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Research Article

Disability Rights, Inclusive Public Services, and Social Welfare: Implementing Local Protection Policy in Sukawati District, Bali

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Abstract

This qualitative single-case study examines how local actors implement Gianyar Regency Regional Regulation No. 10 of 2022 in Sukawati District, Bali, and what institutional conditions shape disability-inclusive public services. Twelve purposively selected informants represented district and village administrations, village consultative bodies, persons with disabilities, and community members. Interviews, observations, and administrative materials were interpreted using the Van Meter–Van Horn framework and a disability-rights perspective. The case material indicates that stated commitments to equal treatment coexist with reported access barriers, uneven communication of entitlements, and uncertainty about dedicated coordination and resources. Because the available records do not support a verified accessibility audit, budget analysis, or outcome assessment, the findings concern implementation processes rather than measured welfare improvements. The study proposes accessible services, accountable coordination, and meaningful disability participation as priorities for further evaluation; gender-specific effects remain outside its evidentiary scope.

Keywords: Disability Rights; Inclusive Public Services; Local Governance; Social Welfare.

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INTRODUCTION

Disability-inclusive social welfare concerns the conditions through which persons with disabilities can participate in social life, exercise agency, and access public services on an equal basis. Legal recognition, cash or in-kind assistance, accessible facilities, and improvements in lived well-being are related but analytically distinct. A rights-based reading focuses on autonomy, substantive opportunity, and the removal of institutional barriers rather than treating goodwill or welfare transfers as sufficient evidence of inclusion. International reviews similarly show that the availability of services does not guarantee equal use or participation, making the distinction between policy commitments and everyday access consequential [1], [2], [3].

The intersection of disability, gender, and socioeconomic position also matters. Evidence from Indonesia has identified gendered disadvantages among persons with disabilities; however, the present case lacks disaggregated data from which to draw conclusions about women with disabilities in Sukawati. This is an important boundary, rather than a finding to be filled by assumption. The immediate policy context is Gianyar Regency Regional Regulation No. 10 of 2022 concerning the protection and fulfilment of the rights of persons with disabilities, as identified in the official Gianyar legal information system. This study examines implementation practices in district and village institutions, not article-by-article legal compliance or effects on gender-disaggregated welfare outcomes [4].

Implementation is understood through Van Meter and Van Horn's six interrelated dimensions: policy standards and objectives, resources, interorganizational communication, organizational characteristics, implementor dispositions, and the social, economic, and political environment. More recent policy-capacity research suggests that administrative intentions become effective only when institutions have resources, coordination routines, and opportunities to learn from service users. Evidence from Indonesian local-government settings likewise indicates the importance of disability organizations and community capacities in developing responsive public services. Studies of disability law reform caution that statutory recognition and actual access must be examined separately [5], [6], [7].

A disability-rights perspective complements the implementation framework. The Convention on the Rights of Persons with Disabilities (CRPD) makes independent access, reasonable accommodation, accessible information, and meaningful participation relevant criteria for judging the quality of public institutions. A capability-oriented interpretation additionally asks whether those arrangements enable people to act without disproportionate reliance on intermediaries. Social-protection and financial-inclusion research shows that material and informational barriers can impose additional burdens on persons with disabilities, including in Indonesia. These concerns suggest an implementation gap that cannot be resolved simply by documenting favorable administrative attitudes [8], [9], [10], [11], [12].

Research across Asian contexts documents the interaction of physical, attitudinal, and cultural barriers. Communication-access studies show why verbal explanations and bureaucratic notices may fail to reach people with diverse communication requirements. Work on public spaces and universal design further demonstrates that inclusive service delivery extends beyond ramps to include navigation, accessible information, procedures, and the environments in which services are used. These studies guide interpretation of the Sukawati

accounts without implying that the present research audited every form of access [13], [14], [15], [16].

Recent research on co-design adds a participation dimension to accessibility. Involving persons with disabilities in decisions is not synonymous with inviting them to meetings: meaningful participation requires accessible processes, clarity about roles, and demonstrable influence on institutional choices. Research also cautions that apparently supportive arrangements may reproduce dependency or exclude the preferences of rights holders. Such insights are directly relevant when public-service accessibility is mediated by village officials and community assistance [17], [18], [19].

The social-welfare relevance of local services reaches beyond immediate administrative transactions. Studies of disability inclusion in employment and of disparities in health-care use illustrate the broader costs of exclusion, but these outcomes were not measured in Sukawati. Accordingly, the present article does not attribute changes in income, health, dignity, or empowerment to the local regulation. It instead identifies institutional conditions that could be examined in future outcome-focused studies [20], [21], [22].

Against this background, the study asks how local actors describe and enact the implementation of the Gianyar regulation in Sukawati and which observed or reported implementation conditions are relevant to disability-inclusive public services. The analytical contribution is a bounded account of the gap between non-discriminatory intentions and the everyday usability of services, viewed through implementation theory and the perspectives of rights holders. This claim does not presume that Sukawati is representative of other districts, nor that gender-differentiated impacts or improvements in welfare have been established.

METHODS

Research Design and Setting

This study adopted a qualitative single-case design in Sukawati District, Gianyar Regency, Bali, during March–May 2026. The case was selected for its available accounts spanning district and village government, village consultative bodies (BPD), and three people with disabilities; it was not designed as a representative sample of Indonesian districts. Comparative Indonesian work highlights the importance of local policy capacity and cross-sector coordination, while research on accountability illustrates why implementation claims should be connected to identifiable service records and the experiences of rights holders [23], [24].

Participants and Sampling

Purposive sampling involved 12 informants: one sub-district head (Camat), three village heads, three members of the Village Consultative Body (BPD), three persons with disabilities, and two community members (Table 1). These positions identify the perspectives represented, not their representativeness. The available documentation does not include a recruitment log, refusal record, or evidence of data saturation. In qualitative research, adequacy depends on the information available for the study aims, the specificity of participants, and the analytical claims made; therefore, the present sample supports case interpretation but not district-wide generalisation [25], [26], [27], [28].

Table 1. Research informant profile

No.	Code	Role/Position	Location	Category
1	I-1	Sub-district Head (*Camat*)	Sukawati District	Key informant
2	I-2	Village Head (*Perbekel Batuan Kaler*)	Batuan Kaler Village	Main informant
3	I-3	Village Head (*Perbekel Batuan*)	Batuan Village	Main informant
4	I-4	Village Head (*Perbekel Kemenuh*)	Kemenuh Village	Main informant
5	I-5	BPD Member	Batuan Kaler Village	Main informant
6	I-6	BPD Member	Batuan Village	Main informant
7	I-7	BPD Member	Kemenuh Village	Main informant
8	I-8	Person with disability	Batuan Kaler Village	Additional informant
9	I-9	Person with disability	Batuan Village	Additional informant
10	I-10	Person with disability	Kemenuh Village	Additional informant
11	I-11	Community member	Batuan Village	Additional informant
12	I-12	Community member	Kemenuh Village	Additional informant

Data Collection

Data were obtained through interviews, observation of public-service settings, and the review of available administrative and planning materials. Available field documentation does not specify exact interview durations, recording and transcription procedures, numbers of site visits, a standardized accessibility audit, or a complete documentary inventory. Consequently, the findings are presented as accounts and observations, not as verified prevalence estimates, financial audits, or verbatim transcripts. These details should be supplied by the authors from original field records where available [29].

Data Analysis and Trustworthiness

Material was organized according to the six Van Meter–Van Horn dimensions and interpreted through a separate rights-and-capability lens. This transparent, framework-informed thematic reading distinguishes reported practices from their potential welfare implications. Interview excerpts without traceable transcripts are treated as thematic paraphrases, not direct quotations. Because the source files do not contain a recoverable codebook or an inter-analyst reconciliation record, these procedures are not retrospectively asserted. Qualitative thematic scholarship emphasizes both interpretive reflexivity and clear reporting of analytical choices [30], [31], [32].

Analytical Framework

Figure 1 sets out a heuristic distinction between implementation conditions described in the case and outcomes that would require future measurement. The model is conceptual, not causal or statistically validated. The interpretation is consistent with community-based approaches

that view accessible environments, participation, and support as potentially complementary but not interchangeable components of disability inclusion [33].

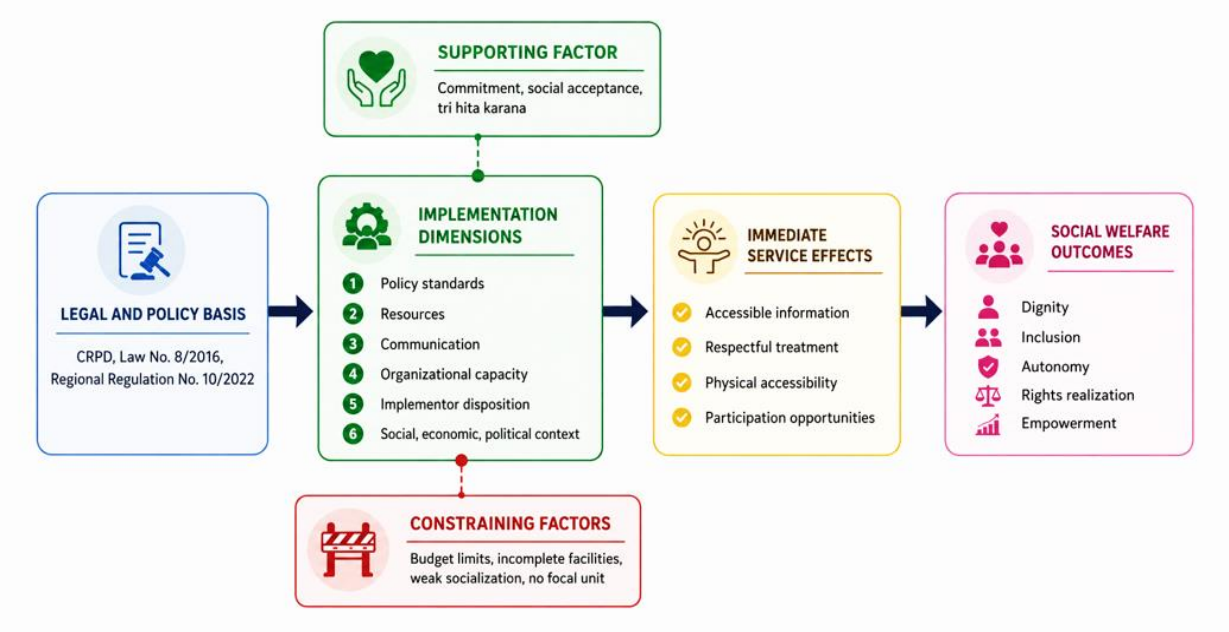

Figure 1. Conceptual rights-to-welfare heuristic (theoretical relationships; outcomes not measured).

Ethical Considerations

Participation in interviews was voluntary. The presentation of interview material protects confidentiality by using participant codes and avoiding unnecessary personal details. In small villages, combinations of office, role and locality may still permit deductive identification; reporting therefore avoids assigning potentially sensitive individual accounts to a uniquely identifiable locality. Participation and confidentiality are presented as the governing ethical principles of this analysis, without disclosing personal identifiers.

RESULTS AND DISCUSSION

Results

Across the available interviews, observations, and administrative accounts, three patterns recur: officials' stated commitment to equal service, reported difficulties using facilities and understanding entitlements independently, and uncertain institutional arrangements for disability-focused coordination and budgeting. Because the sample is small and weighted towards officials, these patterns describe case material rather than their frequency among Sukawati residents. Table 2 contrasts the evidence with its interpretive relevance; Table 3 preserves interview material as paraphrase, and Table 4 presents proposals that have not been evaluated as interventions.

The six implementation dimensions are treated as an organizing framework, not a scored index. The available records do not justify numerical effectiveness ratings or verified statements about the universal absence of an accessibility feature, budget allocation, or legal

focal point. The key empirical distinction is between reported help from staff and the possibility of using facilities and information without requiring such help.

Table 2. Policy implementation and its social-welfare interpretation in Sukawati District.

Implementation dimension	Case-level evidence (reported/observed)	Analytical implication (not measured outcome)	Confidence boundary
Policy standards	Officials describe equal-service commitments, although implementation may be interpreted in assistance terms.	Formal equality alone does not show independent exercise of rights.	Accounts; no legal compliance audit.
Resources	Reports describe barriers involving ramps, sanitation, wayfinding and accessible service counters.	Environmental usability may limit autonomous service access.	Not a standardized inventory or budget audit.
Communication	Government-to-government coordination is described more clearly than sustained direct rights communication.	Accessible information may shape knowledge of entitlements and procedures.	No district-level communication coverage estimate.
Organizational arrangements	Responsibilities appear dispersed; a dedicated local coordinating function was not documented.	Clear accountability may improve service follow-up.	Mandates must be checked against original regulation.
Implementor dispositions	Several accounts describe respectful staff and stated non-discriminatory intentions.	Goodwill can assist encounters but does not ensure accessible infrastructure.	Possible social-desirability and selection bias.
Context and priorities	Accounts mention acceptance and competing spending or infrastructure priorities.	Planning choices may influence which access barriers are addressed.	No verified fiscal comparison or causal test.

The interview summaries in Table 3 are not presented as verbatim quotations. The interview documentation contains condensed summaries without links to original-language transcripts; individual identities are therefore not retrospectively assigned to statements. This

qualification protects the boundary between what the record documents and what a researcher might otherwise infer.

Table 3. Paraphrased interview accounts (illustrative summaries; not verbatim quotations).

Theme	Source category	Condensed thematic paraphrase (not transcript-verified)
Policy interpretation	District-level account	Equal service is emphasized, while disability measures are described as often oriented toward assistance.
Accessibility	Service-user account	Staff are described as helpful, but incomplete facilities can hinder independent movement.
Rights information	Service-user account	Policy information is described as arising during registration or assistance notices rather than dedicated explanation.
Planning and resources	Village oversight-related account	Disability-related proposals are described as subject to multi-period planning and funding.
Equal treatment	Village-government account	The commitment to serve residents regardless of physical condition is emphasized.
Competing priorities	Village-related account	Accessibility improvements are perceived as competing with other infrastructure priorities.

The actions in Table 4 and the relationships represented in Figure 2 are analytically derived options for subsequent policy review, not confirmed outcomes of the regulation. Their implementation and effects would need assessment through primary legal texts, access audits, planning and budget records, and sustained consultation with persons with disabilities.

Table 4. Provisional governance options and indicators for future assessment.

Policy area	Proposed step (not evaluated)	Future indicator for verification
Standards	Clarify service standards, referral paths and accessible complaint procedures.	Publicly available guidance and case processing records.
Budgeting	Trace existing disability-related allocations and consider dedicated/earmarked provision.	Verified budget records across fiscal years.
Physical access	Undertake site-specific accessibility audits and prioritized remediation.	Observed usability of toilets, ramps, counters and wayfinding.
Coordination	Identify a responsible contact point within legally assigned structures.	Documented referrals, responsibilities and follow-up.
Communication	Provide plain-language and accessible-format policy information.	Evidence of direct reach across disability groups.
Staff capability	Train officials in inclusive communication and reasonable accommodation.	Service-user feedback and documented accommodation responses.

Policy area	Proposed step (not evaluated)	Future indicator for verification
Participation	Engage persons with disabilities and representative organizations in planning and review.	Participation records and documented influence on decisions.

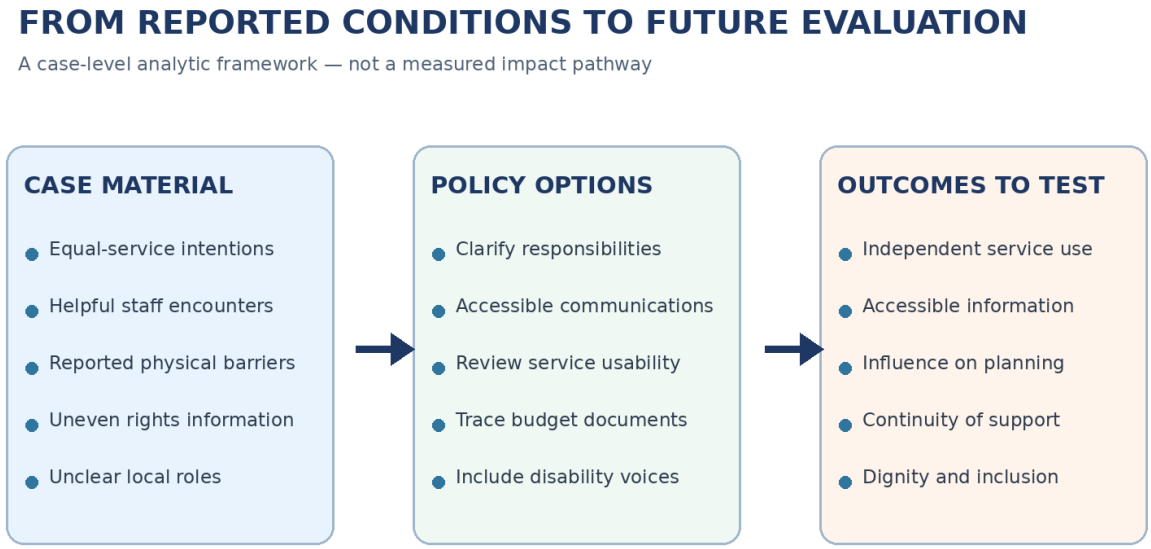

Figure 2. Conceptual implementation-to-evaluation framework (proposed relationships; welfare outcomes not measured).

Discussion

Policy Standards: From Assistance to Rights-Based Welfare

The policy-standard theme highlights a divergence between the formally rights-oriented policy purpose and some accounts that frame implementation through social assistance. The case materials do not allow a claim about how often this framing occurs across offices. Its analytical significance is that assistance provision and equal-treatment commitments are insufficient proxies for independent service access or participation. This interpretation is consistent with a CRPD-based understanding of duties to remove barriers, but it is not evidence that residents' welfare levels have changed [34].

A district-level interview summary illustrates this concern:

A district-level account emphasized equal treatment while describing disability-related action as often organized around assistance (thematic paraphrase; source transcript not available for verbatim verification).

This summary illustrates the interpretive tension but cannot establish its frequency or serve as a transcript-verified quotation.

At a theoretical level, disability-inclusive welfare concerns opportunities for independent administrative access, understandable information, participation and dignity; it is analytically broader than transfer-based assistance. The study did not directly measure these outcomes. A future assessment would need service-use observations across diverse disability

groups, access indicators and follow-up evidence before estimating whether implementation changes capabilities or welfare [1], [2], [35].

Resources and Accessibility as Welfare Infrastructure

Resource-related accounts and descriptions of facilities indicate perceived and observed accessibility problems, especially with mobility-related features. The available records do not provide a complete site count, universal-design audit, disability-specific budget schedules or verified line-item analysis. Thus it is more accurate to say that dedicated financing was not clearly demonstrated by the reviewed case material than to assert verified absence of allocations. Accessibility also includes communication, hearing and visual access, cognitive comprehensibility, digital interfaces, procedures and attitudes; the available field account is stronger on physical barriers than on these other dimensions [13], [15], [16], [36].

One beneficiary-related summary in the source draft described the tension between helpful staff and difficult independent access:

> *A service-user account described staff as helpful while indicating difficulties navigating facilities independently because access features were incomplete (thematic paraphrase; no verified verbatim transcript cited).*

This account suggests a discrepancy between interpersonal assistance and environmental access but cannot represent all disability groups.

The case therefore illustrates a theoretically important distinction between accommodating an individual through ad hoc help and designing services to be usable without such reliance. Existing disability-access research supports taking built, informational and procedural accessibility seriously; the current study does not establish which barrier type is most consequential for particular disability profiles [3], [10], [37].

Communication, Rights Awareness, and Welfare Access

Interview and administrative descriptions suggest that information is transmitted through government coordination channels more readily than through sustained, accessible direct communication with disability-rights holders. Here 'socialization' refers to public communication and explanation of policy entitlements and procedures. The reported material does not establish whether sign-language interpretation, easy-read materials, accessible digital channels or formal feedback mechanisms were available; their provision is proposed for future checking rather than claimed absent [14], [18].

An interview summary concerning exposure to policy information was reported as follows:

> *A service-user summary indicated limited experience of dedicated explanation of the regulation, with contact more often associated with registration or assistance announcements (thematic paraphrase, not a transcript-verified quotation).*

This is evidence of one reported information pathway, not a measured district-wide level of rights awareness.

The theoretical concern is that knowing rights and how to request accommodations may be necessary for effective service use. Co-produced communications with persons with disabilities and representative organizations, accessible media, understandable language and two-way complaint channels are plausible responses, but their welfare effects remain hypotheses to be evaluated [38].

Organizational Capacity, Coordination, and Accountability

Institutionally, district coordination, village service functions and BPD oversight are distinguishable from a dedicated disability focal function. The available accounts suggest that responsibilities are dispersed, but they do not establish an article-specific legal mandate for creating a new unit or prove that existing regency mechanisms are ineffective. Any local coordination proposal must first map legally assigned responsibilities, avoid duplication and identify staff time and budget within existing structures [5], [9].

A planning-related interview summary referred to the time needed to fund inclusion measures:

> *An account attributed to a village oversight actor described proposing disability-related measures in planning while acknowledging possible delays across fiscal cycles (thematic paraphrase).*

The statement suggests a potential planning-to-budget challenge, not verified absence of a budget item or a documented multi-year delay.

A proportionate response may be to designate an existing official as a contact point, clarify referral and escalation routes, and integrate access concerns into established planning and oversight mechanisms. Such options require review of local authority and available resources and are proposals rather than demonstrated solutions.

Implementor Disposition, Dignity, and Local Social Capital

Some officials expressed an intention to serve residents without distinction, and at least some beneficiary-oriented accounts described helpful staff. These statements cannot demonstrate a discrimination-free system; official social-desirability pressure, structural exclusion, unseen access needs and non-disclosure of poor experiences remain plausible alternative interpretations [19].

A village-government account also emphasizes the principle of equal service:

> *A village-government account emphasized that all residents should receive equal treatment regardless of physical condition (thematic paraphrase, not a verbatim quotation).*

This normative orientation may help interpersonal encounters, but whether it produces independent access, meaningful participation or increased dignity was not measured.

References to Balinese communal solidarity and tri hita karana are interpreted cautiously. Mutual assistance can ease immediate barriers while simultaneously leaving people dependent on intermediaries and potentially obscuring structural duties. Because the available interviews do not systematically examine dissent, gatekeeping, paternalism or exclusion, local

social capital is treated as a possible context-dependent moderator of implementation practices, not as a proven causal mechanism [39].

Social, Economic, and Political Conditions: The Fiscal Boundary of Inclusion

The case narrative includes indications of community acceptance and institutional commitments, together with accounts of competing spending priorities. It cannot establish frequency of participation or actual influence over village decisions. A credible assessment of participation would distinguish attendance, opportunities to speak, consideration of proposals and budget or policy decisions attributable to those proposals, drawing on meeting records and a more diverse group of rights holders [12].

A further interview summary describes competing infrastructure priorities:

> *A village-related account suggested that accessibility improvements can be deprioritized when local budgets are constrained (thematic paraphrase, not a verified quotation).*

This is a reported perception and is not itself a fiscal comparison across documented planning decisions.

Fiscal constraints are one plausible explanation among several, including institutional accountability, technical capacity, communication and competing political priorities. Their relative contribution cannot be ranked without specified budget records, planning histories and perspectives from additional residents [6].

Integrated Social-Welfare Synthesis and Optimization Priorities

Rather than placing Sukawati at a presumed developmental stage on a 'charity-to-rights' scale, the evidence supports a bounded proposition: stated non-discriminatory intentions may coexist with institutional and practical access barriers. Under a CRPD/capability perspective, improved accessibility and participation are plausible enabling conditions for inclusive welfare, but this proposed relationship remains to be tested. The logic model in Figure 2 depicts an analytic hypothesis, not a verified transition or outcome [40].

Table 4 derives proposed measures from specific reported implementation concerns: infrastructure limitations suggest accessibility review; unclear coordination suggests mapping an existing contact function; weak public communication suggests accessible rights information; and uncertain allocation suggests transparent disability-responsive budget scrutiny. These measures were formulated by the authors and were not presented as stakeholder-endorsed or outcome-tested interventions [17], [23].

Across dimensions, the interpretive pattern is the coexistence of policy recognition and interpersonal willingness with reported access barriers, incomplete information pathways and dispersed responsibility. Because these findings originate from a small purposive qualitative sample, no overall implementation score or district-wide prevalence is assigned.

The proposed governance sequence is to confirm statutory mandates and existing mechanisms, review accessibility and documents, communicate entitlements accessibly, include disability-rights holders in decisions and evaluate actual service-use experiences over

time. Longitudinal assessment could determine whether the proposed changes are followed by improved independent use of public services [41].

CONCLUSION

This qualitative single-case study found that expressed commitments to equal treatment in Sukawati coexist with reported constraints on accessible facilities, direct communication about rights, and the clarity of disability-responsive coordination and resourcing. The evidence concerns implementation processes and service-user accounts; it does not demonstrate a district-wide absence of accessibility measures, a verified budget shortfall, or changes in social-welfare outcomes. The central contribution is the distinction between the availability of interpersonal assistance and the ability of persons with disabilities to access services independently and meaningfully. The findings point to a policy-evaluation agenda that starts with legal-role mapping, accessible information, direct consultation with disabled residents and their organisations, site-specific usability assessments, and transparent review of service-planning documents. These are proposals for testing rather than established remedies. Gender-specific inequalities and the experiences of women with disabilities deserve particular attention in future research, but were not measured in this case.

LIMITATIONS

This study was limited to one district and 12 purposively selected participants, including only three people with disabilities; most informants held official or institutional roles. The available records do not fully document disability types, recruitment pathways, interview and translation procedures, researcher positionality, a recoverable coding trail, or a verified inventory of facilities and budget allocations. These gaps restrict the confidence with which differences between institutions or disability groups can be interpreted. Sensitive details were minimised to reduce deductive identification in small communities. No longitudinal welfare, gender-disaggregated, or intervention-effect measures were collected. Future research should involve disability organisations and more diverse rights holders, audit original policy and service records, and follow access experiences over time.

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AUTHOR CONTRIBUTIONS

I.W.A.: Conceptualization, Methodology, Investigation, Data Curation, Formal Analysis, Writing – Original Draft, Visualization, Project Administration, and Supervision. S.S.: Investigation, Validation, Resources, and Writing – Review & Editing. G.W.: Investigation, Data Curation, Validation, and Writing – Review & Editing. T.H.P.: Resources, Validation, and Writing – Review & Editing. All authors reviewed and approved the final manuscript.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

DECLARATION OF USE OF AI IN SCIENTIFIC WRITING

Generative AI tools, including ChatGPT, were used to assist with language editing, structural organization, and reference formatting. The authors are responsible for verifying all sources, arguments, and editorial changes and for approving the final manuscript.

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