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Social Transformation through Day Care and Home Care: A Study of Empowering People with Mental Retardation

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Abstract

This article examines community-based empowerment practices for persons with intellectual disabilities through the Day Care and Home Care programmes implemented by Rumah Kasih Sayang Ponorogo. Framed within the perspective of da'wah as social transformation, the study focuses on how integrated care models contribute to mental health improvement, social inclusion, and the reduction of stigma within marginalized rural communities. Employing a qualitative case study approach, data were collected through in-depth interviews, participant observation, and document analysis involving programme managers, volunteers, families, and community stakeholders in the villages of Krebet and Sidoharjo, Ponorogo. The findings demonstrate that the dual-service model—combining institution-based day care for individuals with mild intellectual disabilities and home-based care for those with severe conditions—functions as a holistic empowerment mechanism encompassing physical health support, psychosocial education, spiritual guidance, skills training, and productive economic assistance. These interventions not only enhance individual mental resilience and functional independence but also foster greater family participation and community acceptance. Importantly, the programmes contribute to a gradual transformation of social perceptions, weakening long-standing stigmatization of persons with intellectual disabilities as a social burden. This study argues that the effectiveness of Rumah Kasih Sayang's model lies in its community-embedded, humanistic, and participatory approach, which aligns social care with values of compassion, empowerment, and inclusivity central to transformative da'wah. Nevertheless, the research also identifies structural challenges related to sustainability, funding limitations, and uneven service coverage. The article concludes by emphasizing the need for stronger institutional synergy and policy support to ensure the long-term viability of community-based empowerment initiatives for persons with intellectual disabilities.

Keywords community empowerment, intellectual disability, day care, home care, social transformation

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1. INTRODUCTION

Mental health issues and the empowerment of persons with intellectual disabilities remain significant challenges in Indonesia's social development agenda. In Ponorogo Regency, particularly in the villages of Krebet and Sidoharjo, Jambon Subdistrict, the concentration of individuals with

intellectual disabilities has generated a socially constructed label, commonly referred to as "Kampung Idiot." This stigmatizing term not only undermines the dignity and human rights of residents but also reinforces patterns of discrimination, social exclusion, and marginalization within the broader community. Such conditions indicate that the problem extends beyond individual medical impairments and is deeply rooted in structural, socio-economic, and cultural dynamics. Consequently, effective responses require a holistic empowerment approach that integrates mental health services with social inclusion strategies, economic capacity building, and cultural transformation, rather than relying solely on curative or charity-based interventions. (Asri & Afifah, 2017).

Field data shows that the number of residents with mental retardation in this region is quite high. In Sidoharjo Village, Jambon District, out of a total population of 6,265, there are 164 people with disabilities, 138 of whom (2.20%) have mental retardation. Krebet Village, Jambon District, has a population of 7,853 with 89 people with disabilities, including 33 people with mental retardation (0.42%). Meanwhile, Krebet Village in Balong Subdistrict recorded 15 people with mental retardation (0.25%) out of a total population of 6,020, and Pandak Village in Balong Subdistrict recorded 14 people (0.35%) out of a population of 4,009 (Observasi, 2022). Overall, preliminary study data estimates the number of people with mental retardation in this region to be more than 323 people (Djaenuri, 2022).

The socio-economic conditions of the community also exacerbate the situation. Sidoharjo Village, for example, is known as one of the poorest villages in Ponorogo, with 996 households receiving the Poor Rice Program, 1,248 households receiving Community Health Insurance, 249 households receiving PKH, and 996 households receiving Direct Cash Assistance (Seminar, n.d.) . This assistance is important, but on the other hand, it creates dependency and reduces the independence of the community in dealing with social and mental health issues (Fatchurrohmah, 2018).

Various studies show that people with intellectual disabilities often live in marginalized conditions, both due to physical limitations and lack of access to health, education, and economic services (Durand et al., 2007) . Several interventions have been carried out, such as the Asanti Emotan model (Hanif, 2016) or a program to improve animal husbandry skills (Hanif et al., 2020) . However, the results show that empowerment programs that rely solely on external assistance tend to be unsustainable and fail to address the root causes of the problem, namely social stigma, limited resources, and dependence on government assistance.

In this context, the presence of the Rumah Kasih Sayang Social Organization since 2011 has been one of the efforts to address the needs of people with mental retardation through a more structured program. This institution focuses its interventions on two main service models, namely Day Care and Home Care, which combine medical, psychosocial, educational, and economic empowerment aspects (Asri & Afifah, 2020) . This model is interesting because it combines institution-based care with home visits, enabling it to reach both people with mild and severe disabilities.

However, there is still debate regarding the effectiveness of community-based empowerment programs. Some argue that short-term intervention models are only curative and do not address the root causes of poverty and inequality (Fatchurrohmah, 2018) . Meanwhile, another approach emphasizes the importance of top-down and bottom-up synergy, where government policies meet with active community participation (Fatchurrohmah, 2018) . This controversy shows the need to thoroughly assess existing empowerment practices in order to determine their effectiveness and sustainability.

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Based on this background, this study aims to describe the implementation of the Day Care and Home Care programs at Rumah Kasih Sayang Ponorogo and analyze their implications for improving the mental health of people with mental retardation. Specifically, this study seeks to answer two main questions: (1) how are the Day Care and Home Care programs implemented by the Rumah Kasih Sayang Social Organization, and (2) what are the implications of these two programs on the mental health and empowerment of people with mental retardation in the villages of Krebet and Sidoharjo. This research is expected to contribute both theoretically and practically. Theoretically, this research enriches the study of community-based social interventions for people with intellectual disabilities in Indonesia. Practically, the findings of this research can be used as recommendations for the government, social institutions, and the wider community in designing sustainable and humanistic empowerment models

2. METHODS

This study employed a qualitative research design with a case study approach to examine community-based empowerment practices for persons with intellectual disabilities through the Day Care and Home Care programmes at Rumah Kasih Sayang Ponorogo. A qualitative case study was chosen to enable an in-depth exploration of social processes, meanings, and interactions embedded within a specific institutional and community context. The research was conducted at Rumah Kasih Sayang, located in Krebet Village, Jambon Subdistrict, Ponorogo Regency, East Java. This site was purposively selected due to its long-standing experience (since 2011) in implementing integrated Day Care and Home Care programmes for persons with intellectual disabilities.

The type of data in this study is qualitative data. Qualitative data comes from input, criticism, responses, and assessments through open-ended questions. The researcher here acts as both an instrument and a data collector (Moleong, 2017) . The location where the research took place was Rumah Kasih Sayang Desa Krebet Jambon Ponorogo, East Java.The data collection techniques used in this study include observation, interviews, and participant observation. The interview technique was employed to elicit more in-depth rsponses from the participants. Participants were selected using purposive sampling based on their direct involvement in the programmes and their capacity to provide rich and relevant information. The participants consisted of:

1. structural managers of Rumah Kasih Sayang (n = 5),
2. active volunteers involved in daily assistance and home visits (n = 40),
3. representatives of the Ponorogo Regency Health Office and Jambon Community Health Center (n = 4),
4. village officials from Krebet and Sidoharjo (n = 4), and
5. religious leaders, community leaders, and family members of persons with intellectual disabilities (n = 10).

The number and diversity of participants were justified to ensure representation of institutional, community, and family perspectives within the empowerment process. The data was then analyzed qualitatively to produce a *thick description*, using two perspectives, emic and etic, which were always taken into account by the researcher. In terms of analysis, the researcher used an interactive analysis model consisting of four interrelated components, as described by Huberman and Miles (Matthew B. Miles, A. Michael Huberman, 2014) .

3. FINDINGS AND DISCUSSION

The empowerment programs called *"Day Care"* and *"Home Care"* focus on distributing services to patients. Patients who cannot come directly to the institution will be visited by volunteers at their respective homes, usually consisting of patients who are elderly, sick, or have difficulty participating in training for various reasons. Meanwhile, those who can attend will be served directly by volunteers at the institution twice a week. Despite its limitations, this organization continues to strive for empowerment in the spirit of humanity, in accordance with the original ideals of the institution's founding. This service is intended for patients for a certain or limited period of time, meaning that they do not stay overnight or only participate in activities that interest them. This daily service program is intended to help families and communities who, for some reason, are unable to provide care and services to people with mental disorders and patients within a certain period of time, especially during the day, so that with this service program, they are not neglected. In fact, it is hoped that they can interact with other patients and channel *their hobbies* and abilities by participating in various activities. The number of participants meeting the criteria, based on the available budget at Rumah Kasih Sayang,

is 25 individuals with mental health conditions and patients categorized as potential candidates. The following table presents the number of participants in the day care and home care services:

No	Name	Age	Gender	Education
1	Boini	34	P	SLB
2	Mesidi	36	L	Special Needs School
3	Wagi	35	P	Elementary
4	Parmi	37	P	Elementary
5	Siyem	40	P	SLB
6	Semok	38	P	-
7	Partini	38	P	Elementary
8	Mesirah A	35	P	Elementary
9	Suratun	40	P	Elementary
10	Katimun	42	L	Elementary
11	Suji	33	L	SLB
12	Bodong A	30	L	Elementary
13	Wandi	30	L	SLB
14	Miswan	33	L	Elementary
15	Bagas	28	L	-
16	Bodong B	32	L	Elementary
17	Parman	44	L	Junior High School
18	Meslan	37	L	Elementary
19	Yatemun	41	L	Junior High School
20	Mesiyem	35	P	Special Education School
21	Sarmini	40	P	SLB
22	Tukimun	32	L	SLB
23	Toiran	44	L	SLB
24	Pairah	38	P	SLB
25	Sodi	41	L	SLB

1. Implementation of *Day Care* and *Home Care* Programs at Rumah Kasih Sayang Krebet Jambon

The Rumah Kasih Sayang (RKS) Social Organization in Krebet Jambon Village, Ponorogo, is a pioneer in developing Day Care and Home Care services for people with intellectual disabilities. This program was created in response to the complex problems faced by people with mental retardation, ranging from social stigma, limited access to health services, to minimal economic opportunities. The main objective of the program is to provide comprehensive services—biopsychosocial-spiritual—so that residents can improve their quality of life, gain independence, and reduce their dependence on external assistance. The Day Care and Home Care approach is in line with the modern health service paradigm that emphasizes a continuum of care, which is the sustainability of services that not only focus on treatment but also on promotion, prevention, cure, and rehabilitation. This model is also relevant to the concept of community-based rehabilitation

(CBR) recommended by the WHO to integrate people with disabilities into society through multidimensional services.

The following are the main forms of services provided by Rumah Kasih Sayang:

1. Social Services

   Social services aim to restore the social functions of patients that are often hampered by intellectual limitations and community discrimination. These activities include:

   a. Food services, namely the provision of balanced nutritious meals tailored to the needs of patients. Nutritional intake is important because most clients come from families with economic limitations, making them prone to malnutrition.
   b. Entertainment and recreation, such as watching movies together, simple games, and limited outings in the village. These activities encourage social involvement and provide new positive experiences.
   c. Relaxation and library services, which provide a relaxing space with simple reading materials to increase learning interest and strengthen patients' cognitive functions.

   These social services gradually help reduce feelings of isolation and improve patients' connection with their environment. Hanif's (2016) study shows that when patients are given space to interact socially, the level of community acceptance also increases.[5]

2. Physical Services

   The physical health of people with intellectual disabilities tends to be neglected due to limited mobility and lack of access to health services. Therefore, physical services are one of the main pillars of the RKS program, which includes:

   a. Brain exercises, conducted every Thursday morning, aim to train gross and fine motor coordination. This activity has been proven to improve patients' concentration and memory.
   b. Routine health checks, conducted every Tuesday, include blood pressure and blood sugar checks, as well as detection of minor illnesses.
   c. Supplementary feeding (PMT), in the form of milk, vitamins, and nutritious food to boost immunity.

   According to research by Fatchurrohmah (2018), poor physical health often triggers a deterioration in patients' mental condition.[6] With physical services, patients are not only healthier physically, but also better prepared to participate in other cognitive and spiritual activities.

3. Psychosocial Educational Services

   Mental health is not only determined by medical conditions but also by social, psychological, and educational factors. RKS provides psychosocial educational services through:

   a. Group discussions that encourage communication and interaction among clients.
   b. Individual and group psychosocial therapy, such as role playing and simple counseling to overcome maladaptive behavior.
   c. Family counseling, which aims to equip parents and guardians with appropriate support strategies.
   d. Reading learning services, particularly for clients with mild intellectual disabilities.

   Research by Asri & Afifah (2017) found that psychosocial interventions involving families are more effective in increasing patient independence.[7] Through this approach,

patients not only receive support from institutions, but also from their immediate environment.

4. Skills Training

   Skills training is designed to prepare patients to have productive abilities and not be a complete burden on their families. The skills provided include:

   a. Handicrafts (weaving, embroidery, flower arranging).
   b. Simple farming (planting ornamental plants, farming).
   c. Small economic activities, such as producing snacks or handicrafts that can be sold in local markets.

   This training not only trains patients' fine motor skills, but also gives them a sense of achievement. Hanif, Retno, & Yusro (2020) noted that a goat farming program participated in by some patients was able to increase the sense of responsibility and involvement of families in supporting their children's independence.

   Volunteers and village officials reported that the ability of clients to produce handicrafts or assist in simple farming activities contributed to a reframing of their social identity:

   "People started to see them not only as dependents, but as individuals who can do something useful." (Village official interview, 2022)

   Analytically, this finding suggests that empowerment operates at the level of social recognition rather than economic productivity alone. The programmes challenge deficit-based narratives by foregrounding capability, however modest.

5. Spiritual and Religious Services

   The spiritual dimension plays an important role in improving patients' inner peace and motivation in life. RKS collaborates with the Ministry of Religious Affairs to provide:

   a. Daily worship guidance, including the procedures for wudhu, salat, and prayer.
   b. Weekly religious lectures every Tuesday.
   c. Collective religious activities at the mosque provided by the institution.

   Observations show that patients who regularly participate in religious activities tend to be calmer, more cooperative, and better able to interact. This is in line with research by Asri & Afifah (2020), which emphasizes the importance of spiritual support in improving the self-care ability of patients with mental retardation.[9]

6. Productive Economic Assistance

   The final program is the provision of productive economic assistance in the form of capital goods, such as goats, catfish ponds, and simple skill equipment. The main objectives are:

   a. To reduce the dependence of patients and their families on government assistance.
   b. To open up micro-business opportunities that can improve family welfare.
   c. Eliminating the stigma that people with mental retardation are only a social burden.

In interviews with patients' families, it was revealed that some economic assistance was able to generate additional income, albeit on a small scale.[10] This shows the potential for independence if the program is carried out consistently and supported by ongoing guidance.

In addition to social, physical, psychosocial, skill, and spiritual services, Rumah Kasih Sayang (RKS) also pays special attention to prevention. This principle is in line with the public health framework, which places preventive efforts as the first step in reducing disease risk and improving public health (Adisasmito, 2007) .

The preventive activities carried out by RKS include several forms, such as:

a. Boosting immunity, for example through the provision of vitamins, nutritional supplements, and light exercise. These activities aim to strengthen the immunity of clients who are generally susceptible to disease (Observasi, 2022) .
b. Breaking the chain of disease transmission through education on personal and environmental hygiene, family health counseling, and guidance on clean and healthy lifestyles (Fatchurrohmah, 2018) .
c. Stopping the disease process as early as possible, namely through early detection of diseases or abnormalities, so that medical action can be taken quickly before the condition worsens.

Research findings indicate that preventive services at RKS include: posyandu activities, routine weighing, supplementary feeding (PMT), basic health examinations, and counseling on the use of iodized salt (Puskesmas, 2022) . The Health Department (Dinkes) also contributes through early detection surveys for intellectual disabilities and urine sampling of pregnant women to identify risk factors at an early stage.

These efforts are in line with WHO recommendations that community-based prevention is an effective strategy in reducing the long-term health burden on vulnerable groups (Khasnabis et al., 2019) .

Based on the research results, there are differences in service patterns between Sidoharjo Village and Krebet Village. In Sidoharjo Village, home visit-based health services have not been carried out regularly. Families with intellectual disabilities can only obtain services if they actively contact health workers and request a home visit. This pattern creates barriers for poor families who are financially and logistically limited, resulting in unequal access to services (DisabilitaS, 2023) .

In contrast, in Krebet Village, social workers are always active in conducting home visits, especially to people with severe intellectual disabilities who are unable to come to the institution due to their physical condition and limited mobility (Krebet, 2023) . Through home visits, social workers not only monitor the health of patients, but also provide education on personal hygiene, diet, and simple care strategies that families can implement. Thus, home visits in Krebet are not merely medical services, but also a form of social and moral support that strengthens community solidarity.

In addition to home-based services, Rumah Kasih Sayang also provides curative healthcare services. From a public health perspective, curative care is understood as medical activities or a series of medical actions aimed at:

1. Curing diseases or alleviating patients' clinical symptoms.
2. Reducing suffering caused by illness, both physically and psychologically.
3. Controlling diseases and disabilities to prevent further complications.
4. Maintaining the patient's quality of life so that they can continue to perform their social roles optimally (Adisasmito, 2007) .

Curative practices at Rumah Kasih Sayang are carried out through basic health examinations, the administration of simple medications, and referrals to health facilities if more severe cases are identified. In 2013–2014, Rumah Kasih Sayang even ran a physiotherapy program for children with paralysis or motor delays, although this program was only temporary due to funding limitations (Interview with Jambon Community Health Center staff, 2023) .

This physiotherapy service is a collaboration between several parties, namely the bank and the hospital. The entire cost of physiotherapy is covered by the bank, and the staff are from the hospital. The Jambon Community Health Center provides transportation for people with disabilities who are undergoing physiotherapy.

In addition to physiotherapy, there is also free medical treatment for people with intellectual disabilities. Free medical treatment is available during health activities at Rumah Kasih Sayang. In addition, people with intellectual disabilities in Krebet village can seek treatment at the village health center (Ponkesdes) when they are sick. They are not charged for medical treatment there. Furthermore, when social workers conduct home visits and find that persons with disabilities are not ill, they are only given vitamins. The situation is different in Sidoharjo village, where persons with disabilities still have to pay for treatment and have never received home visits from social workers.

Monitoring is carried out by the Jambon Community Health Center when health services are provided once a month at Rumah Kasih Sayang. Monitoring takes the form of assistance during the activities. The health center also requested the results of the evaluation conducted by Rumah Kasih Sayang. Meanwhile, Rumah Kasih Sayang conducts evaluations once a month by gathering social workers assigned to assist people with intellectual disabilities. During the evaluation, social workers are asked about the complaints and obstacles they face while assisting people with intellectual disabilities.

Social workers sometimes also convey the wishes of families of people with intellectual disabilities. So, if an evaluation is carried out and obstacles are identified in the middle of an activity, decisions can be made immediately to prevent these obstacles. Quality health services require quality input. Input refers to all the resources needed to provide health services, such as personnel, medicines, facilities, equipment, materials, technology, organization, information, and other funds. To support a program , one of the things that must be available is funding.

Based on research that has been conducted, the source of funds for health services for people with intellectual disabilities in the Jambon Community Health Center working area only comes from the Social Service Agency and assistance from cross-sector cooperation. There is no specific budget for health services for people with disabilities from the Health Office or the Community Health Center. The free medical treatment provided at the Krebet Village Health Center is funded privately, as the health center was established by the Krebet village midwife and her husband, who is also the manager of the Rumah Kasih Sayang (House of Love).

Everyone has the right to availability and accessibility, which means that health facilities, products, and services must be adequately available and accessible to all without discrimination. Health care facilities are provided not only at the Community Health Center, but also at the Village Health Center, the village midwife, and the Rumah Kasih Sayang Social Organization. These health care facilities are intended for the entire community without discrimination. According to the Directorate of Social Assistance, assistance is a process of providing convenience by assistants to clients in identifying needs and solving problems, as well as encouraging initiative in the decision-making process, so that independence can be realized (Department of Social Affairs, 2007). Analytically, this finding demonstrates that empowerment is understood not as uniform participation but as context-

sensitive engagement. This approach aligns with principles of community-based rehabilitation, where services are adjusted to individual and family capacities rather than institutional convenience.

2. Implications of the *Day Care* and *Home Care* programs on improving mental health for residents of Krebet and Sidoharjo Jambon Ponorogo

The Day Care and Home Care programs at Rumah Kasih Sayang Krebet Jambon Ponorogo are designed to address the specific needs of people with intellectual disabilities and their families. These programs not only provide medical services, but also address social, psychological, spiritual, and life skills aspects. With a holistic approach, the impact is not only seen in the physical condition of clients, but also in improved mental health, both for people with disabilities and their families. In more detail, the implications of this program can be explained in the following six main aspects:

a. Improving physical resilience through physical services

Physical health is closely related to mental health. People with intellectual disabilities often experience health vulnerabilities due to limitations in maintaining hygiene, irregular eating patterns, or weak immunity. Through the physical services provided in the Day Care program, such as weekly brain exercises, routine health checks, and the provision of nutritious supplementary food, their physical endurance has increased significantly (Observation at Rumah Kasih Sayang Krebet Jambon, 2022) .

With improved physical condition, individuals with disabilities become less prone to illness, enabling them to participate in various social activities and skill-building programs offered by the institution. Psychologically, stable physical condition provides confidence and a new zest for life (Fatchurrohmah, 2018) . Conversely, when physical condition deteriorates, patients tend to experience anxiety, despair, and even depression. Therefore, physical improvement is the main gateway to improved mental health.

b. People with disabilities are no longer an economic burden on their families, as they can now earn an income.

One of the stigmas often attached to people with intellectual disabilities is the assumption that they are a burden on their families. This burden is not only in the form of financial needs for care, but also opportunity costs because one family member often has to stop working to care for them (Sidoharjo, n.d.) However, through skills programs at Day Care, such as weaving, gardening, flower arranging, or embroidery, some people with disabilities have begun to produce works of economic value. These products can be sold, both in the surrounding area and through local exhibitions (Hanif et al., 2020) . As a result, they can contribute to the family income, albeit on a small scale. This change has significant psychological implications: families no longer view their children or family members as a "burden," but rather as productive individuals. For people with disabilities themselves, the experience of contributing to the family economy fosters a sense of self-worth and independence. This is in line with humanistic psychology theory, which emphasizes the importance of self-actualization in maintaining mental health (Huntington, n.d.) .

c. Enhancing harmony among clients

Social interaction is an important factor in mental health. People with intellectual disabilities who were previously often isolated at home now have the opportunity to

interact with others through joint activities at the Day Care Center. For example, they do exercises together, learn to read, participate in group discussions, or worship together. These activities create a family atmosphere among the clients. They no longer feel alienated but become part of a supportive community (Observation of Day Care group activities, 2022) . Positive relationships between clients foster a sense of belonging, which is very important in maintaining emotional stability (Keyes, 2007) .

d. Improving the ability to develop oneself so that one is able to socialize with the community.

Day Care and Home Care programs also prepare people with disabilities to be able to socialize with the wider community. Through skills training, psychosocial therapy, counseling, and education, they gain the tools to develop themselves (Asri & Afifah, 2020). For example, someone who previously was unable to communicate well can now learn to greet neighbors or participate in community activities. This ability has a major impact on mental health because it makes them feel accepted by their environment (Asri & Afifah, 2020) .

e. Independence in meeting daily needs

One of the greatest achievements of this program is the increased independence of people with intellectual disabilities. Through gradual guidance, they learn to take care of themselves, such as bathing, washing clothes, making beds, and cooking simple meals (Observation of skills training at Rumah Kasih Sayang, 2023). This independence gives them a sense of control over their lives, which is important for maintaining mental health (Seligman, 2011) . Families also feel more relieved because they no longer have to constantly do everything for their children or family members.

f. Gradually erasing the stigma associated with the term "Kampung Idiot" in the villages of Krebet and Sidowayah.

A significant social impact of the Day Care and Home Care programs is the reduction of negative stigma toward Krebet and Sidowayah villages as "Kampung Idiot." This nickname originated due to the high number of people with intellectual disabilities in the area. However, through systematic programs, the image village begun to shift. People with disabilities now appear more confident, participate in community activities, and even produce economically valuable works. This shift in perception reduces social discrimination, enhances family pride, and strengthens the mental health of people with disabilities (Hanif, 2016) .

4. CONCLUSION

This study has examined the implementation of Day Care and Home Care programmes at Rumah Kasih Sayang Ponorogo as a form of community-based empowerment for persons with intellectual disabilities within a specific rural context. Based on qualitative evidence derived from interviews, observations, and document analysis, the findings indicate that these programmes contribute to improvements in daily functioning, emotional stability, and social engagement among participants. Rather than demonstrating clinical recovery or universal outcomes, the data suggest incremental and relational forms of mental health improvement shaped by routine care, family involvement, and community interaction. At the individual level, empowerment is reflected in increased self-care abilities, participation in structured activities, and enhanced emotional regulation. At the social level, the

programmes facilitate gradual shifts in family attitudes and community responses, enabling persons with intellectual disabilities to become more visible and socially acknowledged. These changes, however, are context-dependent and uneven, varying across villages and levels of service intensity. As such, claims regarding stigma reduction should be understood as indicative of a process of social transformation rather than a definitive or comprehensive outcome.

This study is limited by its qualitative case study design and localized scope, which restrict the generalizability of findings beyond Rumah Kasih Sayang and the communities of Krebet and Sidoharjo. The conclusions drawn are interpretive rather than causal, grounded in participants' narratives and observed practices. Consequently, while the findings provide meaningful insights into how community-based care can support empowerment, they do not constitute evaluative proof of programme effectiveness in a comparative or experimental sense. Despite these limitations, the study offers important implications for theory and practice. Empirically, it underscores the relevance of holistic, community-embedded approaches that integrate health, psychosocial, spiritual, and economic dimensions of care. Conceptually, the findings contribute to discussions on da'wah as social transformation by illustrating how values of compassion, inclusion, and dignity can be enacted through everyday caregiving practices. From a policy perspective, the study points to the need for stronger institutional collaboration and sustained support to enhance the continuity and reach of similar initiatives. Future research is recommended to employ longitudinal or comparative designs to further assess the long-term impacts of Day Care and Home Care models across different settings. Such studies would help clarify the conditions under which community-based empowerment initiatives can be scaled and sustained while maintaining their humanistic orientation.

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