broader interpretation extends classical implementation theory and provides a more comprehensive explanation of disability governance in decentralized administrative systems.

These findings therefore suggest that strengthening disability governance requires more than increasing financial allocations. Sustainable implementation also depends upon improving institutional coordination, expanding service accessibility in geographically disadvantaged areas, strengthening local organizational capacity, and developing innovative governance mechanisms capable of bridging spatial inequalities. However, governmental capacity alone is insufficient to ensure inclusive policy implementation. The following section demonstrates that community participation and Islamic public values function as complementary governance mechanisms that strengthen disability inclusion when formal institutional capacity remains constrained.

Islamic Values as Informal Governance Mechanisms

Beyond formal institutional arrangements, the findings demonstrate that disability policy implementation in Kampar Regency is substantially reinforced by informal governance mechanisms embedded within local social and religious values. Although Regional Regulation No. 7 of 2016 provides the formal legal foundation for disability protection and empowerment (Nugroho & Aryani, 2024), the practical implementation of the policy extends beyond governmental institutions and involves families, community leaders, religious organizations, village administrations, and disability associations. These actors collectively facilitate policy implementation through information dissemination, beneficiary identification, social assistance, and continuous support for persons with disabilities. Interview evidence from government officials and persons with disabilities, together with observational and documentary evidence, indicates that community assistance, social solidarity, and collective responsibility constitute important informal mechanisms supporting disability policy implementation. Informants consistently referred to the importance of helping vulnerable members of society as both a social obligation and a religious responsibility. Consequently, disability empowerment programmes are frequently supported through voluntary community initiatives, local religious gatherings, mosque-based social activities, and informal neighbourhood networks that complement government interventions. One Social Affairs Office official explained:

"Village officials and community members usually help us identify persons with disabilities who have not yet been registered. Without their assistance, many beneficiaries would not receive government support."

A beneficiary stated:

"Information about the programme was first delivered by village officials before we contacted the Social Affairs Office."

Table 6. Community Participation in Disability Programme Implementation

Community Actors	Main Contribution
Village government	Beneficiary identification
Families	Daily assistance
Community leaders	Information dissemination
Local communities	Social support
Social Affairs Office	Programme implementation

Source: Interview results.

Table 6 demonstrates that disability policy implementation extends beyond governmental institutions. Community actors actively participate in beneficiary identification, information dissemination, and social assistance, indicating that disability governance operates through collaborative relationships between public institutions and local communities. Unlike conventional implementation theories emphasizing formal administrative structures, the Kampar findings indicate that informal institutions significantly influence implementation effectiveness. Community participation complements formal governmental capacity by facilitating communication, strengthening trust, and improving programme accessibility. These findings are consistent with Emerson and Nabatchi (2015), who argue that collaborative governance depends upon shared motivation and principled engagement among multiple actors. In Kampar Regency, such shared motivation is reflected in community willingness to support disability programmes through voluntary participation, local coordination, and mutual assistance. This challenges conventional policy implementation perspectives that primarily emphasize organizational resources and bureaucratic structures. Instead, the Kampar case demonstrates that successful disability governance also depends upon normative institutions embedded within local communities. The observed practices of social assistance, solidarity, and collective responsibility can be interpreted through Islamic public values. In this study, rahmah, 'adl, amanah, and maslahah are therefore treated as interpretive normative concepts that help explain the social meaning of these practices rather

than as independently established causal factors. It is important to distinguish between Islamic values identified directly from empirical evidence and Islamic governance principles derived from the literature. The empirical findings demonstrate practices of social assistance, beneficiary identification, mutual support, and collective responsibility. Their interpretation through the concepts of rahmah, 'adl, amanah, and maslahah is informed by Islamic governance literature. Accordingly, the study does not claim that participants explicitly articulated all of these theological concepts; rather, the concepts provide a contextual interpretive lens for understanding observed governance practices.

Compared with previous studies on disability governance, which generally focus on legal compliance or administrative effectiveness, this research highlights the significant contribution of Islamic public values in strengthening collaborative governance (Beckett & others, 2025). The findings therefore extend existing disability governance literature by demonstrating that normative values can function as strategic governance mechanisms supporting inclusive public service delivery within decentralized administrative systems. The interaction between institutional capacity and Islamic public values also provides an important insight. While limited governmental resources constrain programme implementation, strong community participation supported by shared religious values partially compensates for these limitations by expanding local support networks. Consequently, disability inclusion in Kampar Regency emerges not solely from governmental intervention but from the continuous interaction between formal institutions and socially embedded governance practices. These findings naturally lead to a broader theoretical interpretation. Rather than operating independently, intergovernmental coordination, institutional capacity, and Islamic public values continuously interact to produce inclusive governance outcomes. The following section synthesizes these empirical relationships into an integrated conceptual framework explaining disability policy implementation within decentralized governance systems.

An Integrated Model of Inclusive Disability Governance

Rather than reiterating each empirical finding individually, this section synthesizes the relationships identified to explain how disability policy implementation emerges through interactions among institutional coordination, organizational capacity, community participation, and Islamic public values. The synthesis forms the basis for the proposed

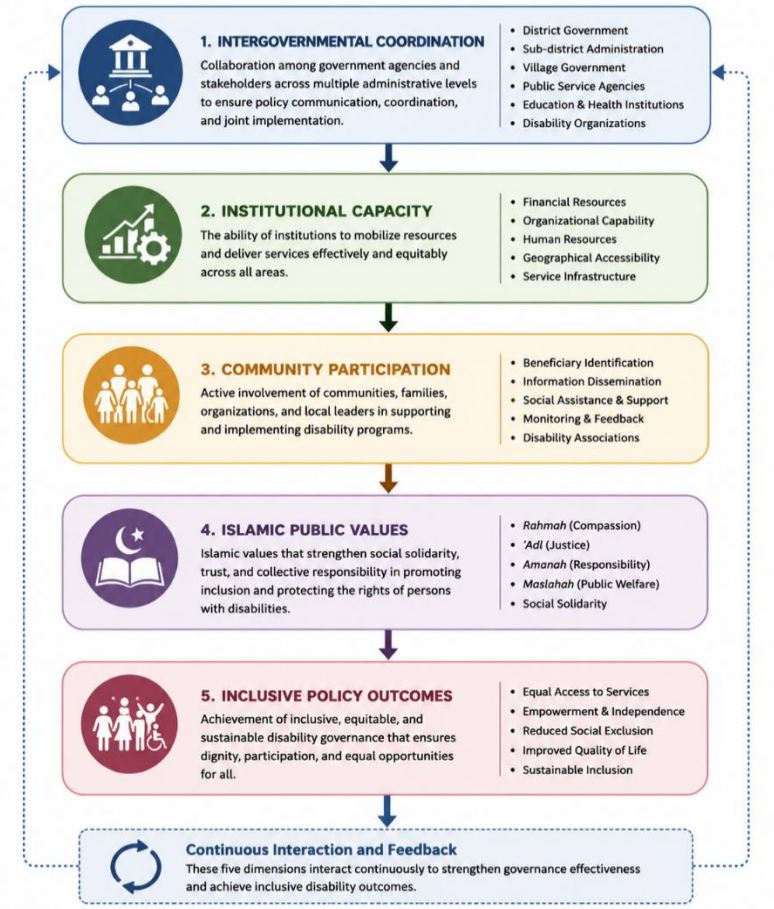
Integrated Intergovernmental Inclusive Disability Governance Framework (IIDGF). The empirical findings collectively demonstrate that disability policy implementation in Kampar Regency cannot be adequately explained through conventional policy implementation models that emphasize communication, resources, bureaucratic structure, and implementer disposition as separate determinants of implementation success. Instead, the findings reveal that disability governance emerges through continuous interactions among intergovernmental coordination, institutional capacity, community participation, and Islamic public values operating simultaneously within Indonesia's decentralized governance system. These interdependent dimensions collectively shape the quality of inclusive public service delivery rather than functioning independently (Peters, 2021).

Synthesizing these empirical findings, this study proposes a new conceptual model entitled the Integrated Intergovernmental Inclusive Disability Governance Framework (IIDGF). Unlike conventional policy implementation models that primarily emphasize administrative dimensions, the IIDGF conceptualizes disability policy implementation as an integrated governance ecosystem in which intergovernmental coordination, institutional capacity, community participation, Islamic public values, and inclusive policy outcomes interact dynamically and reinforce one another throughout the implementation process. These dimensions should not be interpreted as a linear sequence of implementation stages. Rather, they operate through reciprocal and mutually reinforcing relationships. Intergovernmental coordination enables the mobilization and alignment of institutional capacity, while institutional capacity simultaneously facilitates or constrains the continuity of coordination and service delivery. Community participation is enabled by institutional arrangements but may also compensate for limitations in formal governmental capacity. Islamic public values may reinforce trust, solidarity, and collective responsibility, while inclusive policy outcomes can generate feedback that influences subsequent coordination, institutional learning, and institutional practices. Within this framework, disability inclusion is not viewed as the product of bureaucratic intervention alone but rather as the outcome of continuous collaboration between formal governmental institutions and informal community-based governance mechanisms (Shah, 2020). The framework further suggests that effective disability governance emerges when institutional coordination is supported by adequate organizational capacity, strengthened through active community participation, and guided by normative Islamic public

values that promote justice, compassion, responsibility, and public welfare. Consequently, the IIDGF offers a more comprehensive analytical perspective for understanding disability policy implementation within decentralized governance systems than conventional implementation approaches that focus predominantly on internal bureaucratic processes (Schur et al., 2021).

Figure 2. Integrated Intergovernmental Inclusive Disability Governance Framework (IIDGF)

Figure 2 conceptualizes the IIDGF as a relational governance framework rather than a sequential implementation model. Intergovernmental coordination functions as an enabling mechanism for aligning governmental actors and mobilizing institutional capacity. Institutional



capacity, in turn, conditions the ability of governance actors to sustain coordination and deliver accessible services. Community participation operates both as an outcome of inclusive governance and as a complementary mechanism that can partially compensate for institutional limitations. Islamic public values function as normative reinforcing mechanisms by

strengthening trust, solidarity, and collective responsibility. Inclusive policy outcomes may subsequently generate feedback that influences future coordination, institutional learning, and institutional practices. From a theoretical perspective, the IIDGF extends Edwards III policy implementation model in several important respects. While Edwards III identifies communication, resources, disposition, and bureaucratic structure as key implementation variables, the present findings demonstrate that these dimensions become embedded within broader governance processes (Edwards III, 1980). Communication evolves into institutional coordination across governance networks, resources are reconceptualized as multidimensional institutional capacity incorporating fiscal, organizational, human, and spatial capabilities, bureaucratic implementation expands into collaborative governance involving governmental and non-governmental actors; and implementation effectiveness is reinforced by normative public values embedded within local communities (Agranoff, 2012). Consequently, disability policy implementation should be understood as an integrated governance process rather than as an exclusively administrative activity. The proposed framework also advances the literature on collaborative governance and intergovernmental networks. Previous studies generally examine intergovernmental coordination, collaborative governance, or religious values as separate explanatory factors. By contrast, this study demonstrates that these dimensions interact dynamically within decentralized governance systems to produce inclusive disability outcomes. Accordingly, the IIDGF provides a more comprehensive analytical framework for understanding disability policy implementation than existing implementation models that focus primarily on administrative variables (Ansell & Torfing, 2021).

From a practical perspective, the findings suggest that improving disability governance requires integrated policy interventions rather than isolated administrative reforms. Local governments should strengthen intergovernmental coordination through integrated disability information systems and regular interagency coordination forums. Institutional capacity should be enhanced by increasing fiscal allocations, improving accessibility in geographically disadvantaged areas through mobile disability services and digital platforms, and strengthening organizational capabilities at district and village levels. Furthermore, community organizations and religious institutions should be recognized as strategic governance partners capable of expanding disability awareness,

strengthening social inclusion, and supporting programme implementation through locally embedded social networks. Overall, the findings demonstrate that disability inclusion is neither solely the responsibility of government institutions nor exclusively dependent upon community initiatives. Instead, inclusive governance emerges through continuous interaction among institutional coordination, organizational capacity, community participation, and Islamic public values operating within decentralized governance networks. The proposed framework is derived from the empirical context of Kampar Regency and may provide analytical propositions for future research in other decentralized governance settings. Its applicability beyond the Kampar case requires further empirical validation through comparative studies.

CONCLUSION

The findings indicate that disability policy implementation in Kampar Regency is better understood as a relational governance process involving intergovernmental coordination, institutional capacity, community participation, Islamic public values, and inclusive policy outcomes. The empirical evidence demonstrates that effective disability policy implementation cannot be explained solely through formal administrative procedures or the performance of individual government agencies. Intergovernmental coordination facilitates the alignment of policy implementation across administrative levels, while institutional capacity influences the ability of government institutions to provide accessible, continuous, and responsive services. At the same time, community participation provides an important complementary mechanism through which social support and collective responsibility can contribute to disability inclusion, particularly where formal institutional capacity remains constrained.

The five dimensions of the Integrated Intergovernmental Inclusive Disability Governance Framework (IIDGF) operate through reciprocal rather than sequential relationships. Intergovernmental coordination functions as an enabling mechanism for mobilizing institutional capacity and aligning actors involved in disability service delivery. Institutional capacity can subsequently facilitate or constrain coordination, service accessibility, and opportunities for participation. Community participation is not merely an outcome of government intervention but can also complement limitations in formal institutional capacity

through social assistance, solidarity, and collective action. Islamic public values may reinforce these relationships by providing normative foundations for trust, responsibility, solidarity, and concern for vulnerable groups. Inclusive policy outcomes, in turn, have the potential to generate feedback that influences subsequent coordination, institutional learning, and governance practices. Thus, the IIDGF should be understood as an integrated and dynamic governance framework rather than a linear implementation model.

Theoretically, the IIDGF extends Edwards III policy implementation model by shifting the analytical focus from primarily organizational implementation conditions toward interactions among governmental levels, institutional capacities, community actors, and locally embedded normative mechanisms. Communication is reconceptualized as intergovernmental coordination; resources are understood as multidimensional institutional capacity; bureaucratic implementation is situated within a collaborative governance arrangement; and implementation effectiveness is represented through inclusive policy outcomes. The framework therefore contributes an intergovernmental and socially embedded dimension that is less explicit in conventional implementation models. Its theoretical contribution lies in explaining how formal governmental mechanisms and informal community-based mechanisms can interact in shaping disability policy implementation within a decentralized governance setting. The incorporation of Islamic public values further provides a contextual normative dimension to the framework. The empirical findings indicate practices of social assistance, solidarity, collective responsibility, and support for persons with disabilities that can be interpreted through the concepts of rahmah, 'adl, amanah, and maslahah.

These values are positioned as informal normative mechanisms that may reinforce trust, participation, and collaborative action. Nevertheless, the interpretation of these practices through Islamic public values should be distinguished from direct empirical claims about religious actors or theological articulation. In this study, the Islamic concepts provide an interpretive framework for understanding observed and reported governance practices rather than representing independently established causal variables. This study is subject to several limitations. The empirical case is confined to Kampar Regency, and direct interview evidence is concentrated among Social Affairs Office officials and persons with disabilities. The roles of several other governance actors within the broader governance network are therefore supported primarily through observational and documentary evidence rather than equally

represented direct interviews. In addition, the interpretation of Islamic public values would benefit from direct perspectives from religious leaders, community organizations, disability organizations, and other locally embedded actors. Accordingly, the IIDGF should be regarded as a contextually derived conceptual framework rather than a universally generalizable model. Future comparative research should test and refine the IIDGF across different decentralized governance settings to determine whether its relational mechanisms remain applicable across different institutional, geographical, and socio-religious contexts.

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