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Counseling and Peer Support Groups for Parents of Children with Disabilities: A Case Study at the Karanganom Inclusion Center, Klaten

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Abstract
This study explores how parents of children with disabilities experience counseling and peer support group services at the Karanganom Inclusion Center (ICKK), Klaten, Central Java, Indonesia, and how these services are perceived to support parents' mental capacity (emotional regulation and coping), spiritual capacity (meaning-making and resilience), and psychosocial capacity (social connectedness and advocacy). The main focus is on parents' lived experiences and the support mechanisms they describe, not on measuring program effectiveness. A descriptive qualitative case study was conducted over eight months. Data were collected from 23 informants (18 parents and 5 key informants: counselors, a religious facilitator, and administrators) through semi-structured interviews, participatory observation of 28 program sessions, and document analysis, and were analyzed using reflexive thematic analysis. Four main themes emerged: counseling as a safe and culturally familiar space; cognitive and religious reframing of disability; spiritually grounded meaning-making expressed through acceptance (qanaah), gratitude (syukur), and reliance on God (tawakkul); and peer solidarity, mentoring, and confidence in advocacy. Participants perceived these mechanisms as supportive of their capacities, particularly when attendance was regular, and spouses were involved. The findings are interpretive and context-specific and do not establish causal effects. They contribute to understanding how religiously integrated, community-based counseling and peer support can be organized for parents within disability-inclusive social welfare.

Keywords: *Mental Health; Spiritual Resilience; Psychosocial Support; Parents of Children with Disabilities; Counseling; Peer Support Groups; Inclusion Center*

INTRODUCTION

Parents of children with disabilities constitute one of the most vulnerable and underserved demographic groups within social welfare systems worldwide. Their caregiving responsibilities extend far beyond the physical, encompassing sustained emotional engagement, spiritual endurance, and the navigation of complex psychosocial landscapes.

The dual burden of managing disability-related challenges while maintaining personal wellbeing renders this group particularly susceptible to mental health disorders, including depression, anxiety, and burnout (Olsson & Hwang, 2001; Emerson, 2003). Despite growing recognition of this reality in international disability frameworks, systematic interventions targeting the psychosocial needs of these parents remain scarce in many developing countries, including Indonesia (Widinarsih, 2019).

In Indonesia, the population of persons with disabilities was estimated at approximately 22.97 million individuals in 2022, representing around 8.5% of the total national population. Of these, a substantial proportion consists of children under the age of 18 whose primary caregivers are parents who lack formal training in disability support and psychological self-care. The absence of institutional support structures tailored to parental needs perpetuates cycles of stress, social exclusion, and compromised caregiving quality (Madeyana, 2023).

Klaten Regency, Central Java, is home to 11,661 registered individuals with disabilities according to the 2021 Integrated Social Welfare Data (DTKS), of whom a significant proportion are children supported by untrained and often emotionally overwhelmed parents (Allo, 2022). Within this context, the Inclusion Center Karanganom District (ICKK) has emerged as a pioneering community-based institution that extends its programming beyond the immediate rehabilitation needs of persons with disabilities to address the broader familial ecosystem, including the mental and spiritual health of parents (Mardiyati, 2017).

The ICKK, established in 2016, has progressively developed a suite of interventions to empower parents of children with disabilities across four programmatic pillars: health, education, economy, and social welfare. Among these interventions, counseling and peer support group activities have gained particular salience as instruments for enhancing parental mental health, spiritual resilience, and psychosocial functioning (Malik et al., 2024). The peer support group, locally known as the Self-Help Group (SHG), meets bimonthly and provides a structured platform for experiential sharing, spiritual reflection, and skills development, facilitated by trained counselors and Islamic scholars.

Internationally, evidence on the benefits of counseling interventions and peer support groups for parents of children with disabilities is growing. Studies by Singer (2006) demonstrated that cognitive-behavioral group interventions reduced maternal depression

and enhanced coping efficacy. Hastings & Beck (2004) highlighted that emotional support and access to information were the two most critical needs of parents of children with autism spectrum disorders. More recently, Sánchez Amate & Luque de la Rosa (2024) suggested that peer support networks may buffer stress among parents of children with developmental disabilities, while Dervishaliaj (2013) noted that unmet psychosocial needs among this population frequently translated into reduced child welfare outcomes.

In the Indonesian sociocultural context, spiritual and religious dimensions hold particular salience in coping with adversity. Research by Widyawati (2024) demonstrated that Islamic spiritual practices, including prayer, Quranic recitation, and reliance on Allah (tawakkul), were associated with psychological resilience among caregivers of children with disabilities. Similarly, Hida & Hamoda (2024) suggested that religiously integrated counseling models may support emotional regulation and meaning-making among Muslim families navigating disability-related challenges. These findings underscore the importance of culturally-grounded counseling frameworks that integrate spiritual resources with evidence-based psychosocial support.

Despite this emerging evidence base, few Indonesian studies have systematically examined how community-based institutions such as ICKK operationalize the integration of counseling and peer support to address parents' multidimensional capacities. The present study addresses this gap by investigating how parents experience the ICKK's counseling and peer support group programs as strengthening the mental, spiritual, and psychosocial capacities of parents of children with disabilities. The following questions guide the research: (1) What is the nature and structure of counseling and peer support group activities at ICKK? (2) In what ways do participants perceive these interventions as supporting their mental, spiritual, and psychosocial capacities? (3) What factors appear to shape participants' experiences of these interventions within the ICKK context?

In this study, capacity strengthening is understood operationally as changes that participants describe in their own accounts and that were observable in program activities, rather than as outcomes measured with standardized instruments. Mental capacity refers to emotional regulation, stress management, cognitive reframing, and coping. Spiritual capacity refers to meaning-making, acceptance (qanaah), gratitude (syukur), patience (sabar), and reliance on God (tawakkul). Psychosocial capacity refers to social connectedness, access to

peer and community support, and confidence in advocating for children's rights and services. The primary focus is parents' experiences with the program and the support mechanisms through which they perceive these capacities are supported; the study does not seek to measure program effectiveness.

This study makes three distinctive contributions. First, it extends the literature on community-based disability support in Indonesia by centering parental wellbeing as a primary outcome. Second, it provides context-specific, qualitative insights into how spiritually integrated counseling models are experienced in a non-Western setting. Third, it offers practical considerations for policymakers and disability practitioners seeking to develop holistic, family-centered rehabilitation programs aligned with the principles of inclusive social welfare.

This study employed a descriptive qualitative methodology with a case study design, selected for its capacity to generate context-rich, nuanced understandings of complex social phenomena (Creswell & Creswell, 2017). The case study approach was particularly appropriate given ICKK's singular institutional context and the objective of understanding how specific programmatic interventions shaped the lived experiences of parent participants. The epistemological stance of this research is interpretive, prioritizing the meanings participants ascribe to their experiences over enumerating outcomes (Denzin, 2018).

Participants were selected through purposive and snowball sampling, targeting parents of children with disabilities who had participated in ICKK counseling and peer support group activities for a minimum of six months. A total of 18 parents (14 mothers and 4 fathers) were recruited, along with 5 key informants, including ICKK counselors, a religious facilitator, and two program administrators. This sampling strategy ensured the inclusion of diverse parental profiles across disability types, socioeconomic backgrounds, and durations of ICKK engagement.

Data were collected through three primary methods. In-depth semi-structured interviews were conducted with all 18 parents and 5 key informants, using an interview guide informed by the theoretical frameworks of psychosocial capacity building (Hobfoll, 1989) and Islamic-based counseling (Mubarok, 2000). Each interview lasted between 45 and 90 minutes and was conducted in Bahasa Indonesia, with local Javanese dialect accommodated

where necessary. Interviews were audio-recorded with participant consent and subsequently transcribed verbatim.

Participatory observation was conducted over 8 months, during which the researcher attended 16 peer support group sessions and 12 individual/group counseling sessions at ICKK. Detailed field notes were maintained to capture interaction patterns, facilitator techniques, participant responses, and emergent themes. Document analysis complemented these methods by systematically reviewing ICKK program reports, session attendance records, facilitator reflective journals, and participant feedback forms.

Data analysis followed Braun & Clarke (2006) reflexive thematic analysis framework, proceeding through six iterative phases: familiarization, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

DISCUSSION

Reflexive thematic analysis of the interviews, field notes, and program documents produced four main themes and one cross-cutting set of conditions, summarized in Table 1. Each theme is elaborated in the subsections below, where findings are interpreted in light of the relevant literature. Because the study is interpretive, the themes describe how participants perceive the program, not measured effects.

Table 1. Main themes and supporting data

Theme	Main findings	Data sources
1. Counseling as a safe, culturally familiar space	Parents described sessions as a nonjudgmental space (rasa aman) to voice fear and grief; facilitators shared cultural and religious reference points.	Interviews; observation of counseling sessions
2. Cognitive and religious reframing of disability	Beliefs of disability as punishment, personal failure, or shame were challenged with Quranic verses, Hadith, and narrative re-authoring from burden to strength.	Interviews; observation; facilitators' reflective journals
3. Spiritual meaning-making	Halaqah, muhasabah, and communal prayer were linked to seeing disability as a meaningful test (ujian), to acceptance, gratitude, and tawakkul, and to coping with anticipatory grief.	Interviews; observation; program reports
4. Peer solidarity, mentoring, and advocacy	The Self-Help Group reduced isolation; experienced parents mentored newcomers; practical support networks and advocacy confidence developed.	Observation of peer support sessions; interviews; attendance records

Theme	Main findings	Data sources
Conditions shaping experiences	Regular attendance, spousal involvement, disability severity, shared Javanese Muslim culture, and accessibility (transport, childcare).	Interviews; attendance records; participant feedback forms

Theme 1: Parents described the counseling sessions as a place where they could speak without fear of judgment. As one mother explained, "I can cry here, and nobody tells me I am weak" (P3, mother of a child with cerebral palsy). Theme 2: Facilitators' use of religious texts helped some parents revisit the belief that disability was a punishment. One father recalled, "The ustadz said my child is an amanah, not a punishment, and I started to see it differently" (P7, father of a child with intellectual disability).

Theme 3: Spiritual guidance was linked to acceptance and patience. A mother stated, "After the halaqah I feel calmer, I try to be sabar and leave the rest to Allah" (P11, mother of a child with autism). Theme 4: Peer support reduced isolation and encouraged mentoring. As one parent put it, "Here I found people who understand, and now I help new members who are just starting" (P5, mother of a child with hearing impairment).

The Nature and Structure of Counseling at ICKK

The counseling activities at ICKK are organized in both individual and group modalities, each serving distinct yet complementary functions in strengthening parental capacities. Trained facilitators provide individual counseling and focus on personalized assessment of parental stress, identification of maladaptive coping patterns, and the development of targeted intervention plans. Group counseling sessions, conducted monthly, bring together between eight and fifteen parents for facilitated discussions on shared challenges, resource exchange, and mutual empowerment (Mubarok, 2000).

The theoretical framework underpinning ICKK's counseling model draws upon a synthesis of cognitive-behavioral principles (Beck, 2020), Islamic counseling methods (Pujiastuti, 2021), and community empowerment theory (Rappaport, 1984). This integration is not incidental but reflects a deliberate institutional philosophy that human wellbeing is simultaneously psychological, relational, and transcendent. Counselors at ICKK receive periodic training in disability-sensitive counseling, trauma-informed practices, and Islamic spiritual guidance, enabling them to address the full spectrum of parental needs.

Participants consistently reported that the counseling sessions provided them with a safe space. This concept resonated deeply within the Javanese cultural framework of rasa aman (sense of security), in which they could articulate fears, express grief, and receive nonjudgmental support. This finding aligns with the work of Rogers (1995) on person-centered counseling and the more recent scholarship of Yusuf & Nurihsan (2006), who emphasized the value of empathic facilitation in Indonesian counseling contexts. The availability of trained facilitators who shared cultural and religious reference points with participants may have been an enabling factor.

A particularly significant structural element was the integration of spiritual guidance (bimbingan rohani) into counseling sessions. Religious facilitators primarily from local Islamic boarding schools (pesantren) provided Quranic recitation sessions, tafsir discussions relevant to disability and caregiving, and dhikr (meditative remembrance) practices. This integration reflects the model proposed by Ancok & Suroso (2011), in which Islamic spiritual practices serve as both preventive and curative resources for mental health. Parents who engaged most consistently with the spiritual components of counseling reported notably higher levels of perceived meaning and acceptance in their caregiving role (Widyawati, 2024).

The frequency and consistency of counseling engagement emerged as a notable pattern in participants' accounts. Parents who participated in at least three individual counseling sessions and regularly attended group sessions tended to report greater perceived improvements across all three domains mental, spiritual, and psychosocial compared to those with irregular engagement. This pattern resembles a dose-response relationship, although the qualitative design does not allow it to be tested; it is consistent with findings from Fonagy et al. (2014) regarding therapy engagement and outcomes in community-based mental health programs and underscores the importance of accessibility and motivational support within program design.

Strengthening Mental Capacities through Counseling

Mental capacity strengthening, understood in this study as the enhancement of emotional regulation, stress management, cognitive reframing, and psychological resilience, emerged as the most extensively reported domain of improvement among parent participants. Prior to engagement with ICKK's counseling program, the majority of

participants described experiencing chronic psychological distress characterized by helplessness, guilt, grief, and social withdrawal patterns consistent with the clinical profiles described by Singer (2006) in studies of parents of children with severe disabilities.

Counseling interventions at ICKK addressed mental health challenges through a combination of psychoeducation, cognitive restructuring, and narrative therapy techniques. Psychoeducation sessions informed parents about the nature of disability, the psychology of grief and adjustment, and evidence-based stress management strategies. These sessions were deliberately designed in accessible formats, avoiding clinical jargon and embedding information within relatable stories and Islamic parables. This approach resonates with the culturally-adapted psychoeducation models advocated by Bhui et al. (2007) for non-Western populations.

Cognitive restructuring techniques were employed to challenge and reframe maladaptive beliefs that parents held about disability, for example, beliefs that disability represented divine punishment, personal failure, or a source of social shame. Facilitators utilized Quranic verses and Hadith that affirmed the spiritual dignity of persons with disabilities and the elevated status of their caregivers, enabling participants to construct alternative cognitive frameworks rooted in their religious worldview. This methodological integration of cognitive-behavioral and Islamic theological resources is consistent with the model of Islamically-integrated psychotherapy (IIP) developed by Badri (2018) and further elaborated by Keshavarzi & Haque (2013)

Narrative therapy techniques facilitated the re-authoring of parental identity from one defined by burden to one defined by strength, commitment, and spiritual purpose. Participants were encouraged to articulate their caregiving experiences as stories of resilience rather than narratives of victimhood, a reorientation that Denborough (2014) identifies as central to narrative therapeutic change. Several parents described a profound shift in self-perception following sustained engagement with this process, moving from feelings of isolation and inadequacy to a sense of purposeful identity as advocates and nurturers.

Measurable improvements in mental capacity were evidenced by participants' reported reductions in anxiety and depressive symptomatology, enhanced capacity for emotional regulation in crises, and improved sleep and physical health indicators consistent with the bidirectional relationship between psychological and physical wellbeing documented by

Cohen & Pressman (2006). These perceived changes were not only individual but also relational: parents reported enhanced communication quality with their children with disabilities, increased patience and consistency in therapeutic engagement, and a greater sense of competence in navigating institutional systems for disability support (Acar et al., 2021).

Strengthening Spiritual Capacities through Integrated Guidance

The spiritual dimension of parental capacity was a defining feature of the ICKK counseling model and yielded insights of theoretical and practical relevance. In the Islamic tradition, spiritual health (kesehatan ruhani) is understood as a state of alignment between the human soul (ruh) and divine will, expressed through gratitude (syukur), patience (sabar), reliance on God (tawakkul), and purposeful action (amal saleh) (Al-Ghazali. For parents of children with disabilities, the sustained practice of these spiritual virtues may provide a framework for meaning-making that complements secular psychological models.

The spiritual guidance activities at ICKK encompassed weekly halaqah (study circles), individual muhasabah (self-reflection) sessions facilitated by religious counselors, communal prayer sessions, and thematic Quranic reflections addressing the themes of affliction (bala'), perseverance (istiqamah), and divine grace (rahmat). These activities were not peripheral to the counseling program. However, they constituted a central therapeutic modality, reflecting the institution's foundational conviction that psychological recovery without spiritual grounding is incomplete within the Indonesian Islamic context (Mubarok, 2000).

Participants described the halaqah sessions as helping to shift their understanding of disability from a catastrophic rupture in life expectations to a spiritually meaningful test (ujian) that carried divine purpose and reward. This reframing is consistent with the concept of post-traumatic growth (PTG), wherein adversity catalyzes enhanced meaning, purpose, and spiritual development (Tedeschi & Calhoun, 2004). Within the Islamic framework, this growth is conceptualized as a movement toward greater tawakkul and closer proximity to Allah, providing a culturally resonant idiom for what Western psychology might term spiritual transformation.

The integration of spiritual guidance with counseling also produced notable improvements in parents' capacity to manage existential distress, specifically the anticipatory grief associated with uncertainty about their child's developmental trajectory and long-term

care needs. Hastings & Beck (2004) emphasize the need for stress-related support among parents; in the ICKK context, existential counseling grounded in Islamic theology may have helped address this form of anticipatory anxiety by reframing uncertain futures within a framework of divine sovereignty (qadar), potentially reducing the cognitive burden of uncertainty. Participants who engaged regularly with the spiritual dimensions of ICKK programming reported higher levels of what may be termed noogenic resilience, a sense of purpose that persists despite circumstantial suffering.

Strengthening Psychosocial Capacities through Peer Support Groups

The peer support group (PSG) activities at ICKK represent a structurally distinct but functionally integrated component of the overall capacity-building framework. The PSG, locally termed the Self-Help Group (SHG), meets bimonthly and follows a structured agenda that combines experiential sharing, guest speaker presentations, skills workshops, and informal social interaction. This structure reflects the model proposed by Kurtz (1997) for mutual aid groups, wherein peer credibility, reciprocal empathy, and shared experiential knowledge constitute the primary therapeutic mechanisms.

The psychosocial benefits of PSG participation at ICKK were evident across multiple dimensions. Social connectedness the sense of belonging to a community of peers who share common experiences was the most consistently reported outcome. Prior to ICKK involvement, many participants described profound social isolation rooted in stigma, exhaustion, and the social invisibility of disability caregiving. The PSG provided a supportive social network, offering informational, emotional, and practical support in ways that formal institutional relationships could not replicate.

The development of social capital through PSG participation extended beyond the group itself. Several parents described how PSG relationships had mobilized practical assistance networks: neighbors transporting children to therapy, group members collectively advocating to local government for disability services, and families sharing resources during economic hardship. This expansion of bonding and bridging social capital is consistent with Putnam's (2000) framework for community resilience and Woolcock's (2001) findings on the potential of community-based social networks in low-income settings.

PSG activities also enhanced parental advocacy capacities, a psychosocial domain that Turnbull et al. (2015) identify as critical for ensuring the rights and welfare of children with disabilities. Through exposure to guest speaker presentations, interactions with parents from other sub-districts, and facilitated discussions on disability rights frameworks, participants developed greater confidence and competence in navigating educational, healthcare, and social welfare systems on behalf of their children. This advocacy capacity development aligns with the empowerment model of disability support, which positions self-determination and collective action as fundamental to disability justice.

A distinctive feature of ICKK's PSG model is its deliberate cultivation of reciprocal helping relationships, wherein more experienced parents assume mentoring roles for newly enrolled participants. This structured reciprocity serves dual functions: it enhances the self-efficacy and sense of purpose of established members while providing new participants with accessible, peer-credible models of adaptive coping. Bandura & Walters (1977) social learning theory and its application to peer-based interventions (Dennis, 2003) suggest that observational learning from similar others can be an important mechanism for behavioral and attitudinal change in caregiving populations.

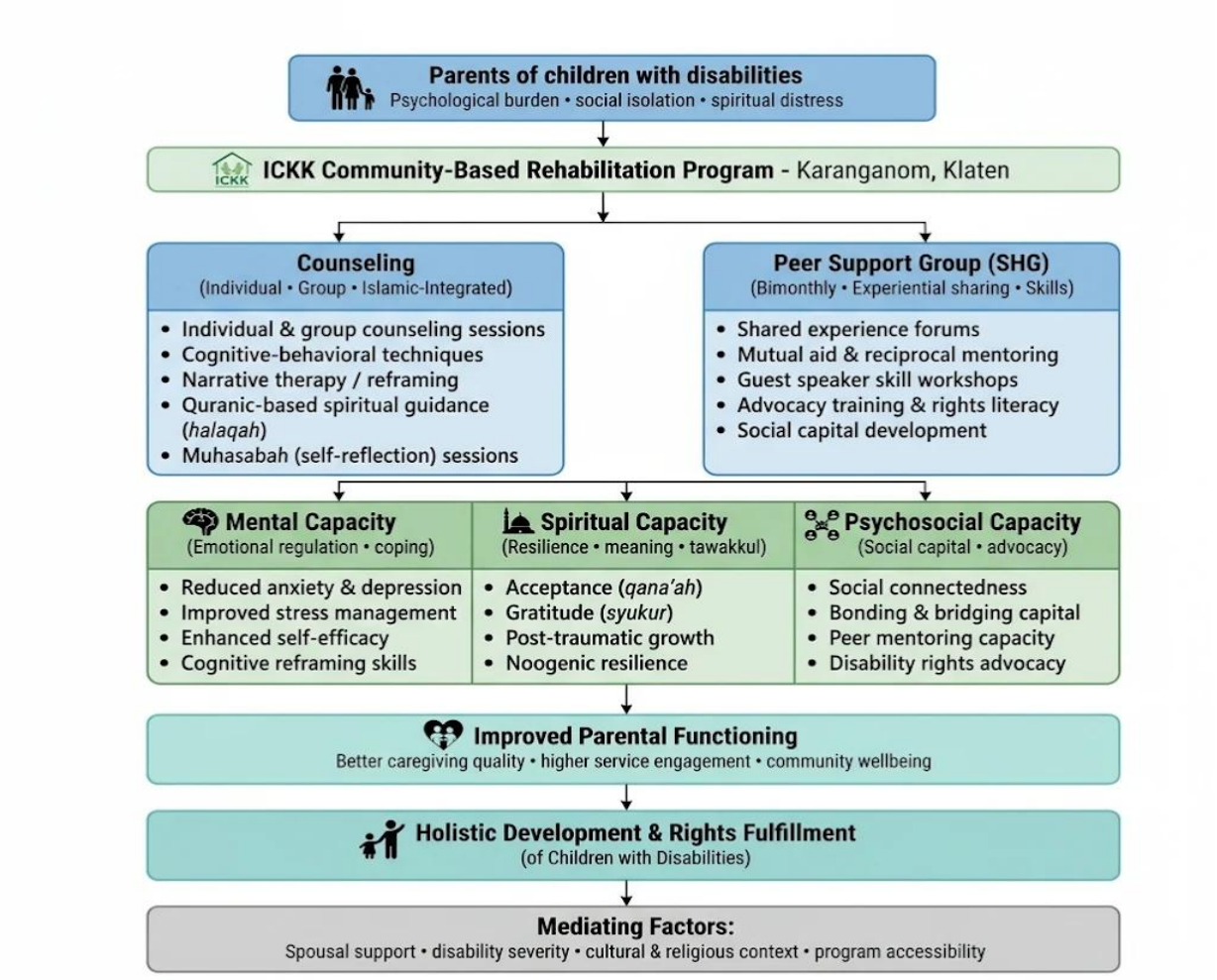


Figure 1. Conceptual Schema: Counseling and Peer Support Groups and the Mental, Spiritual, and Psychosocial Capacities of Parents of Children with Disabilities

Mediating Factors and Integrative Analysis

Participants' experiences of ICKK's counseling and peer support interventions were not uniform; rather, several factors appeared to shape the perceived magnitude of capacity gains. First, pre-existing levels of social support from family members, particularly spouses, appeared to influence outcomes. Parents whose spouses were actively involved in ICKK activities tended to report stronger mental health outcomes, which is in line with Kazak & Marvin (1984) finding that spousal support is an important predictor of positive adaptation among parents of children with disabilities.

Second, the degree of disability severity and disability type appeared to shape parental stress levels and, consequently, the relative demand placed on counseling resources. Parents of children with multiple or profound disabilities reported higher baseline distress. They

required more intensive counseling engagement to achieve comparable capacity outcomes, consistent with the findings of Estes et al. (2009) in their study of parental stress across disability categories. This finding has implications for program design, suggesting the need for tiered service delivery models that allocate resources proportionally to assessed need.

Third, the cultural and religious homogeneity of the ICKK community, predominantly Javanese Muslim, facilitated a shared symbolic framework that may have facilitated the reception of spiritually-integrated interventions. This cultural specificity is both a strength and a limitation. While it enables deep cultural resonance, it also limits the generalizability of the findings to contexts with different religious or cultural profiles. Future research should examine how the ICKK model might be adapted for communities with different religious orientations or more diverse cultural compositions (Keshavarzi & Haque, 2013).

Fourth, program accessibility factors including geographic proximity to ICKK, transportation availability, and competing time demands appeared to influence participation consistency and, in participants' accounts, their experience of the program. Mothers, who constituted the majority of PSG participants, faced particular mobility constraints related to childcare and household responsibilities. Addressing these structural barriers is essential for ensuring equitable access to ICKK's capacity-building programs (Milner & Kelly, 2009).

Taken together, these findings suggest a plausible model of parental capacity strengthening that integrates psychological, spiritual, and social dimensions within a culturally-responsive, community-embedded framework. The ICKK case illustrates how a community-based institution in a low-resource setting has operationalized complex, multidimensional interventions grounded in deep community relationships, trained facilitation, and a coherent integrative philosophy. This finding resonates with the broader community-based rehabilitation literature, which increasingly recognizes the importance of community embeddedness and cultural alignment for program effectiveness (Chung et al., 2011).

CONCLUSION

This study set out to examine how counseling and peer support group activities at the Inclusion Center Karanganom District (ICKK) are organized and experienced by parents of children with disabilities. In response to the first research question, ICKK combines individual and group counseling, Islamic-integrated spiritual guidance (halaqah, muhasabah,

and communal prayer), and a bimonthly Self-Help Group that relies on experiential sharing, skills workshops, and reciprocal peer mentoring. In response to the second, participants described these activities as supporting their emotional regulation and cognitive reframing (mental capacity), their sense of meaning, acceptance, and reliance on God (spiritual capacity), and their social connectedness and confidence in advocacy (psychosocial capacity). In response to the third, participants' accounts pointed to spousal involvement, disability severity, the shared Javanese Muslim cultural framework, and program accessibility as factors that appeared to shape these experiences.

These conclusions are drawn from perceived changes reported by 18 parents and 5 key informants, and are supported by observations and document analysis. They should therefore be read as an interpretive account of how the program is experienced and of the mechanisms participants identify (a safe space, cognitive and religious reframing, spiritual meaning-making, and peer solidarity and mentoring), not as evidence that counseling and peer support caused the reported changes.

The study contributes in three ways. First, it offers a detailed, context-specific description of how a community-based institution in Indonesia integrates counseling and peer support with Islamic spiritual resources, placing parental wellbeing at the center of disability support. Second, it adds qualitative insight into how culturally and religiously grounded concepts such as qanaah (acceptance), syukur (gratitude), sabar (patience), tawakkul (reliance on God), and ta'awun (communal solidarity) are mobilized as coping resources in a non-Western setting. Third, it identifies factors that may matter for the delivery of such programs, which can be examined in future studies.

The study has several limitations. It is a single-case study conducted in one predominantly Javanese Muslim community, so the findings are not statistically generalizable and may be transferable only to settings with similar cultural and religious profiles. The data rely largely on self-reports and on a sample that included participants with at least six months of engagement, which may favor those who benefited or remained in the program. No baseline or standardized psychometric measures were used, and the research design cannot isolate the effect of counseling from that of peer support, family conditions, or other concurrent influences.

The findings carry several implications. For practitioners, the experiences described suggest that programs serving parents of children with disabilities may benefit from

combining counseling with peer support, from culturally and religiously congruent facilitation, and from attention to participation barriers through, for example, tiered services, spousal engagement strategies, and transportation and childcare support. For policymakers, they point to parental mental health as a dimension worth considering in disability-inclusive social welfare frameworks and in the resourcing of community-based programs. These implications are offered as considerations for adaptation and testing in other contexts rather than as a ready-made template.

Future research should employ mixed-methods or quasi-experimental designs that incorporate standardized psychometric instruments to assess changes in the three capacity domains, conduct longitudinal follow-up over extended timeframes, and include comparative studies across institutions and communities with different programmatic models and religious or cultural profiles. The development of validated, culturally-adapted assessment tools for these domains remains a priority for advancing the evidence base in this field.

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