

Municipal Support for Inclusive Education and Disability Services: A Case Study of Makassar, Indonesia

¹Hasbi, ²Andi Nurlela, ³Hariashari Rahim

^{1,2,3}Universitas Hasanuddin, Makassar, Indonesia

¹Corresponding author: hasbifisip@unhas.ac.id

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ABSTRACT:

Disability-inclusive services depend not only on formal policy commitments but also on the capacity of local governments to translate those commitments into accessible, coordinated, and participatory practices. This study examines how the Makassar City Government implements disability-inclusive services and identifies the factors that shape the gap between policy and practice. A qualitative case study design was employed, drawing on observations, interviews, and document analysis involving government institutions, social service actors, education and health stakeholders, disability organisations, and persons with disabilities. The findings show that the city government has introduced several initiatives, including disability-related policies, improvements to public facilities, awareness programmes, and stakeholder engagement activities. However, implementation remains uneven across sectors and locations. Persistent barriers include inconsistent accessibility standards, inadequate maintenance of facilities, limited budget allocation, weak inter-agency coordination, and insufficient integration of disability inclusion into routine planning and service delivery. The participation of persons with disabilities in decision-making also remains limited, reducing the responsiveness of policies and programmes to their lived experiences. Although collaboration with disability organisations has strengthened public awareness, it has not yet developed into a stable and institutionalised mechanism for shared planning and evaluation. The study concludes that bridging policy and practice requires stronger enforcement, dedicated resources, cross-sectoral coordination, and formal mechanisms for the meaningful participation of persons with disabilities. These findings offer practical implications for strengthening disability-inclusive services, including educational and social support systems, in rapidly developing urban contexts.

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INTRODUCTION

Cities shape whether people can study, work, receive healthcare, use public transport, and participate in community life. Yet many urban environments and public services continue to be organised around assumptions about able-bodied users. For persons with disabilities, exclusion may arise not only from individual impairments but also from streets, buildings, information systems, institutional procedures, and social expectations that do not accommodate diverse ways of moving, communicating, and participating. Disability is therefore relational: its effects are shaped by the interaction between individuals and their physical, social, and institutional environments (Kitchin, 1998; Hall & Wilton, 2017). From this perspective, disability inclusion concerns more than the provision of ramps or accessible toilets. It concerns whether people can use public services, exercise autonomy, and influence decisions affecting their lives with dignity (Stafford et al., 2022).

The built environment remains one of the most visible sources of exclusion. Accessibility requirements are often insufficiently incorporated into urban planning, construction, regulation, and facility maintenance (Imrie & Kumar, 1998). Damaged pavements, disconnected pedestrian routes, inaccessible entrances, unsuitable gradients, and poorly designed public buildings can make routine journeys difficult or unsafe. When several barriers occur along the same route, they can substantially restrict access to schools, healthcare facilities, employment, social services, and community activities (Meyers et al., 2002). Research has also shown that poor street and sidewalk conditions are associated with greater mobility difficulties among people with physical impairments, while supportive environments can reduce some of these difficulties (Clarke et al., 2008). Public transportation is equally important because it connects residents to education, healthcare, work, and social relationships (Sze & Christensen, 2017). Accessibility should therefore be understood as a connected service system

rather than a set of isolated physical improvements.

These barriers can have more serious consequences in low- and middle-income countries, where disability may intersect with poverty, insecure employment, unequal access to education, and limited social protection. Exclusion from public programmes and decision-making can deepen the disadvantages experienced by persons with disabilities and their households (Yeo & Moore, 2003). At the same time, disability-inclusive policies cannot simply reproduce approaches developed in high-income settings without considering local institutions, administrative capacity, family relations, informal support systems, and cultural understandings of disability (Grech, 2009). Comparative evidence indicates that persons with disabilities in developing countries often experience disadvantages in education, employment, healthcare expenditure, and household welfare (Mitra et al., 2013). A systematic review likewise identified a recurring association between disability and economic poverty across low- and middle-income settings, although its form and intensity varied across contexts (Banks et al., 2017).

Evidence from Indonesia illustrates how physical access, social relations, and cultural practices can interact. Research in an urban neighbourhood in Yogyakarta found that the mobility and participation of people with mobility impairments were shaped by physical barriers, urban informality, community practices, and cultural expectations. Informal arrangements sometimes supported everyday mobility but could also produce uncertain and inconsistent access. Practices intended to protect persons with disabilities could similarly restrict participation when they were excused from community responsibilities without being asked about their preferences (Septiawan et al., 2025). This suggests that inclusion cannot be assessed only through compliance with technical standards. Physical accessibility is essential, but access to services also depends on recognition, responsive institutions,

and opportunities for persons with disabilities to participate in decisions.

Formal legislation and municipal policies provide an important foundation for disability inclusion, but their effects depend on implementation. Moving from legal recognition to accessible and measurable services requires political commitment, administrative capacity, funding, monitoring, and accountability (Lang et al., 2011). Policy implementation is also influenced by the clarity of objectives, institutional responsibilities, available resources, conflict among actors, and the discretion of implementing organisations (Matland, 1995). As a result, disability policies may be implemented unevenly when responsibilities are divided across agencies, accessibility standards are weakly enforced, or public institutions lack budgets and practical guidance. A city may therefore have formal commitments to inclusion while persons with disabilities continue to encounter barriers in education, health, social support, transportation, and other public services.

Addressing these barriers requires coordination across sectors. Disability-inclusive services involve not only social affairs agencies but also education, health, transportation, public works, spatial planning, communication, and civil society. Collaborative governance research suggests that complex public issues are more likely to be addressed when public institutions and non-governmental actors exchange knowledge, build trust, and develop shared responses (Ansell & Gash, 2008). Such collaboration also requires institutional arrangements that sustain engagement, shared motivation, and collective capacity beyond individual projects or officials (Emerson et al., 2012). In disability-related services, these arrangements may involve government agencies, schools, health providers, disability organisations, families, community groups, and persons with disabilities themselves. Without routine coordination, initiatives can remain fragmented, temporary, or unevenly implemented across sectors.

Participation is another important element, but attendance at a meeting does not necessarily mean that people have influenced a decision. Quick and Feldman (2011) distinguish participation as the collection of public input from inclusion as the continuing involvement of diverse groups in defining problems and shaping responses. Similar tensions have been reported in urban development processes, where government institutions may favour consultation while disability organisations expect a more equal partnership (Erdtman et al., 2025). Meaningful participation therefore requires accessible information, adequate time, appropriate representation, and evidence that the experiences and recommendations of persons with disabilities have informed planning, implementation, and evaluation. This reflects the broader principle that policies affecting persons with disabilities should not be developed without their substantive involvement (Yeo & Moore, 2003).

Existing studies have provided important insights into accessibility, poverty, transportation, participation, and the built environment. However, less attention has been paid to how these dimensions interact within municipal systems of disability-inclusive service delivery, particularly in Indonesian cities. The relationship among government strategies, inter-agency coordination, accessible infrastructure, education and social services, and the participation of persons with disabilities remains insufficiently understood. Examining these relationships can help explain why formal commitments may lead to different experiences across public facilities, services, and communities.

Against this background, this study examines how the Makassar City Government seeks to bridge policy and practice in disability-inclusive services. It asks: (1) What strategies has the city government adopted to support disability-inclusive services? (2) How are these strategies translated into infrastructure, education, social and health services, and stakeholder engagement? and (3) What institutional, infrastructural, and participatory conditions enable or constrain implementation? By connecting the everyday

experiences of persons with disabilities with municipal policy and service-delivery processes, the study aims to provide a contextual account of how disability inclusion is pursued, where implementation difficulties remain, and how local services may become more accessible, coordinated, and responsive.

METHODS

Research Design and Setting

This study used a qualitative case study design to examine how disability-inclusive services were interpreted and implemented in Makassar City, Indonesia. This design was selected because the study focused on a contemporary issue shaped by interactions among municipal policies, public institutions, service providers, disability organisations, and persons with disabilities (Creswell & Poth, 2018; Yin, 2018). The study did not seek to represent all Indonesian cities but to provide a contextual account of how disability-related commitments were translated into local services and everyday practice.

Participants and Recruitment

Government and service-sector participants were included when their responsibilities involved planning, coordinating, implementing, or evaluating disability-related programmes. Representatives of disability organisations and persons with disabilities were selected because of their experience in accessing services, participating in public programmes, or encountering barriers in public facilities. Interviews were arranged in locations that supported privacy, comfort, and physical accessibility. Communication assistance or other reasonable adjustments were provided when required.

Data Collection

Data were collected through semi-structured interviews, field observations, and document analysis. The use of different data sources allowed the researchers to compare formal policy commitments, institutional explanations, and the experiences of persons with disabilities.

The interviews explored participants' experiences of disability-inclusive services, accessibility of public facilities, implementation of municipal programmes, coordination among institutions, and participation in decision-making. With participants' consent, interviews were audio-recorded and transcribed. When quotations were translated into English, the translation was reviewed to retain the meaning of participants' accounts.

Observations focused on entrances, pedestrian access, service counters, information systems, toilets, and other facilities relevant to accessibility. The researchers also noted how accessibility features were maintained and used in practice. The documents were examined to identify policy objectives, institutional responsibilities, service priorities, accessibility provisions, and mechanisms for involving persons with disabilities. Documents were treated as evidence of formal commitments rather than as proof that implementation had occurred (Bowen, 2009).

Data Analysis

The interview transcripts, observation notes, and documents were analysed using thematic analysis. The researchers first read the data repeatedly to develop familiarity with participants' experiences and the institutional context. Initial codes were then assigned to data related to policy implementation, accessibility, service delivery, institutional coordination, resource constraints, and stakeholder participation.

Related codes were compared and organised into broader themes. Accounts from government officials, service providers, disability organisations, and persons with disabilities were examined together while retaining differences in their perspectives. This process helped identify areas where formal policies corresponded with practice and areas where implementation remained uneven. Themes were reviewed against the full dataset and refined according to their relevance to the research questions (Braun & Clarke, 2006).

Trustworthiness and Reflexivity

Credibility was supported through comparison of interviews, observations, and documents. This process was used to identify both convergence and differences among policy statements, institutional accounts, and observed conditions. The researchers maintained field notes and analytic records to document how codes and themes were developed.

Interpretations were discussed among members of the research team to consider alternative explanations and reduce dependence on a single viewpoint. The researchers also reflected on how their professional backgrounds and relationships with government institutions or disability communities could influence data collection and interpretation. These procedures were intended to improve transparency and coherence rather than to claim complete neutrality (Tracy, 2010).

RESULTS

The analysis identified three closely related dimensions of disability-inclusive service implementation in Makassar: accessibility of public facilities and services, translation of policy commitments into practice, and participation of persons with disabilities in municipal initiatives. Although the broader policy agenda included social, education, and health services, the evidence generated in this study was most apparent in public infrastructure, institutional implementation, and stakeholder engagement.

Accessibility of Public Facilities and Services

Several public facilities in Makassar had introduced accessibility features, particularly in government buildings and selected public spaces. These included ramps, tactile paving, and accessible toilets. Their presence indicated that disability access had begun to receive attention within parts of the city's public infrastructure.

Field observations, however, showed considerable variation in the availability and condition of these facilities. Accessibility features were not consistently provided across locations, and some existing facilities were not adequately maintained. In several settings, individual features were available without being connected to a fully accessible route. A ramp or tactile pathway, for

example, did not always ensure that a person could move independently from the surrounding street into the building and reach the required service area.

Accessibility was more limited in older urban areas and private establishments. Persons with mobility impairments continued to encounter difficulties when approaching buildings, moving through public spaces, and using facilities that had not been adapted to their needs. Public transportation had introduced some accessible elements, but participants described its overall accessibility as partial. Consequently, the ability to reach a service did not always correspond with the accessibility of the service facility itself.

These findings suggest that accessibility was experienced as a sequence rather than as a single physical feature. The usefulness of an accessible building could be reduced when the pavement, transportation route, entrance, information system, or service counter remained difficult to use. Progress was therefore visible, but its practical value differed according to location and the continuity of access provided.

Translating Policy Commitments into Practice

The Makassar City Government had introduced policies and regulations intended to support the rights and inclusion of persons with disabilities. Government participants described these measures as part of the city's commitment to national disability legislation and broader rights-based frameworks. Disability inclusion was also reflected in several municipal programmes and public-service initiatives.

Nevertheless, participants distinguished between the existence of policy and its implementation in everyday services. Government officials acknowledged that implementation remained uneven, particularly where responsibilities involved more than one agency. Limited budget allocations, weak enforcement, and insufficient coordination among institutions were repeatedly identified as constraints. These conditions affected the ability of agencies to maintain accessible facilities, extend programmes across

locations, and apply similar standards in different sectors.

Disability inclusion had not yet been consistently integrated into routine urban and service planning. In some cases, accessibility appeared to be addressed through individual projects or adaptations rather than through a shared standard applied from the beginning of planning and service design. This contributed to differences between facilities and meant that progress could depend on the priorities and resources of particular institutions.

The findings do not indicate an absence of government action. Instead, they point to an implementation process in which formal commitments and practical improvements coexisted with institutional limitations. Policies provided an important basis for action, but their influence on everyday experiences depended on resources, enforcement, coordination, and the capacity of institutions to incorporate accessibility into regular service delivery.

Stakeholder Engagement and Participation

Collaboration between the city government and disability organisations had supported several awareness campaigns, community activities, and public consultations. Participants regarded these activities as useful for increasing the visibility of disability issues and improving public understanding of the rights and needs of persons with disabilities. They also created opportunities for government institutions and disability communities to communicate directly.

Persons with disabilities and representatives of advocacy organisations, however, described their involvement in decision-making as limited. Participation was more visible in consultation and awareness activities than in the earlier stages of identifying priorities, designing programmes, allocating resources, or evaluating implementation. Participants therefore did not always know how their suggestions had influenced final policies or services.

The available data did not show the presence of a stable municipal mechanism through which persons with disabilities could participate

regularly across sectors. Engagement appeared to depend largely on particular programmes, consultations, or relationships between government institutions and disability organisations. Although these interactions were valued, their temporary or programme-specific character limited continuity.

Participants emphasised the importance of involving persons with disabilities not only as recipients of services but also as contributors with direct knowledge of how facilities and programmes function in everyday life. Their experiences could identify barriers that were less visible in policy documents or technical plans. Greater participation was therefore viewed as relevant to the responsiveness of services as well as to the recognition of persons with disabilities as citizens with a legitimate role in public decision-making.

An Uneven but Developing Process

Across the three dimensions, disability inclusion in Makassar appeared as an ongoing and uneven process. Accessible facilities, policy commitments, public-awareness activities, and collaboration with disability organisations provided evidence of progress. At the same time, inconsistent infrastructure, fragmented implementation, resource constraints, and limited participation continued to shape how these initiatives were experienced.

The central pattern was not a simple contrast between success and failure. Rather, the findings showed that improvements in one part of the service system could be weakened by barriers elsewhere. A policy could exist without consistent enforcement, an accessible facility could remain difficult to reach, and consultation could occur without clear influence on decisions. These connections help explain why municipal commitments to disability inclusion had produced meaningful developments while not yet providing a consistent experience across services and locations.

DISCUSSION

The findings portray disability-inclusive services in Makassar as a developing but uneven process.

Municipal policies, accessible facilities, awareness activities, and engagement with disability organisations indicate that inclusion has entered the local policy agenda. However, these initiatives have not yet formed a consistent service system across institutions and locations. The central issue is therefore not simply whether inclusive measures exist, but whether they are connected, maintained, adequately resourced, and shaped by the experiences of the people expected to use them.

From Visible Adaptations to Connected Access

The availability of ramps, tactile paving, and accessible toilets represents a practical acknowledgement of the needs of persons with disabilities. Yet the observations suggest that individual adaptations have limited value when they are disconnected from the wider journey through the city. A ramp cannot provide meaningful access when the pavement leading to it is damaged, public transport is inaccessible, the entrance is obstructed, or the service counter cannot be reached independently. Accessibility is better understood as a relationship between individuals, services, and environments than as compliance through the installation of particular physical features. Universal design can support this approach, although it needs to remain responsive to different bodies, communication needs, and local conditions rather than being treated as a single technical solution (Imrie, 2012; Lid, 2014).

This interpretation is consistent with research showing that formal accessibility plans do not necessarily result in coherent improvements to pedestrian environments. Eisenberg et al. (2020) found considerable variation in the existence and quality of local government plans for removing barriers, emphasising the importance of implementation, monitoring, and engagement with disability communities. For Makassar, the findings suggest that future assessment should examine complete access routes rather than isolated facilities. Such assessment could follow the journey from neighbourhood transport and pedestrian areas to building entrances,

information points, waiting areas, and service counters. This would provide a more realistic account of whether residents can reach and use a service with safety and dignity.

Institutionalising Policy Commitments

The findings also show why the existence of disability policy should not be treated as equivalent to implementation. Local regulations and programmes establish an important mandate, but their effects depend on how responsibilities, budgets, standards, and accountability are organised within municipal institutions. Previous analysis of local government disability action plans has shown that documented commitments may present particular understandings of disability without necessarily demonstrating how barriers will be removed in practice (McGrath, 2008). The uneven conditions found in Makassar similarly suggest that policy documents are an entry point for action rather than evidence that accessible services have already been achieved.

Fragmented responsibility is especially important because disability-inclusive services cross administrative boundaries. Public works may oversee building access, transportation agencies shape mobility, education agencies support schools, health institutions provide treatment and rehabilitation, and social services coordinate welfare and community assistance. When each sector acts separately, residents may still face gaps between services even when individual agencies have implemented particular initiatives. Research on decentralised disability services has identified similar tensions between rights established at higher levels and the capacity of local authorities to deliver them consistently (Brennan et al., 2017). The Makassar findings extend this concern by showing how fragmentation can also occur horizontally among agencies within the same municipal system.

This does not mean that every service must be managed by a single institution. Rather, clearer coordination is needed around shared standards, responsibilities, referral pathways, budgets, and monitoring. A municipal coordination mechanism could help agencies identify where one service depends on another and where

responsibility for an unresolved barrier lies. Periodic accessibility reviews involving both technical agencies and persons with disabilities may also help distinguish visible programme activity from improvements that residents can experience in everyday life.

Resource limitations remain relevant, but they should not reduce disability inclusion to a choice between ideal standards and what government considers feasible. Research involving local government officers and persons with disabilities has shown that the two groups may value similar goals while differing in their assessment of priorities and feasibility (Rachele et al., 2020). In Makassar, involving persons with disabilities in setting priorities could help direct limited resources towards barriers with the greatest effect on daily access. This approach recognises administrative constraints without allowing feasibility to be defined solely from within government institutions.

From Consultation to Meaningful Influence

Collaboration with disability organisations appears to have increased awareness and opened communication between municipal institutions and disability communities. These activities are valuable, particularly where disability has previously received limited public attention. However, the findings indicate that participation was more evident in consultation and public activities than in agenda setting, programme design, budgeting, and evaluation. The difference matters because being invited to attend does not necessarily provide participants with influence over the decisions being made.

Studies of disability advisory bodies have shown that formal membership alone does not guarantee equal participation. People with intellectual disabilities may require accessible information, preparation, appropriate meeting processes, and support to express their views and influence collective decisions (Frawley & Bigby, 2011). Research in public-service improvement similarly warns that involvement can remain tokenistic when institutions gather experiences without sharing power over planning and evaluation (Ocloo & Matthews, 2016). Although

these studies were conducted in different settings, they help explain why occasional consultation in Makassar may not yet amount to institutionalised participation.

A more meaningful approach would involve persons with different disabilities at several stages of the policy cycle. Their role could include identifying barriers, reviewing proposed designs, setting service priorities, participating in accessibility audits, and evaluating whether completed initiatives are usable. Participation should also recognise diversity within disability communities. The experiences of a wheelchair user cannot automatically represent those of people with visual, hearing, intellectual, psychosocial, or multiple disabilities. Accessible materials, sign-language interpretation, flexible communication formats, and sufficient preparation time may therefore be necessary for participation to be substantive rather than symbolic.

Implications for Inclusive and Special Education Services

Although this study did not directly examine classroom teaching, curriculum adaptation, teacher competence, or student learning outcomes, its findings remain relevant to inclusive and special education. A learner's opportunity to participate in education begins before entering the classroom. Accessible transport, safe pedestrian routes, usable school buildings, understandable information, health and social support, and coordination among agencies can influence whether students with disabilities reach school and remain involved in educational life.

This broader interpretation is consistent with the view that inclusive education concerns presence, participation, and learning rather than school placement alone (Ainscow, 2020; Haug, 2017). It also responds to concerns that inclusion is sometimes defined too narrowly or inconsistently, making it difficult to determine whether policies have changed students' actual experiences (Göransson & Nilholm, 2014). From this perspective, municipal services form part of

the wider environment within which schools attempt to provide inclusive education.

Evidence from Indonesian public schools indicates that inclusive education has developed in a positive direction in some administrative and curricular areas, while continuing to require improvements in staff understanding, student assessment, personnel, infrastructure, and support for diverse learners (Efendi et al., 2022). The present study adds a municipal perspective to that discussion. It suggests that schools should not be expected to address inclusion in isolation when barriers also arise in transportation, public infrastructure, healthcare, social services, and local planning. Stronger links among education agencies, schools, disability organisations, health providers, and social services may help students and families navigate support that extends beyond the school gate.

At the same time, the findings should not be interpreted as evidence that inclusive education in Makassar is either effective or ineffective. The study did not collect sufficiently detailed data from students, families, teachers, or individual schools to make that assessment. Further research could examine how municipal accessibility and service coordination affect school enrolment, attendance, participation, transitions between educational levels, and access to specialised support. Such work would strengthen the connection between city-level disability policy and the everyday educational experiences of children and young people.

Contribution and Study Boundaries

The study contributes a contextual account of how disability-inclusive services are pursued within one Indonesian city. It shows that accessibility, policy implementation, and participation are interdependent. Physical adaptations may remain difficult to use without connected routes; policies may have limited effects without coordination and resources; and programmes may be less responsive when persons with disabilities have little influence over their design.

These findings are not statistically generalisable beyond Makassar. The evidence was also stronger for physical accessibility, institutional implementation, and stakeholder engagement than for the detailed operation of education and health services. The study may not represent every municipal agency, service location, or disability experience within the city. Its value lies instead in identifying relationships that can be examined further: between isolated facilities and connected access, between formal commitments and administrative routines, and between consultation and influence. Disability inclusion is likely to become more meaningful when these relationships are addressed together rather than through separate and temporary initiatives.

CONCLUSION

This study shows that disability-inclusive services in Makassar are developing, but their implementation remains uneven across institutions, facilities, and service areas. Municipal policies, accessibility improvements, public-awareness activities, and collaboration with disability organisations indicate growing attention to disability inclusion. However, these efforts do not yet consistently form an integrated service system. Physical accessibility remains fragmented, coordination among agencies is limited, and the participation of persons with disabilities is still more visible in consultation than in planning, budgeting, implementation, and evaluation.

The findings suggest that bridging policy and practice requires attention to the full experience of accessing services. Accessible buildings alone are insufficient when transportation, pedestrian routes, information, service procedures, or communication remain difficult to use. Disability inclusion also needs to be embedded in routine municipal planning, supported by clear responsibilities, dedicated resources, common accessibility standards, and regular monitoring involving persons with different disabilities.

Although this study did not evaluate classroom practices, its findings have implications for inclusive and special education. Students with disabilities depend not only on support within

schools but also on accessible transportation, public facilities, health services, social support, and coordination among institutions. Strengthening these connections may help create more supportive conditions for educational participation.

As a qualitative study of one city, the findings should be understood within the context of

Makassar. Further research could examine how municipal service coordination affects school access, attendance, participation, and transitions for children and young people with disabilities. Overall, disability inclusion is more likely to become meaningful when persons with disabilities are involved not only as service users, but also as partners in shaping the systems intended to support them.

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